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# SC, NUMED MAR 2 2 2011,

## **Short Form Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2009

Open to Public Inspection

	artment of th			assets less than \$1  The organization may have to	,250,000 at the end of the use a copy of this return			nents		Inspec	tion
_			ır year.	or tax year beginning	August 1	<del></del>	and ending		uly 31	,	20 10
_	Check if ap		Please	C Name of organization						tification nu	
	Address ch	hange	use IRS	Fairmount School PTA					36-3	3308494	
	Name cha		label or print or	Number and street (or P O box,	if mail is not delivered to	street address)	Room/suite	E Telep	hone num	ber	
닖	Initial retur		type See	6036 Blodgett					630-	719-5830	
H	Terminated	*	Specific	City or town, state or country, an	d ZIP + 4		L	F Grou	p Exemp		
H	Amended : Application		Instruc- tions.	Downers Grove, IL 60516					ber ►	J.(1011	
=			omani	rations and 4947(a)(1) nonexe	empt charitable trus	e must attach	G Accou			Z Cash	Accrual
	9 3601	1011 301 (0)(3)		npleted Schedule A (Form 99		s must attach		(specify)		_ Casii _	1 Accidal
				· · · · · · · · · · · · · · · · · · ·						anization is	not
	Nebsite	o: <b>h.</b> www	da58 o	rg/fa/pta			į.		_	edule B (Fo	
				nly one) — ✓ 501(c) ( <b>3</b> ) ◀	(insert no.) 1 4947	(a)(1) or 5	'	Z, or 99		o i) d oilba	1111 330,
	Check ▶			zation is not a section 509(a)(3)						than \$25 (	)00 A
				turn is not required, but if the							J00. A
_				9 to determine gross receipts,						11.	68,731
	art I			penses, and Changes in						or Part I	
	1			ts, grants, and similar amou					1	0	912
	2			revenue including governme					2		20,657
	3			s and assessments					3		1,776
	4	Investment	•						4		1,770
				m sale of assets other than		1		• •	-		
	5a			er basis and sales expenses	•						
	b			n sale of assets other than			Ino Eo)		5c		
<u>o</u>	C			tivities (complete applicable parts o				·i	30		
Revenue	6						inig, check here				
ě	а		•	ot including \$		1	1	45,386			
Œ	1 .	•		)				25,817			
	b		•	nses other than fundraising	•		luna Ca)	20,017	-		19,569
	C		-	ss) from special events and			iine ba) . 		6c		19,509
	7a			entory, less returns and all		7a	<del>                                     </del>				
	b	Less: cost			Outstand the Thefin				-		
	C			ss) from sales of inventory	(Subtract line 7b fro	om line /a) .			7c		
	8	Other rever							9		42,914
	9			dd lines 1, 2, 3, 4, 5c, 6c, 7					10		1,276
	10	Grants and	Simila	r amounts paid (attach sch	adule)	,		- 131	11		0
10	11			r for members					12		
enses	12					1			13		
ē	13			and other payments to inde	•		• •				
Expe	14			utilities, and maintenance			٠	1	14		
-				ons, postage, and shipping describe other direct co					16		34,994
	16 17								17		36,270
	+	Total expe	deficit	Add lines 10 through 16 . ) for the year (Subtract line	17 from line (1)	<del></del>	<u> </u>	. –	18	<del> </del>	6,644
Net Assets	18 19			nd balances at beginning o					10		
SS	13			e reported on prior year's re					19		18,610
₹		-	-	• •	•				20		10,010
ž	20			net assets or fund balance					21		25,254
-	21 art II	Ralance	Or runo	d balances at end of year. ( ets. If Total assets on line 2	5 column (R) are ¢	1 250 000 or	more file Fo	rm QQA		of Form 0	
	al t II	Dalance	Silet	(See the instructions for		1,200,000 01		ginning of		(B) End o	
_		_L			•			<del></del>	3,610 22		<del></del>
2				vestments				11	23	+	25,254
2:									24		
24				pe ▶				4	3,610 25	+	25,254
2	-						`	7)			25,254
20	D 10	tal liabilitie:	5 (Oesc	cribe ► palances (line 27 of column	(R) must caree will	h line 21\	<b>一'</b> ├──	4	26 3,610 27		25,254
2	, ne	た ほうちせにち ひげ	iuna t	/aiaiices (IIIE ∠/ OI COIGMI	, נטן וווע <b>סו</b> מטווע שווו		• 1	1	J,U IU   2/	1	∠3,∠34

