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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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 9/1/2009, and ending 8/31/2010

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: WEBSTER HILL SCHOOL PTO
 Number and street (or P.O. box, if mail is not delivered to street address): 125 WEBSTER HILL BOULEVARD
 City, town, or country: WEST HARTFORD State: CT ZIP + 4: 06107

D Employer identification number: 30-0122164

E Telephone number: _____

F Group Exemption Number: ▶

G Accounting Method: Cash Accrual
 Other (specify) ▶ _____

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

I Website: ▶ www.websterhillpto.com

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

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 ▶ \$ 44,787

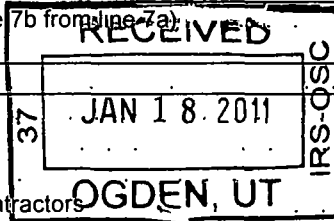
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	77				
2	Program service revenue including government fees and contracts	2					
3	Membership dues and assessments	3					
4	Investment income	4	6				
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 <input type="checkbox"/>						
a	Gross revenue (not including \$ <u>0</u> of contributions reported on line 1)	6a	42,152				
b	Less: direct expenses other than fundraising expenses	6b	28,464				
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	13,688				
7a	Gross sales of inventory, less returns and allowances	7a	2,552				
b	Less: cost of goods sold	7b	3,185				
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-633				
8	Other revenue (describe ▶ Returned Check Fee)	8	0				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	13,138				
10	Grants and similar amounts paid (attach schedule)	10	0				
11	Benefits paid to or for members	11					
12	Salaries, other compensation, and employee benefits	12					
13	Professional fees and other payments to independent contractors	13	525				
14	Occupancy, rent, utilities, and maintenance	14					
15	Printing, publications, postage, and shipping	15					
16	Other expenses (describe ▶ See Attached Statement)	16	15,846				
17	Total expenses. Add lines 10 through 16	17	16,371				
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3,233				
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	11,162				
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	7,929				

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	11,162	7,929
23	Land and buildings		
24	Other assets (describe ▶ _____)	0	0
25	Total assets	11,162	7,929
26	Total liabilities (describe ▶ _____)	0	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	11,162	7,929

SCANNED JAN 31 2011



12P

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses	
What is the organization's primary exempt purpose? PROVIDES SERVICES TO THE SCHOOL		(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
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			
28	SUPPORT FOR VARIOUS EDUCATIONAL, SOCIAL AND RECREATIONAL PROGRAMS IN THE SCHOOL COMMUNITY, SCHOLARSHIPS AND FIELD TRIPS FOR DESERVING STUDENTS AND TO PURCHASE EQUIPMENT, SUPPLIES AND SERVICES FOR THE SCHOOL (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	15,222
29 (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	0
30 (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0
31	Other program services (attach schedule) (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32	Total program service expenses. (add lines 28a through 31a)	32	15,222

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
Amy Connors 24 Rumford Street West Hartford CT 06107	Title President Hr/WK 3 00	0	0	0
Kathleen Richards 110 Overbrook Road West Hartford CT 06107	Title President Hr/WK 3 00	0	0	0
Lisa Reck 88 Overbrook Road West Hartford CT 06107	Title VP Hr/WK 2 00	0	0	0
Robert Paolitto PO Box 270195 West Hartford CT 06127	Title PTO Newsletter Hr/WK 2 00	0	0	0
Jennifer Peck 19 Cassilis Road West Hartford CT 06107	Title Corresponding Sec Hr/WK 2 00	0	0	0
Michael LaMarco 168 Overbrook Road West Hartford CT 06107	Title Treasurer Hr/WK 2.00	0	0	0
Dave Pauluk 416 Oakwood Avenue West Hartford CT 06110	Title Events Coor Hr/WK 2 00	0	0	0
Lynn Sweet-Dobrow 125 Webster Hill Blvd West Hartford CT 06107	Title Teacher Rep Hr/WK 2 00	0	0	0
Kristin Levesque 55 Pheasant Hill Drive West Hartford CT 06107	Title Recording Sec Hr/WK 1 00	0	0	0
Diana Tsiopolitis 6 Danforth Lane West Hartford CT 06110	Title Vol Coor Hr/WK 1 00	0	0	0
Lesley Morrey 60 Meadowbrook Road West Hartford CT 06107	Title Comm Coor. Hr/WK 1.00	0	0	0
.....	Title Hr/WK 00	0	0	0
.....	Title Hr/WK 00	0	0	0
.....	Title Hr/WK 00	0	0	0
.....	Title Hr/WK 00	0	0	0
.....	Title Hr/WK 00	0	0	0
.....	Title Hr/WK 00	0	0	0
.....	Title Hr/WK 00	0	0	0
.....	Title Hr/WK 00	0	0	0
.....	Title Hr/WK 00	0	0	0
.....	Title Hr/WK 00	0	0	0

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 | | X |
| 47 | | X |
| 48 | | X |
| 49a | | X |
| 49b | | |
- 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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49 a Did the organization make any transfers to an exempt non-charitable related organization?
 b If "Yes," was the related organization a section 527 organization?

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
Name <u>None</u> Str _____ City ST ZIP _____	Title _____ Hr/WK _____	00	0	0
Name _____ Str _____ City ST ZIP _____	Title _____ Hr/WK _____	00	0	0
Name _____ Str _____ City ST ZIP _____	Title _____ Hr/WK _____	00	0	0
Name _____ Str _____ City ST ZIP _____	Title _____ Hr/WK _____	.00	0	0
Name _____ Str _____ City ST ZIP _____	Title _____ Hr/WK _____	00	0	0
f Total number of other employees paid over \$100,000		0		

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
Name <u>None</u> Str _____ City ST ZIP _____		
Name _____ Str _____ City ST ZIP _____		
Name _____ Str _____ City ST ZIP _____		
Name _____ Str _____ City ST ZIP _____		
Name _____ Str _____ City ST ZIP _____		
d Total number of other independent contractors each receiving over \$100,000		0

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.

