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Form 990-EZ

Department of the Treasury
Internal Revenue Service

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

2011

Open to Public
Inspection

- 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 2011 calendar year, or tax year beginning	7/1/2011	, and ending	6/30/2012
B Check if applicable	C Name of organization		
<input type="checkbox"/> Address change	LEWISBURG ELEMENTARY SCHOOL PTO		
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address)		
<input type="checkbox"/> Initial return	Room/suite		
<input type="checkbox"/> Terminated	E Telephone number		
<input type="checkbox"/> Amended return	F Group Exemption		
<input type="checkbox"/> Application pending	171 CRAFT ROAD	City or town	ZIP + 4
	OLIVE BRANCH	MS	38654
G Accounting Method	<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Accrual	Other (specify) ►
I Website:	► N/A		
J Tax-exempt status (check only one) —	<input checked="" type="checkbox"/> 501(c)(3)	<input type="checkbox"/> 501(c) ()	► (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 or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990-N 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	H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)		
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	► \$ 88,481		
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 <input checked="" type="checkbox"/>			
1 Contributions, gifts, grants, and similar amounts received	1		
2 Program service revenue including government fees and contracts	2		
3 Membership dues and assessments	3	615	
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	6		
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	87,866	
c Less direct expenses from gaming and fundraising events	6c	47,409	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	40,457	
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)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	41,072	
10 Grants and similar amounts paid (list in Schedule O)	10	19,552	
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	15		
16 Other expenses (describe in Schedule O)	16	1,750	
17 Total expenses. Add lines 10 through 16	17	21,302	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	19,770	
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	23,681	
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	21	43,451	

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

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	23,681	22	43,451
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	23,681	25	43,451
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	23,681	27	43,451

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.

Expenses

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

What is the organization's primary exempt purpose? Elementary school parent's organization to support teachers

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 PROVIDED 1/2 OF ART TEACHER SALARY

(Grants \$ 7,632) If this amount includes foreign grants, check here ►

28a

29 PROVIDED ART SUPPLIES

(Grants \$ 1,201) If this amount includes foreign grants, check here ►

29a

30 PROVIDED STAFF AND TEACHERS WITH SCHOOL CLOTHING

(Grants \$ 3,100) If this amount includes foreign grants, check here ►

30a

31 Other program services (describe in Schedule O)

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

31a

32 Total program service expenses. (add lines 28a through 31a) ► 32 0**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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JENNA KERN 1717 CRAFT ROAD OLIVE BRANCH MS 38654	Title CO-PRESIDENT Hr/WK 15.00	0		
MISSY FISACKLERY 1717 CRAFT ROAD OLIVE BRANCH MS 38654	Title CO-PRESIDENT Hr/WK 15.00	0		
TRACI PORTER 1717 CRAFT ROAD OLIVE BRANCH MS 38654	Title SECRETARY Hr/WK 10.00	0		
ANDREA MAY 1717 CRAFT ROAD OLIVE BRANCH MS 38654	Title TREASURER Hr/WK 10.00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		

Part V Other Information (Note the Schedule A and personal benefit contract 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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33

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) 34

35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
 b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35a
 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35b

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 36

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 37a
 b Did the organization file Form 1120-POL for this year? 37b

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 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

40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
 section 4911 ► 40a , section 4912 ► 40b , section 4955 ► 40c
 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 40d
 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 40e
 d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40f
 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 40g

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

42 a The organization's books are in care of ► ANDREA MAY

Telephone no. ► (662) 429-3686

Located at ► 1717 CRAFT ROAD City OLIVE BRANCH ST MS ZIP + 4 ► 38654

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ► 42b

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ► 42c

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here 43

and enter the amount of tax-exempt interest received or accrued during the tax year. ► 43

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 44a

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 44b

c Did the organization receive any payments for indoor tanning services during the year? 44c

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 44d

45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a

b 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). 45b

	Yes	No
33	X	
34	X	
35a	X	
35b	X	
35c	X	
36	X	
37a		
37b	X	
38a	X	
39a		
39b		
40a		
40b		X
40c		
40d		
40e		X
41		
42a		
42b	X	
42c	X	
43		
44a	X	
44b	X	
44c	X	
44d		
45a	X	
45b	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

