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Form 990-EZ

Department of the Treasury  
Internal Revenue ServiceShort Form  
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2009

Open to Public  
Inspection

► 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

A For the 2009 calendar year, or tax year beginning 08/01/09, and ending 07/31/10

B Check if applicable  
Address change  
Name change  
Initial return  
Termination  
Amended return  
Application pending

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

C Name of organization  
**Carpenter School PTO**  
Number and street (or P O. box, if mail is not delivered to street address)  
**300 North Hamlin**  
City or town, state or country, and ZIP + 4  
**Park Ridge IL 60068**

D Employer identification number  
**41-2238099**  
E Telephone number  
**847-318-4370**  
F Group Exemption Number ►

G Accounting method  
 Cash  Accrual  
Other (specify) ►

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

I Website: ► <http://carpenterpto.com>J Tax-exempt status (check only one) —  501(c) (3) (insert no)  4947(a)(1) or  527K 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 ► \$ **100,318**

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

1	Contributions, gifts, grants, and similar amounts received	1	<b>9,186</b>
2	Program service revenue including government fees and contracts	2	<b>19,133</b>
3	Membership dues and assessments	3	<b>2,943</b>
4	Investment income	4	<b>46</b>
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	6a	<b>69,010</b>
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6b	<b>42,792</b>
b	Less: direct expenses other than fundraising expenses	6c	<b>26,218</b>
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	
7a	Gross sales of inventory, less returns and allowances	7b	
b	Less: cost of goods sold	7c	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	
8	Other revenue (describe ► )	9	<b>57,526</b>
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	10	<b>8,862</b>
10	Grants and similar amounts paid (attach schedule)	11	
11	Benefits paid to or for members	12	
12	Salaries, other compensation, and employee benefits	13	<b>2,675</b>
13	Professional fees and other payments to independent contractors	14	
14	Occupancy, rent, utilities, and maintenance	15	<b>390</b>
15	Printing, publications, postage, and shipping	16	<b>44,694</b>
16	Other expenses (describe ► See Statement 3)	17	<b>56,621</b>
17	Total expenses. Add lines 10 through 16	18	<b>905</b>
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	19	<b>27,342</b>
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)	20	
20	Other changes in net assets or fund balances (attach explanation)	21	<b>28,247</b>
21	Net assets or fund balances at end of year. Combine lines 18 through 20		

## 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	<b>27,342</b>	22 <b>28,247</b>
23 Land and buildings		23
24 Other assets (describe ► )		24
25 Total assets	<b>27,342</b>	25 <b>28,247</b>
26 Total liabilities (describe ► )	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	<b>27,342</b>	27 <b>28,247</b>

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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

What is the organization's primary exempt purpose?

Provide enhanced educational and extracurricular activities to students

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, or other relevant information for each program title.

**Expenses**  
quired for section  
c)(3) and 501(c)(4)  
nizations and section  
7(a)(1) trusts; optional  
thers.)

**28** See Statement 4

**8,862**) If this amount includes foreign grants, check here  **28a** **53,556**

29

(Grants \$ ) If this amount includes foreign grants, check here ► 29a

30

(Grants \$ ) If this amount includes foreign grants, check here  ► 30a

**31 Other program services (attach schedule)**

(Grants \$ ) If this amount includes foreign grants, check here □ **31a**

**32 Total program service expenses** (add lines 28a through 31a)

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

**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
Chris Pekofski 300 North Hamlin	Park Ridge IL 60068	President 7.00	0	0
Brett Parker 300 North Hamlin	Park Ridge IL 60068	Past President 3.00	0	0
Becky Martin 300 North Hamlin	Park Ridge IL 60068	Secretary 4.00	0	0
Joe Smeriglio 300 North Hamlin	Park Ridge IL 60068	Treasurer 4.00	0	0
Dr. Marcy Canel 300 North Hamlin	Park Ridge IL 60068	Principal 1.00	0	0
Pasquale Laudando 300 North Hamlin	Park Ridge IL 60068	Vice Pres. 1.00	0	0

