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Form 990-EZ

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

Department of the Treasury
Internal Revenue Service

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning August 1 , 2009, and ending July 31 , 20 10

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Harper Parent Teacher Organization

Number and street (or P O. box, if mail is not delivered to street address) Room/suite
1101 Dartmouth

City or town, state or country, and ZIP + 4
Wilmette, IL 60091

D Employer Identification number
36-3835275

E Telephone number
847-256-6754

F Group Exemption Number ▶

• *Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).*

G Accounting Method. ☑ Cash ☐ Accrual
Other (specify) ▶

I Website: ▶ www.harperpto.com

J Tax-exempt status (check only one) — ☑ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☑ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 118,823

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	7,117
	2	Program service revenue including government fees and contracts		2	53,705
	3	Membership dues and assessments		3	7,075
	4	Investment income		4	0
	5a	Gross amount from sale of assets other than inventory	5a 0		
	b	Less: cost or other basis and sales expenses	5b 0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ 0 of contributions reported on line 1)	6a 10,362		
	b	Less: direct expenses other than fundraising expenses	6b 4,949		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	5,413
	7a	Gross sales of inventory, less returns and allowances	7a 40,565		
	b	Less: cost of goods sold	7b 29,853		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	10,711
	8	Other revenue (describe ▶ N/A)		8	0
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	84,021
Expenses	10	Grants and similar amounts paid (attach schedule)		10	24,675
	11	Benefits paid to or for members		11	0
	12	Salaries, other compensation, and employee benefits		12	0
	13	Professional fees and other payments to independent contractors		13	900
	14	Occupancy, rent, utilities, and maintenance		14	0
	15	Printing, publications, postage, and shipping		15	945
	16	Other expenses (describe ▶ See Attachment B)		16	82,271
	17	**Total expenses.** Add lines 10 through 16 ▶		17	108,791
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-24,770
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	94,623
	20	Other changes in net assets or fund balances (attach explanation)		20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	69,853

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	94,623	22	69,853
23	Land and buildings	0	23	0
24	Other assets (describe ▶ None)	0	24	0
25	**Total assets**	94,623	25	69,853
26	**Total liabilities** (describe ▶ None)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	94,623	27	69,853

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Part III **Statement of Program Service Accomplishments** (See the instructions for Part III.)

What is the organization's primary exempt purpose? **To enrich the education of Harper School's children.**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28	**After School Programs** **To enrich and supplement curriculum in the ares of fine arts, sciences, performing arts, teacher supported activities, athletics, safety and scholl related activities. All students and staff are included in these activities.** (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	28a	36,751
29	**Harper Hoedown** **To provide support to the school community through communications, building support and other miscellane programs; and to enhance the overall elementary experience for all students** (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	29a	11,389
30	**Enrichment** **To enrich the overall learning experience at Harper School.** (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	30a	27,524
31	Other program services (attach schedule) (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	31a	0
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	75,664

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Attachment C **All Personnel Are Volunteers**	**Hours Vary**	**0**	**0**	**0**

Part V Other Information (Note the statement requirements in the instructions for Part V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a 0			
b	Gross receipts, included on line 9, for public use of club facilities 39b 0			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	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		✓
c	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 ▶ 0			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
e	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. ▶ Illinois

42a The organization's books are in care of ▶ Cliff Ruemmler Telephone no. ▶ 312-342-6736

Located at ▶ 2121 Schiller Avenue, Wilmette, IL ZIP + 4 ▶ 60091-2325

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		✓
	If "Yes," enter the name of the foreign country: ▶ N/A See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		✓
	If "Yes," enter the name of the foreign country: ▶ N/A			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		✓
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		✓

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		✓
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		✓
b	If "Yes," was the related organization a section 527 organization?	49b		✓

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None - All personnel are volunteers.				

f Total number of other employees paid over $100,000 . . . . ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over $100,000 . . ▶

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

▶ Signature of officer — Date: 10-12-2010

▶ **Cliff Ruemmler, Treasurer**
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's identifying number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶		EIN ▶	
		Phone no ▶	

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☐ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2009

Open to Public Inspection

Name of the organization	Employer identification number
Harper Parent Teacher Organization	36 : 3835275

Part I 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.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ 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.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☑ An organization that normally receives: (1) more than 33⅓ % 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 33⅓ % 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.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ 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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III–Functionally integrated **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).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 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
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						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . .						
4 **Total.** Add lines 1 through 3 . . .						
5 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)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
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 **Total support.** Add lines 7 through 10 .						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . 14 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . . 15 %