46	Yes	No
		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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

47	Yes	No
		X
48		X
49a		

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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None Str	Title			
City ST ZIP	Hr/WK .00			
Name Str	Title			
City ST ZIP	Hr/WK .00			
Name Str	Title			
City ST ZIP	Hr/WK .00			
Name Str	Title			
City ST ZIP	Hr/WK .00			
Name Str	Title			
City ST ZIP	Hr/WK .00			
f Total number of other employees paid over \$100,000 ►				

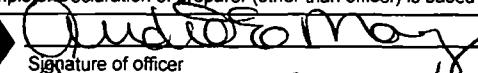
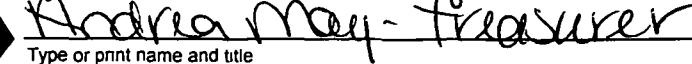
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

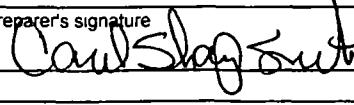
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
d Total number of other independent contractors each receiving over \$100,000 ►		

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	 Andrea May - Treasurer	Date 11/14/2012
	Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name Carol Sharp Smith	Preparer's signature 	Date 11/12/2012	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01209393
	Firm's name ► Carol Sharp Smith, CPA			Firm's EIN ► 62-1422874	
	Firm's address ► 2311 McIngvale Rd, Hernando, MS 38632			Phone no (901) 598-2996	

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

2011

Open to Public
Inspection

Name of the organization

LEWISBURG ELEMENTARY SCHOOL PTO

Employer identification number

20-2892173

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?
- h Provide the following information about the supported organization(s)

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

(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)									0
(B)									0
(C)									0
(D)									0
(E)									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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	0.00%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	0.00%
16a 33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 or if the organization failed to qualify under Part II
 If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	3,265	9,506	1,068	915		14,754
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	31,224	68,025	84,619	80,093		263,961
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	34,489	77,531	85,687	81,008	0	278,715
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						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
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6)						278,715

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	34,489	77,531	85,687	81,008	0	278,715
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
13 Total support. (Add lines 9, 10c, 11, and 12)	34,489	77,531	85,687	81,008	0	278,715
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 2011 (line 8, column (f) divided by line 13, column (f))	15	100.00%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	0.00%
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		► <input checked="" type="checkbox"/>
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		► <input type="checkbox"/>

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information (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 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 COOKIE DOUGH (event type)	(b) Event #2 T-SHIRT/ HOODIES (event type)	(c) Other events 9 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts . . .	41,988	16,021	29,857
	2 Less: Charitable contributions . . .	0	0	0
	3 Gross income (line 1 minus line 2) . . .	41,988	16,021	29,857
				87,866
Direct Expenses	4 Cash prizes . . .	0	0	275
	5 Noncash prizes . . .	0	0	0
	6 Rent/facility costs . . .	0	0	0
	7 Food and beverages . . .	0	0	0
	8 Entertainment . . .	0	0	0
	9 Other direct expenses . . .	22,175	10,318	14,641
	10 Direct expense summary Add lines 4 through 9 in column (d) . . .			► (47,409)
	11 Net income summary. Combine line 3, column (d), and line 10 . . .			► 40,457

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: _____

11 Does the organization operate gaming activities with nonmembers? Yes No

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

13 Indicate the percentage of gaming activity operated in

a The organization's facility

b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

13a	%
13b	%

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ 0 and the amount of gaming revenue retained by the third party ► \$ 0

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? Yes No

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 ► \$ 0

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Name of the organization

LEWISBURG ELEMENTARY SCHOOL PTO

Employer identification number

20-2892173

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: , Grantee: LES 1717 CRAFT ROAD OLIVE

BRANCH MS 38654, Relationship: , Description of Property: SUPPLIES, Purpose of Payment: , Book

Value: 0, Method Used to Determine BV: , Fair Market Value: 470, Method Used to Determine FMV

, Date Received: 6/30/2012

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: , Grantee: LES 1717 CRAFT ROAD OLIVE

BRANCH MS 38654, Relationship: , Description of Property: TEACHER / STAFF LUNCHES, Purpose of