	330-22 (2003)					raye a		
Par	t III Statement of Program Service Accom	plishments (See the instr	uctions for Part II	l.)		Expenses		
Wha	t is the organization's primary exempt purpose?	Provide unity between parer	nts, teachers and st	tudents	(Required for section			
Desc	cribe what was achieved in carrying out the org	anization's exempt purpos	ses. In a clear ar	nd concise				
	ner, describe the services provided, the number of					zations and section a)(1) trusts, optional		
	program title.	•			for ot			
	Cash awards, grants and donations to Fairmount Sci	hool Downers Grove II			1			
28	Cash awards, grants and donations to Fairmount Sci	1001, Downers Grove, IL			1			
		includes foreign grants, chi		<u>. ▶ ⊔</u>	28a	1,276		
29	Curriculum assistance programs, field trips, services	s and events for/to Falrmoun	t community.					
	(Grants \$ ) If this amount	includes foreign grants, chi	eck here	. ▶ 🗆	29a	33,890		
30								
	•							
	(Granta \$ ) If this amount	includes foreign grants, ch	ock horo	▶ □	30a			
24				<u> </u>	Journal			
31	Other program services (attach schedule)			·	24-			
~~	(Grants \$ ) If this amount				31a	25 400		
	Total program service expenses (add lines 28a t				32	35,166		
Par	t IV List of Officers, Directors, Trustees, and Key			(d) Contribution		(e) Expense		
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (if not paid,	employee benefi	t plans &			
	•	devoted to position	enter -0)	deferred compe	insation	other allowances		
Tom	Gergits	President - 5 hrs						
603€	Blodgett, Downers Grove, IL 60516	Tresident 5 ms	0		0	0		
Jenr	nifer Davis	0						
6036	Blodgett, Downers Grove, IL 60516	Secretary - 2 hrs	0	0		0		
	in Lyons							
	Blodgett, Downers Grove, IL 60516	Treasurer - 2 hrs	0		0	0		
	an Hopkins			<u> </u>				
	6 Blodgett, Downers Grove, IL 60516	VP of Membership - 2 hrs	o		0	0		
	ri Paladino	VP of Programs - 2 hrs				•		
	Blodgett, Downers Grove, IL 60516		0	ļ	0	0		
	y Coglianese	Principal - 2 hrs		1	_	_		
6036	Blodgett, Downers Grove, IL 60516		0		0	0		
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	0-EZ (2009)		F	age 🤅
Part	Other Information (Note the statement requirements in the instructions for Part V.)		150	T
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	Yes	No ✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T. Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section			
a	6033(e) notice, reporting, and proxy tax requirements?	35a		1
36	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	35b 36		1
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions.   Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		1
b 39 a b 40a	If "Yes," complete Schedule L, Part II and enter the total amount involved			
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		-
41	List the states with which a copy of this return is filed. ▶ none			
42a	1110 0194111141011 0 000110 410 011 01111111111		1-712	5 
	Located at ► 6029 Blodgett Ave, Downers Grove, IL ZIP + 4 ►	60:	516	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	N.
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	162	NO
	If "Yes," enter the name of the foreign country: ▶	420		_
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	į.		
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<b>✓</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	<b>▶</b> □
			Yes	Na
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	res	NO
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		<b>▼</b>
			) E7	

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	ection 4947(a)(1 7(a)(1) nonexemp d 51.	) nonexem ot charitable	pt charita e trusts mi	able trusts only. ust answer quest	All sections 4	tion 6-49	 o
46	Did the organization engage in direct or indirect						Yes	No
	candidates for public office? If "Yes," complete S					46		1
47	Did the organization engage in lobbying activities	s? If "Yes," comple	te Schedule	C, Part II		47		<b>√</b>
48	Is the organization a school as described in section					48	<u> </u>	<b>1</b>
49a	Did the organization make any transfers to an exc					49a		✓
b	If "Yes," was the related organization a section 5	27 organization?				49b	l	<u> </u>
50	Complete this table for the organization's five hig employees) who each received more than \$100,0	000 of compensation	on from the o	organization	n. If there is none, e	, truste enter "N	es an lone."	d key
	(a) Name and address of each employee paid more than \$100,000	(b) Title and aver hours per weel devoted to posit	(	Compensation	n (d) Contributions to employee benefit plans deferred compensation	& ac	Exper count a allowa	and
n/a								
						-		
	Total number of other employees paid over \$100			0				
51	Complete this table for the organization's five h \$100,000 of compensation from the organization (a) Name and address of each independent contractor	n If there is none, e	enter "None.		Type of service		mpens	
n/a								
							_	
				-				
d	Total number of other independent contractors e	each receiving over	\$100,000	▶	0			
	Under penalties of penjury, I declare that I have examine and belief, it is true, correct, and complete Declaration	ed this return, including a of preparer (other than o	accompanying s officer) is based	chedules and on all informat	statements, and to the l non of which preparer ha	est of m	/ knowl	edge e.
Sign Here	Signature of officer  13-3-11  Date							
	Heather R. Span  Type or print name and title	ng, Tre	asure	v				
Paid	Preparer's signature		Date	Check if self- employed ▶	Preparer's identifying	number (Se	e instruc	tions)
Prepar	Firm's name (or				EIN ▶			
Use Or	yours if self-employed), address, and ZIP + 4			<del></del>	Phone no ▶			
May th	ne IRS discuss this return with the preparer shown	n above? See instru	ictions .		. <u></u> <b>&gt;</b>	☐ Yes		No _
		······································				Form <b>99</b>	0-EZ	(2009)

