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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)

OMB No 1545-1150

2009

Department of the Treasury Internal Revenue Service

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

A For 2009 calendar year, or tax year beginning SEPTEMBER 01, 2009, and ending AUGUST 31, 2010

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: STANTON PARENT ASSOCIATION. D Employer identification number: 94-3106846. E Telephone number: (510) 727-9192. F Group Exemption Number: 481-9307-CMB

G Accounting Method: [X] Cash [ ] Accrual Other (specify)
H Check [X] if organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

I Website: N/A
J Tax-exempt status (check only one) -- [X] 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 \$ 66,297

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

Table with 21 rows for Revenue, Expenses, and Assets. Revenue total: 38,166. Expenses total: 41,657. Net assets at end of year: 58,308. Includes a 'RECEIVED' stamp from TRS OSC dated JAN 18 2011 in OGDEN, UT.

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

Table with 7 rows for Balance Sheets. (A) Beginning of year, (B) End of year. Total assets: 62,164 (beginning), 58,776 (end). Net assets: 61,799 (beginning), 58,308 (end).

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2009)

12P



**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		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
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?		X
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		X
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b	Did the organization file <b>Form 1120-POL</b> for this year?	37b	X
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	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations Enter:		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
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	X
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		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
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	X
41	List the states with which a copy of this return is filed	CA	
42a	The organization's books are in care of	See attachment #6	
	Located at		
	Telephone no		
	ZIP + 4		
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	X
	If "Yes," enter the name of the foreign country		
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
c	At any time during the calendar year, did the organization maintain an office outside of the U S?	42c	X
	If "Yes," enter the name of the foreign country:		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	<input type="checkbox"/>
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
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	X

**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.

<b>46</b>	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 . . . . .	<b>Yes</b>	<b>No</b>
<b>47</b>	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .		
<b>48</b>	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . .		
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .		
<b>49b</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
NONE				

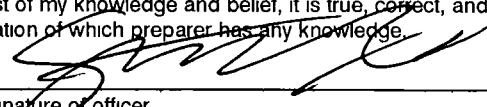
**f** Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_

**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 . . . . . ▶ \_\_\_\_\_

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** ▶  | Date 1-13-11

Signature of officer

▶ Cynthia M Brixie, Treasurer Date Home 510-733-6649

Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ▶  Date 1/12/11 Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ H&R BLOCK EIN ▶ \_\_\_\_\_

3128A SANTA RITA RD Phone no ▶ \_\_\_\_\_

Pleasanton, CA 94566 925-461-0152

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**  
STANTON PARENT ASSOCIATION

**Employer identification number**  
94-3106846

**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
<b>11g(i)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>11g(ii)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>11g(iii)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(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	
<b>Total</b>									

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

**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	4141	515	5659	5020	4141	19476
<b>2</b> 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 . . . . .	76992	80351	104783	64753	62117	388996
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .	81133	80866	110442	69773	66258	408472
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<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 . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6) . . . . .						408472

**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 . . . . .	81133	80866	110442	69773	66258	408472
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .		173	1422	253	39	1887
<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 . . . . .		173	1422	253	39	1887
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	81133	81039	111864	70026	66297	410359

**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**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	99.54 %
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	0.46 %
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**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 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

R E V E N U E		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(Add col (a) through col (c))
1	Gross receipts .....				
2	Less Charitable contributions .....				
3	Gross income (line 1 minus line 2) .....				
D I R E C T  E X P E N S E S	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.

R E V E N U E		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) thru col (c))
		1	Gross revenue .....		
D I R E C T  E X P E N S E S	2	Cash prizes .....			
	3	Noncash prizes .....			
	4	Rent/facility costs .....			
	5	Other direct expenses .....			
	6	Volunteer labor .....	<input checked="" type="checkbox"/> Yes _____% <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____% <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____% <input checked="" type="checkbox"/> 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	X
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .....	10a	X
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers? .....	11	X
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	X

		Yes	No
<b>13</b>	Indicate the percentage of gaming activity operated in		
<b>a</b>	The organization's facility . . . . . <span style="float:right; border: 1px solid black; padding: 2px;">13a</span> %		
<b>b</b>	An outside facility . . . . . <span style="float:right; border: 1px solid black; padding: 2px;">13b</span> %		
<b>14</b>	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ▶ _____		
	Address ▶ _____		
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	<b>15a</b>	X
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____		
<b>c</b>	If "Yes," enter name and address of the third party:		
	Name ▶ _____		
	Address ▶ _____		
<b>16</b>	Gaming manager information:		
	Name ▶ _____		
	Gaming manager compensation ▶ \$ _____		
	Description of services provided ▶ _____		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
<b>17</b>	Mandatory distributions:		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	<b>17a</b>	X
<b>b</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 ▶ \$ _____		

**SCHEDULE OF OTHER EXPENSES**

Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 16

Open to Public Inspection	For calendar year 2009 or tax period beginning	09-01-2009, and ending	08-31-2010.
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Name of Organization	Employer Identification Number
STANTON PARENT ASSOCIATION	94-3106846

Description of Other Expenses	Amount
CHILD CARE	300
INSURANCE	415
OFFICE SUPPLIES	313
OTHER	67
OTHER	211
Total	1,306

## SCHEDULE OF OTHER LIABILITIES

Attachment 2: page 1 - 990-EZ Page 1, Part II, Line 26

Open to Public Inspection	For calendar year 2009 or tax period beginning 09-01-2009, and ending	08-31-2010.
Name of Organization STANTON PARENT ASSOCIATION		Employer Identification Number 94-3106846

Description of Liability	Beginning of Year	End of Year
OTHER	365	468
Totals	365	468

## PRIMARY EXEMPT PURPOSE

Attachment 3: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning	09-01	, and ending	08-31-2010.
<b>Name of Organization</b> STANTON PARENT ASSOCIATION				<b>Employer Identification Number</b> 94-3106846

Primary Purpose

THE PURPOSE OF THIS GROUP IS TO RAISE FUNDS TO BE USED BY THE SCHOOL TO SUPPORT THE EDUCATION OF THE CHILDREN. THESE FUNDS ARE REQUIRED BECAUSE THE FUNDS RECEIVED FROM THE COUNTY AND STATE DO NOT COVER ALL THE COST TO OPERATE THE SCHOOL.

