



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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.

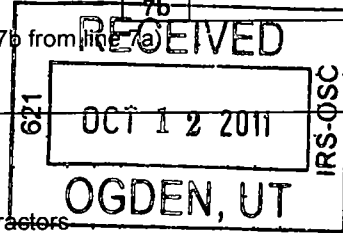
▶ *The organization may have to use a copy of this return to satisfy state reporting requirements.*

A For the 2010 calendar year, or tax year beginning <u>7/1/2010</u> , and ending <u>6/30/2011</u>												
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization <u>Waldwick Junior School Parent School Organization</u></td> <td>D Employer identification number <u>51-0188953</u></td> </tr> <tr> <td colspan="2">Number and street (or P O box, if mail is not delivered to street address) Room/suite</td> <td>E Telephone number <u>(201) 652-9000</u></td> </tr> <tr> <td colspan="2"><u>155 Wyckoff Avenue</u></td> <td rowspan="2">F Group Exemption Number ▶</td> </tr> <tr> <td>City or town state or country ZIP + 4</td> <td><u>Waldwick NJ 07463</u></td> </tr> </table>	C Name of organization <u>Waldwick Junior School Parent School Organization</u>		D Employer identification number <u>51-0188953</u>	Number and street (or P O box, if mail is not delivered to street address) Room/suite		E Telephone number <u>(201) 652-9000</u>	<u>155 Wyckoff Avenue</u>		F Group Exemption Number ▶	City or town state or country ZIP + 4	<u>Waldwick NJ 07463</u>
C Name of organization <u>Waldwick Junior School Parent School Organization</u>		D Employer identification number <u>51-0188953</u>										
Number and street (or P O box, if mail is not delivered to street address) Room/suite		E Telephone number <u>(201) 652-9000</u>										
<u>155 Wyckoff Avenue</u>		F Group Exemption Number ▶										
City or town state or country ZIP + 4	<u>Waldwick NJ 07463</u>											
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____		H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)										
I Website: ▶ <u>http://www.waldwick.k12.nj.us/waldwick/Middle%20School/PSO/</u>												
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (<u>4</u>) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527												
K Check <input type="checkbox"/> 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. ▶ \$ <u>24,910</u>												

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

	Description	Amount	Code
Revenue	1 Contributions, gifts, grants, and similar amounts received		1
	2 Program service revenue including government fees and contracts		2
	3 Membership dues and assessments	1,185	3
	4 Investment income		4
	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	0
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	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)	6b	21,325
c Less direct expenses from gaming and fundraising events	6c	15,708	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	5,617	
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8 Other revenue (describe in Schedule O)		2,400	8
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9,202	9
Expenses	10 Grants and similar amounts paid (list in Schedule O)		10
	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
	14 Occupancy, rent, utilities, and maintenance		14
	15 Printing, publications, postage, and shipping		413
	16 Other expenses (describe in Schedule O)		5,894
	17 Total expenses. Add lines 10 through 16		6,307
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	2,895	18
	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)	12,863	19
	20 Other changes in net assets or fund balances (explain in Schedule O)		20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	15,758	21



SCANNED NOV 08 2011

18P

Part II Balance Sheets. (see the instructions for Part II)

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

Table with 4 columns: Line number, Description, (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose? Closer cooperation between home & school

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

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

Table with 4 columns: Line number, Description, (A) Beginning of year, (B) End of year. Rows include School dances for each grade, graduation activities, Math Fair, Character Education & Teacher Appreciation Breakfast, Other program services, and Total program service expenses.

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

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

Table with 5 columns: (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. Rows list Sheryl LaTorre, Loretta Ross, Ann Marie Hunt, Ann Woods, and Rose Targove.

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? If "Yes," provide a detailed description of each activity in Schedule O
- 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
- 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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?
 - b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?
- 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
- 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions.
 - b Did the organization file Form 1120-POL for this year?
- 38 a 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 tax year covered by this return?
 - b If "Yes," complete Schedule L, Part II and enter the total amount involved
- 39 Section 501(c)(7) organizations Enter
 - a Initiation fees and capital contributions included on line 9
 - b Gross receipts, included on line 9, for public use of club facilities
- 40 a 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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
 - 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
- 41 List the states with which a copy of this return is filed

	Yes	No
33		X
34	X	
35a		X
35b		X
36		X
37b		X
38a		X
40b		X
40e		X

42 a The organization's books are in care of Telephone no
 Located at City ST 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)?
 If "Yes," enter the name of the foreign country
 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

	Yes	No
42b		X
42c		X

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

- 44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
- b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
- c Did the organization receive any payments for indoor tanning services during the year?
- d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

	Yes	No
44a		X
44b		X
44c		X
44d		

- 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
 - 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
- 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

	Yes	No
45		X
45a		X
46		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

- 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 "

	Yes	No
47		
48		
49a		
49b		


(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 None City Str ST ZIP	Title Hr/WK 00			
Name City Str ST ZIP	Title Hr/WK 00			
Name City Str ST ZIP	Title Hr/WK 00			
Name City Str ST ZIP	Title Hr/WK 00			
Name City Str ST ZIP	Title Hr/WK 00			