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

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. 35a

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? 35b

b If "Yes," has it filed a tax return on Form 990-T for this year? 36

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 37a  37b

37a Enter amount of political expenditures, direct or indirect, as described in the instr. 37a  38a

b Did the organization file Form 1120-POL for this year? 38a

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? 38b

b If "Yes," complete Schedule L, Part II and enter the total amount involved 39a  39b

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9 40a

b Gross receipts, included on line 9, for public use of club facilities 40b

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 40c

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 40d

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40e

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 40f

41 List the states with which a copy of this return is filed. ► **IL**

42a The organization's books are in care of ► **Joseph Smeriglio** Telephone no. ► **312-848-5159**

300 North Hamlin

Located at ► **Park Ridge, IL** ZIP + 4 ► **60068**

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)?

If "Yes," enter the name of the foreign country: ► 42b

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.? If "Yes," enter the name of the foreign country: ► 42c

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

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.

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 Yes  No  46

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Yes  No  47

48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes  No  48

49a Did the organization make any transfers to an exempt non-charitable related organization? Yes  No  49a

b If "Yes," was the related organization a section 527 organization? Yes  No  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" Yes  No

(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				

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 ► \_\_\_\_\_

<b>Sign Here</b>	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, this 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 Joseph Smeriglio	Date 3-21-2011

<b>Paid Preparer's Use Only</b>	Preparer's signature Dirk T. Ahlbeck	Date 03/07/11	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instr) P00237637
	Firm's name (or yours if self-employed), address, and ZIP + 4 1665 Elk Boulevard Des Plaines, IL 60016-4776	SS&G Financial Services, Inc.	EIN <input type="checkbox"/> 34-1945695	Phone <input type="checkbox"/> 847-824-4000

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

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

## Public Charity Status and Public Support

OMB No 1545-0047

2009

**Open to Public  
Inspection**

**Department of the Treasury  
Internal Revenue Service**

**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.

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

**Name of the organization**

Carpenter School PTO

**Employer identification number**  
**41-2238099**

**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 33 1/3 % 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 1/3 % 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.  
e  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?  
(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?  
(ii) A family member of a person described in (i) above?  
(iii) A 35% controlled entity of a person described in (i) or (ii) above?  
h  Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

**Schedule A (Form 990 or 990-EZ) 2009**

Schedule A (Form 990 or 990-EZ) 2009 **Carpenter School PTO****41-2238099**

Page 2

**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 <b>Total.</b> 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 <b>Public support.</b> 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 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)						<b>12</b>
13 <b>First five years.</b> 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						► <input type="checkbox"/>

**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 <b>33 1/3 % support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
b <b>33 1/3 % support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
17a <b>10%-facts-and-circumstances test—2009.</b> 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	►	<input type="checkbox"/>
b <b>10%-facts-and-circumstances test—2008.</b> 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	►	<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	►	<input type="checkbox"/>

**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")			34,125	28,981	12,129	75,235
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			9,836	14,787	19,133	43,756
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						
<b>6 Total. Add lines 1 through 5</b>			<b>43,961</b>	<b>43,768</b>	<b>31,262</b>	<b>118,991</b>
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons			60	65	65	190
<b>b</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						
<b>c</b> Add lines 7a and 7b			60	65	65	190
<b>8 Public support</b> (Subtract line 7c from line 6.)						<b>118,801</b>

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6			<b>43,961</b>	<b>43,768</b>	<b>31,262</b>	<b>118,991</b>
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			371	217	46	634
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b			<b>371</b>	<b>217</b>	<b>46</b>	<b>634</b>
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			92,759	55,561	69,010	217,330
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)			<b>137,091</b>	<b>99,546</b>	<b>100,318</b>	<b>336,955</b>
<b>14 First five years.</b> 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						► <input checked="" type="checkbox"/>

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19a 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
b 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	►	<input type="checkbox"/>