Payment: , Book Value: 0, Method Used to Determine BV: , Fair Market Value: 347, Method Used

to Determine FMV: , Date Received: 6/30/2012

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: , Grantee: LES 1717 CRAFT ROAD OLIVE

BRANCH MS 38654, Relationship: , Description of Property: TEACHER APPRECIATION, Purpose of

Payment: , Book Value: 0, Method Used to Determine BV: , Fair Market Value: 776, Method Used

to Determine FMV: , Date Received: 6/30/2012

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: , Grantee: LES 1717 CRAFT ROAD OLIVE

BRANCH MS 38654, Relationship: , Description of Property: SCIENCE LAB SUPPLIES, Purpose of

Payment: , Book Value: 0, Method Used to Determine BV: , Fair Market Value: 435, Method Used

to Determine FMV: , Date Received: 6/30/2012

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: , Grantee: LES 1717 CRAFT ROAD OLIVE

BRANCH MS 38654, Relationship: , Description of Property: ART SUPPLIES, Purpose of Payment: ,

Book Value: 0, Method Used to Determine BV: , Fair Market Value: 1,201, Method Used to

Determine FMV: , Date Received: 6/30/2012

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: , Grantee: LES 1717 CRAFT ROAD OLIVE

BRANCH MS 38654, Relationship: , Description of Property: ART TEACHER, Purpose of Payment: ,

Book Value: 0, Method Used to Determine BV: , Fair Market Value: 7,632, Method Used to

Determine FMV: , Date Received: 6/30/2012

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: , Grantee: LES 1717 CRAFT ROAD OLIVE

BRANCH MS 38654, Relationship: , Description of Property: MCT2 SUPPLIES, Purpose of Payment: ,

Name of the organization

LEWISBURG ELEMENTARY SCHOOL PTO

Employer identification number

20-2892173

Book Value: 0, Method Used to Determine BV: , Fair Market Value: 170, Method Used to Determine

FMV: , Date Received: 6/30/2012

Form 990-EZ, Part I, Line 10, Grants Paid, Activity: , Grantee: LES 1717 CRAFT ROAD OLIVE

BRANCH MS 38654, Relationship: , Description of Property: FIELD DAY SUPPLIES, Purpose of

Payment: , Book Value: 0, Method Used to Determine BV: , Fair Market Value: 143, Method Used

to Determine FMV: , Date Received: 6/30/2012

Form 990-EZ, Part I, Line 10, Grants Paid, Activity: , Grantee: LES 1717 CRAFT ROAD OLIVE

BRANCH MS 38654, Relationship: , Description of Property: MISC SCHOOLS SUPPLIES, Purpose of

Payment: , Book Value: 0, Method Used to Determine BV: , Fair Market Value: 430, Method Used

to Determine FMV: , Date Received: 6/30/2012

Form 990-EZ, Part I, Line 10, Grants Paid, Activity: , Grantee: LES 1717 CRAFT ROAD OLIVE

BRANCH MS 38654, Relationship: , Description of Property: REWARDS PARTIES RIBBONS, Purpose of

Payment: , Book Value: 0, Method Used to Determine BV: , Fair Market Value: 1,055, Method Used

to Determine FMV: , Date Received: 6/30/2012

Form 990-EZ, Part I, Line 10, Grants Paid, Activity: , Grantee: LES 1717 CRAFT ROAD OLIVE

BRANCH MS 38654, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid, Activity: , Grantee: LES 1717 CRAFT ROAD OLIVE

BRANCH MS 38654, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid, Activity: , Grantee: LES 1717 CRAFT ROAD OLIVE

BRANCH MS 38654, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid, Activity: , Grantee: LES 1717 CRAFT ROAD OLIVE

BRANCH MS 38654, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid, Activity: , Grantee: LES 1717 CRAFT ROAD OLIVE

BRANCH MS 38654, Relationship:

Form 990-EZ, Part I, Line 16, Other Expenses: Flowers / bereavement: 396

Form 990-EZ, Part I, Line 16, Other Expenses: RETURNED CHECKS & FEES: 766

Form 990-EZ, Part I, Line 16, Other Expenses: MISC EXPENSES: 588