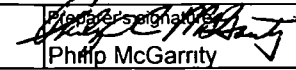
- f Total number of other employees paid over \$100,000
- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

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

- 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: 
 Date: _____
 Sheryl LaTorre
 Type or print name and title: President

Paid Preparer's Use Only
 Pnnt/Type preparer's name: Philip McGarrity
 Preparer's signature: 
 Date: 9/4/2011
 Check if self-employed:
 PTIN: P01416540
 Firm's name: Philip C. McGarrity, CPA, CMA
 Firm's address: 2 Durante Road, Waldwick, NJ 07463
 Firm's EIN: _____
 Phone no: (201) 783-4519

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		School Supplies (event type)	Assignment Pads (event type)	4 (total number)	(add col (a) through col (c))	
Revenue	1	Gross receipts	2,273	458	18,594	21,325
	2	Less Charitable contributions	0	0	0	0
	3	Gross income (line 1 minus line 2)	2,273	458	18,594	21,325
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	6,448	442	8,818	15,708
	10	Direct expense summary Add lines 4 through 9 in column (d)				(
11	Net income summary Combine line 3, column (d), and line 10					5,617

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? 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)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

**Open to Public
Inspection**

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

Waldwick Junior School Parent School Organization

51-0188953

Form 990-EZ, Part I, Line 8, Other Revenue Dance Revenue 671

Form 990-EZ, Part I, Line 8, Other Revenue Student Pictures Revenue 1,729

Form 990-EZ, Part I, Line 16, Other Expenses Eight Grade Graduation / Pool Party 1,245

Form 990-EZ, Part I, Line 16, Other Expenses Signs to Remind People to Vote 280

Form 990-EZ, Part I, Line 16, Other Expenses 6th Grade Activities 1,054

Form 990-EZ, Part I, Line 16, Other Expenses Back to School Night 16

Form 990-EZ, Part I, Line 16, Other Expenses Bank Fee 10

Form 990-EZ, Part I, Line 16, Other Expenses Field Day 1,058

Form 990-EZ, Part I, Line 16, Other Expenses Candidates Night Expenses 71

Form 990-EZ, Part I, Line 16, Other Expenses Constitution Books 349

Form 990-EZ, Part I, Line 16, Other Expenses Math Fair 234

Form 990-EZ, Part I, Line 16, Other Expenses Donation 500

Form 990-EZ, Part I, Line 16, Other Expenses NJ Taxes & Fees 138

Form 990-EZ, Part I, Line 16, Other Expenses Teacher Appreciation Breakfast 161

Form 990-EZ, Part I, Line 16, Other Expenses New Hire Orientation 55

Form 990-EZ, Part I, Line 16, Other Expenses Post Office Box 92

Form 990-EZ, Part I, Line 16, Other Expenses Character Education 336

Form 990-EZ, Part I, Line 16, Other Expenses Teacher Gifts 295

Form 990-EZ Part V Line 34 If no new candidate steps forward to take a board position, the

board member currently performing in that position may extend their term in that position

Name of the organization

Employer identification number

Waldwick Junior School Parent School Organization

51-0188953

Area with horizontal dashed lines for additional information.

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

5,894

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	
11	Telephone	11	
12	Unrelated business income taxes	12	0
13	Eight Grade Graduation / Pool Party	13	1,245
14	Signs to Remind People to Vote	14	280
15	6th Grade Activities	15	1,054
16	Back to School Night	16	16
17	Bank Fee	17	10
18	Field Day	18	1,058
19	Candidates Night Expenses	19	71
20	Constitution Books	20	349
21	Math Fair	21	234
22	Donation	22	500
23	NJ Taxes & Fees	23	138
24	Teacher Appreciation Breakfast	24	161
25	New Hire Orientation	25	55
26	Post Office Box	26	92
27	Character Education	27	336
28	Teacher Gifts	28	295
29	Holiday Shopping	29	
30	Meeting Expense	30	
31	Sean Fischer Memorial	31	
32	Spelling Bee	32	

Part I, Line 8 (990-EZ) - Other Revenue

2,400

Description		Amount	
1	Dance Revenue	1	671
2	Student Pictures Revenue	2	1,729
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	

Part II (Sch G (990/990EZ)) - Events

	Event type	Line 1 Gross receipts	Line 2 Less (Charitable contributions)	Line 3 Gross income (line 1 minus line 2)	Line 4 Cash prizes	Line 5 Noncash prizes	Line 6 Rent/facility costs	Line 7 Food and beverages	Line 8 Entertainment	Line 9 Other direct expenses
1	School Supplies	2,273	0	2,273						6,448
2	Assignment Pads	458		458						442
3	Physical Ed Uniforms	1,758		1,758						5,516
4	WMS Gear (magnets, bags, sweats)	1,194		1,194						3,302
5	Market Day	1,139		1,139						
6	All other fundraising Events	14,503		14,503						
7				0						
8				0						
9				0						
10				0						
11				0						
12				0						
13				0						
14				0						
15				0						
16				0						
17				0						
18				0						
19				0						
20				0						

21,325

21,325

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0