16a **33⅓% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33⅓% support test—2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . ▶ ☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III 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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11580	9475	9035	11669	14192	55951
2 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	22299	207172	126709	198098	104631	658909
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 **Total.** Add lines 1 through 5	33879	216647	135744	209767	118823	714860
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
c Add lines 7a and 7b	0	0	0	0	0	0
8 **Public support** (Subtract line 7c from line 6.)						714860

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	33879	216647	135744	209767	118823	714860
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4946	7135	5114	1437	0	18632
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	4946	7135	5114	1437	0	18632
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	38825	223782	140858	211204	118823	733492

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	97.45 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	97.31 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	2.54 %
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	2.69 %

19a **33⅓ % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33⅓ %, and line 17 is not more than 33⅓ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33⅓ % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓ %, and line 18 is not more than 33⅓ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization
Harper Parent Teacher Organization

Employer identification number
36 : 3835275

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	N/A			
	2 Less: Charitable contributions	Line 6a < $15,000			
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				( )
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities:			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," explain:			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," explain:			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

		Yes	No
13	Indicate the percentage of gaming activity operated in:		
a	The organization's facility . . . . . 13a %		
b	An outside facility . . . . . 13b %		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____ .		
c	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address ▶		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ $ _____		
	Description of services provided ▶		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 17a		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $		

Harper Parent Teacher Organization
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	Grants
Donation	
Community Donations	$ 200.00
FAN Family Awareness Network	300.00
Outdoor Education	10,000.00
School Gifts	5,348.60
Garden	2,545.14
Landscaping	360.64
Service Project	1,614.30
Teacher Spec. Projects	4,306.42
	$ 24,675.10

Harper Parent Teacher Organization
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	Other Expenses
After School Programs	
ASP - Compensation	$ 3,885
ASP - Other Expenses	7,514
Book Fair - Expense	2,588
Chess Club - Expense	7,085
Chorus - Compensation	5,120
Chorus - Expense	5,423
Garden Club - Compensation	3,228
Garden Club - Expense	172
Open Gym	835
Great Books - Expense	900
Total After School Programs	36,751
Harper Hoe Down	
Harper Hoe Down - Expense	11,164
Harper Hoe Down - Compensation	225
Total Harper Hoe Down	11,389
Enrichment	
In school enrichment	26,119
Environmental Issues	359
Student council	957
Community Service	89
Total Enrichment	27,524
Total Program Service Expenses	75,664
Other Expenses	
Civics and Safety	2,610
Courtesies	469
HarperPTO.com	454
Head Room Parents	66
Spring PTO Luncheon	95
Hospitality - Other	256
Teacher Appreciation	1,526
Treasurer's Expense	827
President's Expense	264
PTO Meeting Speakers	40
Total Other Expenses	6,607
	$ 82,271

