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# Short Form Return of Organization Exempt From Income Tax

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)  
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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 2010 calendar year, or tax year beginning** 06-01, 2010, and ending 05-31, 2011

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

<b>C</b> Name of organization <b>Warner Elementary PTO</b>		<b>D</b> Employer identification number <b>56-2663934</b>
Number and street (or P O box, if mail is not delivered to street address)	Room/suite	<b>E</b> Telephone number
<b>10400 Warner Smith Blvd</b>		
City or town, state or country, and ZIP + 4 <b>Cypress, TX 77433</b>		<b>F</b> Group Exemption Number <b>▶</b>

**G** Accounting Method  Cash  Accrual Other (specify) **H** Check  if the organization is not required to attach Schedule B

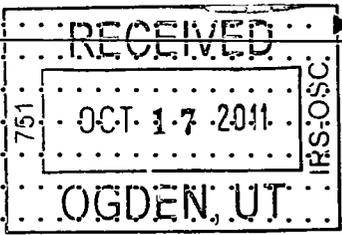
**I Website:** **J Tax-exempt status** (check only one) -  501(c)(3)  501(c)( ) (insert no)  4947(a)(1) or  527 **(Form 990, 990-EZ, or 990-PF)**

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **\$ 178,970**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
Check if the organization used Schedule O to respond to any question in this Part I

<b>R e v e n u e</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	6,228
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	8,214
	<b>4</b> Investment income	<b>4</b>	1
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
	<b>b</b> Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>	105,641
<b>c</b> Less direct expenses from gaming and fundraising events	<b>6c</b>	49,238	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	56,403	
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>	58,886	
<b>b</b> Less cost of goods sold	<b>7b</b>	51,711	
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	7,175	
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>		
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	78,021	
<b>E x p e n s e s</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	
	<b>11</b> Benefits paid to or for members	<b>11</b>	73,390
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	17,622
	<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>	91,012
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	(12,991)	
<b>A s s e t s</b>	<b>19</b> 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)	<b>19</b>	36,248
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year Combine lines 18 through 20	<b>21</b>	23,257



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

Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any activity not previously reported to the IRS? ... 34 Were any significant changes made to the organizing or governing documents? ... 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a ... 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets ... 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ... 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee ... 39 Section 501(c)(7) organizations Enter ... 40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under ... 41 List the states with which a copy of this return is filed ... 42 a The organization's books are in care of Warner Elementary PTO Telephone no 77433 ... 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here ... 44 a Did the organization maintain any donor advised funds during the year? ...

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		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 47-49b and 52, and complete the tables for lines 50 and 51.  
 Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
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		X
49a	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
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  \_\_\_\_\_

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  Yes  No

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: *Kathryn A. Grossner* Date: 10-13-11  
 Type or print name and title: Kathryn A. Grossner, treasurer

**Paid Preparer Use Only**  
 Preparer's name: Stephen T Schoppe Preparer's signature: *Stephen T Schoppe* Date: 10/11/11  
 Firm's name: Stephen T Schoppe CPA Firm's EIN: \_\_\_\_\_  
 Firm's address: 12200 NW Frwy Ste 640 Houston TX 77092 Phone no: 713-681-2410

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

**2010**

**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  
**Warner Elementary PTO**

Employer identification number  
**56-2663934**

**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)		X
11g(ii)		X
11g(iii)		X

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	
(A) Warner Elementary Sc		School	X		X		X		73,390
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									<b>73,390</b>

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

EEA

Schedule A (Form 990 or 990-EZ) 2010



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. 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	
		Catalogue Fd (event type)	Spring Fling (event type)	3 (total number)	Add col (a) through col (c)	
1	Gross receipts . . . . .	73,168	26,146	6,327	105,641	
2	Less Charitable contributions . . . . .					
3	Gross income (line 1 minus line 2) . . . . .	73,168	26,146	6,327	105,641	
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 . . . . .	41,349	7,889		49,238
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				( 49,238 )
	11	Net income summary Combine line 3, column (d), and line 10 . . . . . ▶				56,403

**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) through 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 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) . . . . . ▶				( )
8	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? . . . . .  Yes  No  
 b If "No," explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No  
 b If "Yes," explain \_\_\_\_\_

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Employer identification number

**Warner Elementary PTO**

**56-2663934**

**01. List of grants and similar amounts paid (Part I, line 10)**

**Activity** Student Enrichment Programs

**Grantee** Warner Elementary School

**Address** 19545 Cypress N Houston

Cypress TX 77433

**Relationship** School

**Activity** Classroom/Facility Improvements

**Grantee** Warner Elementary School

**Address** 19545 Cypress N Houston

Cypress TX 77433

**Relationship** School

**Activity** Teacher Appreciation/Support

**Grantee** Warner Elementary School

**Address** 19545 Cypress N Houston

Cypress TX 77433

**02. Description of other expenses (Part I, line 16)**

**Description** Amount

**Office Supplies** 3,164

**Bank Charges** 2,575

**Storage Expense** 3,735

**Miscellaneous Expense** 4,527