**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.

**Part III, Line 12 - Other Income Detail**

**Special Events Income**      \$      **217,330**

**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.**

OMB No. 1545-0047

2009

Open To Public  
Inspection

Name of the organization

Carpenter School PTO

**Employer identification number  
41-2238099**

**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.

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 <b>Track A Thon</b> (event type)	(b) Event #2 <b>Gift Card Progr</b> (event type)	(c) Other events <b>3</b> (total number)	(d) Total events (add col (a) through col. (c))
Revenue	<b>1</b> Gross receipts <b>2</b> Less: Charitable contributions <b>3</b> Gross revenue (line 1 minus line 2)	<b>20,176</b>	<b>15,753</b>	<b>21,158</b>
				<b>57,087</b>
	<b>4</b> Cash prizes <b>5</b> Noncash prizes <b>6</b> Rent/facility costs <b>7</b> Food and beverages <b>8</b> Entertainment <b>9</b> Other direct expenses	<b>20,176</b>	<b>15,753</b>	<b>21,158</b>
				<b>57,087</b>
Direct Expenses	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d)			<b>36,280</b>
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10			<b>20,807</b>

**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	<b>1</b> Gross revenue			
Direct Expenses	<b>2</b> Cash prizes <b>3</b> Noncash prizes <b>4</b> Rent/facility costs <b>5</b> Other direct expenses			
	<b>6</b> Volunteer labor	<input type="checkbox"/> Yes ... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ... % <input type="checkbox"/> No
	<b>7</b> Direct expense summary Add lines 2 through 5 in column (d)			
	<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7			

**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?  
**b** If "No," Explain:

	Yes	No
9a		
10a		
11		
12		

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

**b** If "Yes," Explain:

**11** Does the organization operate gaming activities with nonmembers?

**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?

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility
- b An outside facility

14 Provide 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?

- 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?
- b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

	Yes	No
13a	%	
13b	%	
15a		
17a		

## Federal Statements

### Form 990-EZ General Footnote

#### Description

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All fundraising is done by volunteers; therefore, there is no fundraising expense.

CSPTO Carpenter School PTO  
41-2238099  
FYE: 7/31/2010

3/7/2011 9:03 AM

## Federal Statements

### Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	Amount
PTO Membership Dues	\$ 2,943
Total	<u>\$ 2,943</u>

CSPTO Carpenter School PTO  
41-2238099  
FYE: 7/31/2010

**Federal Statements**

3/7/2011 9:03 AM

**Statement 2 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to  
Organizations**

Name and Address	Date of Gift	Description of Property	Class of Activity	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation
Park Ridge-Niles School District 64 Supplies			Education	141		7,771		
164 S. Prospect Ave. Park Ridge, IL 60068								
<b>Total</b>				<b>141</b>	<b>7,771</b>			

## Federal Statements

### Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	\$
5th Grade Dinner	2,811
Artist of the Year	278
Art Mural	1,000
Battle of the Books	76
Box Tops for Education	16
Bulletin Board Paper	426
Calendar/Directory	435
Class Parties	2,112
Colonial Days	87
Cultural Arts	2,500
Drug Awareness Week	258
Father/Son Event	1,368
Field Day	86
Field Trips	3,288
Halloween Haunted House	385
Hot Monthly Lunch	6,850
Ice Skating Party	345
Miscellaneous Expense	259
Mother/Daughter Event	1,728
P.E., Music, Art	589
Positive Behavior	886
PTO Dues	132
Rainbow Hospice	175
Safety/Walk to School	557
Science Club Expenses	670
Spring Family Picnic	564
Student Council	301
Teacher/Staff Appreciat.	7,086
TV Turn Off Week	203
Yearbook	5,386
Wishlist	3,837
Total	\$ 44,694

## Federal Statements

### Statement 4 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

#### Description

Provide enhanced educational and extracurricular activities to students, such as Battle of the Books, Class Parties, Colonial Days, Field Trips, Hot Lunch, Science Club, Spring Family Picnic, Student Council, and Yearbook. There were 358 students served during the year.