# PROGRAM SERVICE ACCOMPLISHMENT

Attachment 4: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning	09-01-2009, and ending	08-31-2010.
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Name of Organization	Employer Identification Number
STANTON PARENT ASSOCIATION	94-3106846

Part III - Statement of Program Service Accomplishments			
Grants and allocations	39,835	Amount includes foreign grants	Program service expenses

Exempt Purpose Achievements

SUPPORTS SCHOOL BY PROVIDING FUNDS TO THE SCHOOL AND TEACHERS TO SUPPORT CLASSROOM ACTIVITES. IN THIS TAX YEAR 39,835 WAS GIVEN TO SUPPORT TEACHERS AND SCHOOL ACTIVITES.

**CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

Attachment 5: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2009 or tax period beginning	09-01-2009, and ending	08-31-2010.
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Name of Organization	Employer Identification Number
STANTON PARENT ASSOCIATION	94-3106846

(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont to Employee Ben Plans & Def Comp	(E) Expense Account & Other Allowances
LAURA JONES 2644 SOMERSET AVE Castro Valley, CA 94546	CO PRESIDENT 6.00	0	0	0
ANN MASON-MALONEY 2644 SOMERSET AVE Castro Valley, CA 94546	CO PRESIDENT 6.00	0	0	0
MEGAN TREVISIO 2644 SOMERSET AVE Castro Valley, CA 94546	CO VICE PRESIDENT 1.50	0	0	0
GINA FRANCO COTRONEO 2644 SOMERSET AVE Castro Valley, CA 94546	CO VICE PRESIDENT 1.50	0	0	0
PATRICIA BOUSSAROQUE 2644 SOMERSET AVE Castro Valley, CA 94546	CO TREASURER 4.00	0	0	0
TOYIA BROWN 2644 SOMERSET AVE Castro Valley, CA 94546	CO TREASURER 4.00	0	0	0
JENNIFER KLINE 2644 SOMERSET AVE Castro Valley, CA 94546	CO SECRETARY 2.50	0	0	0
DARCY BULL 2644 SOMERSET AVE Castro Valley, CA 94546	CO SECRETARY 2.50	0	0	0

**BOOKS ARE IN CARE OF**

Attachment 6 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2009 or tax period beginning	09-01	, and ending	08-31-2010.
Name of Organization			Employer Identification Number	
STANTON PARENT ASSOCIATION			94-3106846	
Part V - Line 42a				

Individual Name ..... CYNTHIA M BRIXIE  
or  
Business Name

Street Address ..... 2644 SOMERSET AVE

U S Address

Zip code 94546 City Castro Valley State CA  
or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number ..... (510) 733-6649

Fax Number .....

**2009 DETAIL STATEMENTS**

STANTON PARENT ASSOCIATION  
94-3106846

STATEMENT #1 - Benefits Pd to or For Members (990-EZ PG 1 Line 11)

ASSEMBLIES.....	4,800
COMMUNITY.....	383
COMPUTERS FOR SCHOOL.....	2,711
CROSSING GUARD.....	3,416
DIASTER.....	245
DONATION TO STANTON.....	4,718
FAME.....	748
FIELD TRIP.....	261
FIFTH GRADE AFFAIRS.....	3,043
GARDEN.....	4,777
HOSPITALITY.....	1,191
INTERNATIONAL FESTIVAL.....	130
LIBRARY.....	3,061
MUSIC FOR MINORS.....	1,170
MUSICAL PRODUCTION.....	1,757
PRINCIPAL FUNDS.....	851
READING INCENTIVE.....	334
SCHOOL ENHANCEMENT.....	783
SCIENCE FAIR.....	209
SCIENCE ACTIVITIES.....	431
TEACHER FUNDS.....	4,816

TOTAL CARRIED TO 990-EZ PG 1 Line 11..... 39,835

STATEMENT #2 - Revenues included (SCH D, PG 1 Ln 1b(i))

BOOK FAIR.....	5,115
BOX TOPS.....	1,742
CANDY SALES.....	5,802
ELECTRONIC WASTE RECYCLING.....	50
FALL FUNDRAISER.....	17,904
FIFTH GRDE FUNDRAISER.....	3,100
HAITI FUND RAISER.....	824
MOVIE NIGHT.....	358
OAKLAND A'S FUNDRAISER.....	936
TEACHER AUCTION.....	13,615
HOSPITALITY.....	594
LIBRARY.....	483
MUSICAL.....	4,469
STUDENT STORE.....	1,270
YEARBOOK.....	4,741
FIELD TRIP.....	422
RESTAURANT NIGHTS.....	517
TEACHER AUCTION.....	175

TOTAL CARRIED TO SCH D, PG 1 Ln 1b(i)..... 62,117

2009 DETAIL STATEMENTS

STANTON PARENT ASSOCIATION  
94-3106846

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STATEMENT #3 - Assets included (SCH D, PG 1 Ln 1b(ii))

FUNDRAISER EXPENSES.....	22,725	
STUDENT STORE ORDERS.....	1,460	
YEARBOOK COSTS.....	3,946	
TOTAL CARRIED TO SCH D, PG 1 Ln 1b(ii).....		28,131

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