Harper Parent Teacher Organization
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	First	Last	Address	City	State
EXECUTIVE BOARD					
President	Holly	Francis	2512 Iroquois	Wilmette	IL
President-Elect	Eileen	Murdock	939 Romona Rd	Wilmette	IL
Secretary	Danielle	Boersma	1027 Cherokee Rd	Wilmette	IL
Room Parents	Tiffany	Flannagan	2347 Greenwood Ave	Wilmette	IL
Room Parents	Anne	Fitzpatrick	2236 Greenwood Ave	Wilmette	IL
Student Enrichment	Lisa	Kerpan	1030 Romona Rd	Wilmette	IL
Student Enrichment	Kelly	Hudson	1228 Middlebury Ln	Wilmette	IL
Ways & Means	Ann	Garrison	2133 Greenwood Ave	Wilmette	IL
Ways & Means	Kerrily	Jednorowicz	2218 Greenwood Ave	Wilmette	IL
Treasurer	Cliff	Ruemmler	2121 Schiller Ave	Wilmette	IL
Communications/Webmaster	Lisa	Charpentier	2228 Kenilworth Ave	Wilmette	IL
GENERAL BOARD					
4th Gr. End of the Year Party	Terri	Lorenz	2335 Thornwood Ave	Wilmette	IL
4th Gr End of the Year Party	Kelly	Bryla	1215 Hunter Road	Wilmette	IL
After School Programs	Zane	Alkan	2014 Lake Ave	Wilmette	IL
After School Programs	Tika	Walsh	2132 Greenwood Ave	Wilmette	IL
After School Assistant-Chess	Candy	Gibson	2301 Iroquois Rd	Wilmette	IL
After School Assistant	Suzie	McColl	2116 Beechwood	Wilmette	IL
After School Assistant	Ellen	Hainen	2601 Kenilworth Ave	Wilmette	IL
Assistant Treasurer	Hannah	McNulty	2145 Thornwood Ave	Wilmette	IL
Book Fair	Jai	Liriano	2351 Thornwood Ave	Wilmette	IL
Book Fair	Melissa	Murray	2339 Greenwood Ave	Wilmette	IL
Book Fair	Susan	Mackesey	2130 Greenwood Ave	Wilmette	IL
Bulletin Board	Cathy	Miller	2145 Kenilworth Ave	Wilmette	IL
Bulletin Board	Stephanie	Rupp	2100 Beechwood Ave	Wilmette	IL
Cafeteria	Jamie	Bruno	2334 GreenwoodAve	Wilmette	IL
Cafeteria	Julie	Petersen	2035 Thornwood Ave	Wilmette	IL
Chorus	Cindy	Mydlach	2418 Greenwood Ave	Wilmette	IL
Civics & Safety	Sue	Smith	2235 Washington Ave	Wilmette	IL
Civics & Safety	Kelly	Dondanville	2024 Chestnut Ave	Wilmette	IL
Civics & Safety Daily Captain	Laura	Carlson	25 Locust Rd	Winnetka	IL
Civics & Safety Daily Captain	Susan	Baisley	1930 Greenwood Ave	Wilmette	IL
Civics & Safety Daily Captain	Nancy	Hoagland	2301 Birchwood Ave	Wilmette	IL
Civics & Safety Daily Captain	Becca	Lyman	2207 Washington Ave	Wilmette	IL
Civics & Safety Daily Captain	Hannah	McNulty	2145 Thornwood Ave	Wilmette	IL
Civics & Safety Daily Captain	Lilly	Chang	2311 Birchwood Ave	Wilmette	IL
Civics & Safety Daily Captain	Deanne	Roggekamp	2505 Thornwood Ave	Wilmette	IL
Community Service -- chair	Frankie	Kirby	2427 Iroquois Rd.	Wilmette	IL
Community Service -- Assistant	Nancy	Hoagland	2301 Birchwood Ave	Wilmette	IL
Community Service -- Assistant	Danielle	Ruben	2002 Elmwood Ave	Wilmette	IL
Community Service -- Assistant	Tika	Walsh	2132 Greenwood Ave	Wilmette	IL
Community Service -- Assistant	Candy	Gibson	2301 Iroquois	Wilmette	IL
Community Service -- Assistant	Carlee	Bilello	2014 Beechwood Ave	Wilmette	IL
Community Service -- Assistant	Danyelle	Aylsworth	2200 Elmwood	Wilmette	IL
Community Service -- Assistant	Laura	Carlson	25 Locust Rd	Winnetka	IL
Community Service -- Assistant	Ann	Garrison	2133 Greenwood Ave	Wilmette	IL
Community Service -- Assistant	Bev	Kruger	2105 Greenwood Ave	Wilmette	IL
Community Service -- Assistant	Maureen	Kebo	2150 Greenwood Ave	Wilmette	IL
CRC	Beth	Carmody	2150 Chestnut Ave	Wilmette	IL