### **SCHEDULE A** (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047 Open to Public

Department of the Treasury Inspection Internal Revenue Service Name of the organization Employer identification number Fairmount School PTA 36 3308494 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) Я A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33/4 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c ☐ Type III–Functionally integrated a 🔲 Type I **b** Type II d ☐ Type III-Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? . . . . 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . Provide the following information about the supported organization(s). h (iv) Is the organization (ii) EIN (iii) Type of organization (v) Did you notify (i) Name of supported (vi) Is the (vii) Amount of (described on lines 1-9) in col (i) listed in your the organization in organization in col organization support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? US? Yes Yes No Nο Yes

Total

	Support Schedule for Org (Complete only if you chec					and 1	70(b)(1 	I)(A)(vi)	
	tion A. Public Support								
Ca	endar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) :	2009	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")								
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	<u> </u>						· · · · · · · · · · · · · · · · · · ·	
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3					<del> </del>			_
5 6	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4.								
	tion B. Total Support		<del>1</del>		<u> </u>	<del></del>			
	lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e)	2009	(f) Total	
	Amounts from line 4	(4, 1000	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1			
7 8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)								
11	<b>Total support.</b> Add lines 7 through 10 .	L	<u> </u>	L	<u> </u>	<del> </del>			
12	Gross receipts from related activities, etc					12			
13	First five years. If the Form 990 is for								_
<u> </u>	organization, check this box and stop he				• • • • • •	<del></del>	<u> </u>		<u> </u>
	tion C. Computation of Public Su			4 1 (6)		44	<del></del>		_
14	Public support percentage for 2009 (line					14		9/	<u>°</u>
15	Public support percentage from 2008 Sc								<u> </u>
	33% % support test—2009. If the organiand stop here. The organization qualifies	as a publicly	supported orga	nization				▶	
b	33%% support test—2008. If the organic box and stop here. The organization qua	alifies as a publ	licly supported	organization .				▶	
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 more, and if the organization meets the organization me	acts-and-circui istances" test.	mstances" test, The organization	check this box n qualifies as a	and stop here publicly suppo	. Explair	n in Part janization	IV how the n▶	
ь 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumstance foundation. If the organization did	facts-and-circun ances" test. The	nstances" test, o organization qua	check this box alifies as a public	and <b>stop here.</b> cly supported or	Explain ganizati	in Part on	IV how the ▶	

Page 3 Schedule A (Form 990 or 990-EZ) 2009 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total grants, contributions, membership fees received. (Do not include 1,940 831 27,509 37,166 22,257 89,703 any "unusual grants.") . . . . . . . Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. 14,604 0 21,919 16,072 20,657 73,252

	<del>-</del>								
3	Gross receipts from activities that are not an unrelated trade or business under section 513								
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5	18,012	15,435	27,509	59,085		42,914	162	2,955
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	0	0		0		0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	0	0	0		0		0
С	Add lines 7a and 7b	18,012	15,435	27,509	59,085		42,914	162	,955
8	Public support (Subtract line 7c from line 6.)								
	tion B. Total Support								
Ca	llendar year (or fiscal year beginning in) ▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e)	2009	(f) Tota	
9	Amounts from line 6	18,012	15,435	27,509	59,085		42,914	162	2,955
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	179	317	0	0		0		486
b	section 511 taxes) from businesses	0	0	0	0	i	0		0
_	acquired after June 30, 1975 Add lines 10a and 10b	179	317	0	0		0		486
11	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							_	<del></del>
13	Total support. (Add lines 9, 10c, 11,	18,191	15,752	27,509	59,085		42,914	163	,451
14	and 12.)	the organizatio	n's first, secor		n, or fifth tax y	ear as	s a sectio	n 501(c)(	3)
Sec	tion C. Computation of Public Su	pport Percei	ntage	<u> </u>					
15	Public support percentage for 2009 (lin			ne 13, column	(f))	15		99.70	%
16	Public support percentage from 2008 Stion D. Computation of Investmen	Schedule A, Pa	art III, line 15	<u> </u>		16		99.66	%
17	Investment income percentage for 200			d by line 13. c	olumn (f))	17		0.30	%
18	Investment income percentage from 20	•		-		18		0.34	%_
19a		anization did n	ot check the b	ox on line 14, a	and line 15 is n				
b	331/3 % support tests—2008. If the organ line 18 is not more than 331/3 %, check this	ization did not	check a box or	n line 14 or line	19a, and line 1	6 is m	ore than (	331/3 %, an	nd _

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ □

Schedule A (Fo	orm 990 or 990-EZ) 2009	Page 4
Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanations required Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information.	by Part II, line 10; See instructions.
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