Sign Here
 Signature of officer: *[Handwritten Signature]* Date: 1/8/11
 Type or print name and title: Michael J. Puccio Treasurer

Paid Preparer's Use Only

Preparer's signature <u>MARK BARAL</u> <i>[Handwritten Signature]</i>	Date 1/6/2011	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (See instructions) P00833833
Firm's name (or yours if self-employed), address, and ZIP + 4 <u>Tax and Accounting Services, LLC</u> <u>68 South Main St Suite 101, West Hartford, CT 06107</u>	EIN <u>20-1996278</u>	Phone no <u>(860) 216-3235</u>	

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

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

WEBSTER HILL SCHOOL PTO

Employer identification number

30-0122164

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.
 - 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?

	Yes	No
11g(i)		
11g(ii)		
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	
									0
									0
									0
									0
									0
									0
Total									0

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.")	0	0	0	0		0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0		0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0		0
4 Total. Add lines 1 through 3	0	0	0	0	0	0
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						0

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	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0		0
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0		0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0		0
11 Total support. Add lines 7 through 10						0

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	0.00%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	0.00%
16a 33 1/3% support test—2009. 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 33 1/3% support test—2008. 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 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. <input type="checkbox"/>		
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. <input type="checkbox"/>		
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 <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")	788	990	1,761	800	77	4,416
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	96,949	100,049	69,713	50,450	44,704	361,865
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	97,737	101,039	71,474	51,250	44,781	366,281
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)						366,281

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	97,737	101,039	71,474	51,250	44,781	366,281
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	21	15	12	7	6	61
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	21	15	12	7	6	61
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.)	2,513	1,196	1,159	5	0	4,873
13 Total support. (Add lines 9, 10c, 11, and 12.)	100,271	102,250	72,645	51,262	44,787	371,215
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 ▶ <input 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	98.67%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.02%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.00%

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 ▶

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 ▶

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.

Area with horizontal dashed lines for supplemental information.

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) Event #2	(c) Other events	(d) Total events	
		Scrip Gift Cards (event type)	Fall Fundraiser (event type)	10 (total number)	(add col (a) through col (c))	
Revenue	1	Gross receipts	11,312	10,719	20,122	42,153
	2	Less Charitable contributions	0	0	0	0
	3	Gross income (line 1 minus line 2)	11,312	10,719	20,122	42,153
Direct Expenses	4	Cash prizes	0	0	0	0
	5	Noncash prizes	0	0	0	0
	6	Rent/facility costs	0	0	0	0
	7	Food and beverages	0	0	0	0
	8	Entertainment	0	0	0	0
	9	Other direct expenses	10,580	5,602	12,282	28,464
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Combine line 3, column (d), and line 10					13,689

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			0	
Direct Expenses	2	Cash prizes			0	
	3	Noncash prizes			0	
	4	Rent/facility costs			0	
	5	Other direct expenses			0	
	6	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	
7	Direct expense summary. Add lines 2 through 5 in column (d)					(0)
8	Net gaming income summary. Combine line 1, column d, and line 7					0

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: _____

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? _____

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in

- a The organization's facility

13a	%
13b	%
- 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?

- 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 ▶ \$ 0

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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

	Yes	No
13a		
13b		
14		
15a		
16		
17a		

Part I, Line 16 (990-EZ) - Other Expenses

15,846

1	Travel	1	
2	Meals and entertainment	2	
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	
6	Depreciation	6	0
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	
10	Supplies	10	436
11	Telephone	11	
12	Unrelated business income taxes	12	0
13	State & Federal Fees	13	50
14	Bank fees	14	60
15	Website Fees	15	79
16	School Directories	16	495
17	Educational Programs	17	8,322
18	Social / Recreational Programs	18	537
19	CMT Snacks	19	553
20	Principal & Teacher Allowances	20	1,000
21	Orientation - Kindergarten	21	59
22	PTO Meeting Refreshments	22	15
23	Staff Breakfast & Teacher Luncheon	23	1,659
24	Turkey Bingo	24	56
25	5th Grade Picnic	25	1,107
26	5th Grade Graduation	26	827
27	Breakfast with Special Person	27	591
28		28	
29		29	
30		30	

Webster Hill School PTO
STATEMENT 1

EIN# 30-0122164

FORM 990 EZ - PART I - SPECIAL FUNDRAISING EVENTS & ACTIVITIES (lines 6a and 6b):

<u>DESCRIPTION</u>	<u>GROSS REVENUE</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
Scrip Gift Cards	11,312	10,580	732
Fall Fundraiser	10,719	5,602	5,117
Original Works	5,393	3,998	1,395
Basket Raffle	1,837	130	1,707
Holiday Bazaar	842	40	802
June Fair	4,821	2,767	2,053
Bake & Pizza Sales	441	27	414
School Pictures & Yearbook	3,989	3,631	358
Goodwill Fund Pasta Dinner & Raffle	996	413	584
Miscellaneous Fundraisers	229	-	229
Magnets	510	674	(164)
Basketball Game	1,064	602	461
Totals:	<u>42,152</u>	<u>28,464</u>	<u>13,688</u>