Harper Parent Teacher Organization
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	First	Last	Address	City	State
CRC	Debbie	Grief	2350 Greenwood	Wilmette	IL
Directory	Cathy	Miller	2145 Kenilworth Ave	Wilmette	IL
District 39 Educational Foundation Liaison		Rachel Kuhn	930 Yale St.	Wilmette	IL
Duplicating (Summer Herald	Susan	Parker	2018 Greenwood	Wilmette	IL
Enrichment Assistant-Kindergarten	Kristyn	Gibson	2030 Kenilworth Ave	Wilmette	IL
Enrichment Assistant -- First Grade	Senta	Plunkett	1225 Ridge Road	Wilmette	IL
Enrichment Assistant -- Second Grade	Becky	Dadura	2131 Elmwood Ave	Wilmette	IL
Enrichment Assistant -- Third Grade	Monica	McGregor	2045 Greenwood Ave	Wilmette	IL
Enrichment Assistant -- Third Grade	Jane	Westhoff	2141 Greenwood	Wilmette	IL
Enrichment Assistant -- Fourth Grade	Cheri	Weber	2040 Elmwood Ave	Wilmette	IL
Enrichment Assistant -- Fourth Grade	Dierdre	Redding	2131 Washington Ave	Wilmette	IL
Environmental Issues	Stephanie	VanWinkle	2624 Kenilworth Ave	Wilmette	IL
Fall Party (Hoedown) chairs	Kirsten	Engle	2315 Thornwood	Wilmette	IL
Fall Party (Hoedown) chairs	Margie	Karabas	2205 Thornwood Ave	Wilmette	IL
Fall Party (Hoedown) Assistant	Lori	Pawelczyk	2029 Greenwood	Wilmette	IL
Family Awareness Network (FAN)	Carlee	Bilello	2014 Beechwood Ave	Wilmette	IL
Fish Tank	Rachael	Nocera	2301 Greenwood Ave	Wilmette	IL
Garden Committee Chair	Charlotte	Bryant	2242 Chestnut Ave	Wilmette	IL
Garden Committee	Diane	Schaffner	2413 Thornwood Ave	Wilmette	IL
Garden Committee	Terri	Lorenz	2335 Thornwood Ave	Wilmette	IL
Garden Committee	Susie	Birdsell	2343 Greenwood Ave	Wilmette	IL
Great Books	Cathy	Blundell		Wilmette	IL
Great Books	Jane	Hutson	2238 Schiller Ave	Wilmette	IL
Harper Bazaar	Shelley	Shelly	2211 Kenilworth Ave	Winnetka	IL
Harper Bazaar	Kendall	Carlson	2026 Greenwood Ave	Wilmette	IL
Harper Bazaar Assistant	Jennifer	Beacom	2323 Iroquois Road	Wilmette	IL
Harper Bazaar Assistant	Barb	O'Brien	2000 Thornwood Ave	Wilmette	IL
Harper Herald Editor- Summer Only	Gudrun	Odendaal	2310 Birchwood Ave	Wilmette	IL
Hospitality Chair	Ruth	Borushek	2245 Kenilworth Ave	Wilmette	IL
Hospitality Chair	Terri	Giannini	2236 Kenilworth Ave	Wilmette	IL
Hospitality Assistant	Michaela	Shaw	2222 Greenwood	Wilmette	IL
Landscaping	Patti	Toole	2101 Birchwood Ave	Wilmette	IL
Legislation	Janet	Le Vee	2121 Greenwood Ave	Wilmette	IL
Membership	Lisa	Maatman	83 Indian Hill Rd	Winnetka	IL
Teacher/Staff Appreciation	Candy	Gibson	2301 Iroquois Rd	Wilmette	IL
Teacher/Staff Appreciation	Cathy	Blundell		Wilmette	IL
Teacher/Staff Appreciation	Carey	Gifford	1054 Cherokee Road	Wilmette	IL
Teacher/Staff Appreciation	Nancy	Hoagland	2301 Birchwood Ave	Wilmette	IL
Ways & Means Assistant	Ann	Garrison	2133 Greenwood Ave	Wilmette	IL
Ways & Means Assistant	Candy	Gibson	2301 Iroquois Rd	Wilmette	IL
Ways & Means Assistant	Katie	Clarke	2033 Chestnut Ave	Wilmette	IL
Ways & Means Assistant	Sally	McQueen	2103 Washington Ave	Wilmette	IL
Ways & Means Assistant	E izabeth	Baumruck	2111 Birchwood Ave	Wilmette	IL
Ways & Means Assistant	Carolyn	Stearns	1224 Cleveland St	Wilmette	IL
Ways & Means Assistant	Julie	Economos	2530 Kenilworth Ave	Wilmette	IL
Ways & Means Assistant	Bev	Kruger	2105 Greenwood Ave	Wilmette	IL
Welcoming	Becca	Lyman	2207 Washington Ave	Wilmette	IL
Welcoming	Margaret	Lake	1046 Cherokee Road	Wilmette	IL
Yearbook Editor	Julie	Sneyd-Duffy	932 Illinois Road	Wilmette	IL
Yearbook Editor	Karen	Tobey	2401 Thornwood Ave.	Wilmette	IL

Harper Parent Teacher Organization
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	First	Last	Address	City	State
Yearbook Editor	Lori	Pawelczyk	2244 Greenwood Ave	Wilmette	IL
Yearbook Editor	Kerrily	Jednorowicz	2218 Greenwood Ave	Wilmette	IL