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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

Open to Public  
Inspection

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.

Department of the Treasury  
Internal Revenue Service

**A** For the 2011 calendar year, or tax year beginning July 1, 2011, and ending June 30, 20 12

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

**C** Name of organization  
**Gatewood PTO**

**D** Employer identification number  
**23:7312448**

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
**14900 Gatewood Drive**

**E** Telephone number  
**952-988-5000**

City or town, state or country, and ZIP + 4  
**Minnetonka MN 55345-6731**

**F** Group Exemption Number ▶

**G** Accounting Method  Cash  Accrual Other (specify) ▶

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

**I** Website: ▶ N/A

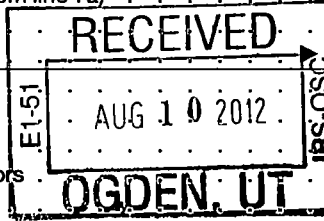
**J** Tax-exempt status (check only one) –  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check  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 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 . . . . . ▶ \$ **19,677**

**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
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	9,972
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	
	<b>4</b> Investment income . . . . .	<b>4</b>	
	<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>	46,111
<b>c</b> Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>	19,677	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>	26,434	
<b>Expenses</b>	<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	
	<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>	
	<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	
	<b>8</b> Other revenue (describe in Schedule O) . . . . .	<b>8</b>	
	<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	<b>9</b>	36,406
	<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>	
<b>Net Assets</b>	<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>	5,214
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	80
	<b>16</b> Other expenses (describe in Schedule O) . . . . .	<b>16</b>	22,440
	<b>17</b> <b>Total expenses.</b> Add lines 10 through 16 . . . . .	<b>17</b>	27,734
	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	8,672
<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>	17,309	
<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	1,365	
<b>21</b> <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . .	<b>21</b>	27,346	



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**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
<b>22</b> Cash, savings, and investments . . . . .	17,309	<b>22</b> 24,616
<b>23</b> Land and buildings . . . . .	0	<b>23</b> 0
<b>24</b> Other assets (describe in Schedule O) . . . . .	0	<b>24</b> 0
<b>25</b> Total assets . . . . .	17,309	<b>25</b> 24,616
<b>26</b> Total liabilities (describe in Schedule O) . . . . .	0	<b>26</b> 0
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	17,309	<b>27</b> 24,616

**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? promote education of children

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.

	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)
<b>28</b> Promote the education and welfare of children from the Gatewood School community through cooperation and united efforts of the parents and staff. approx. 700 students (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b> 26,169
<b>29</b> _____ _____ (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>
<b>30</b> _____ _____ (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>
<b>31</b> Other program services (describe in Schedule O) . . . . . (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
<b>32</b> Total program service expenses (add lines 28a through 31a) . . . . .	<b>32</b> 26,169

**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
Kathryn Hernke 5235 Minnetoga Terr. Minnetonka	co-president 20 hrs.	0	0	0
Matthew McNeil 520 Fifth Ave. S. Hopkins	co-president 20 hrs.	0	0	0
Kim Besky 525 Seventh Ave. S. Hopkins	co-vice president 20 hrs.	0	0	0
Toni Hofstad 721 Sixth Ave. S. Hopkins	co-vice president 20 hrs.	0	0	0
Kari Bartholet 5918 Valewood Drive Minnetonka	treasurer 20 hrs.	0	0	0
Rebecca Nealy 936 Westbrooke Way #008 Hopkins	secretary 20 hrs.	0	0	0
Julie Norman 5624 Glen Ave. Minnetonka	co-communication 20 hrs.	0	0	0
Maureen O'Neil 5919 Fairwood Drive Minnetonka	co-communication 20 hrs.	0	0	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
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.
35a 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)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.
37b Did the organization file Form 1120-POL for this year?
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 tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b 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?
40c 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
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed. Minnesota
42a The organization's books are in care of the organization Telephone no. 952-988-5250
Located at 14900 Gatewood Drive Minnetonka MN ZIP + 4 55345-6731
42b 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)?
42c At any time during the calendar year, did the organization maintain an office outside the U.S.?
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 43
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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)

	Yes	No
<b>46</b> 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 . . . . .	<b>46</b>	<input checked="" type="checkbox"/>

**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
<b>47</b> 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 . . . . .	<b>47</b>	<input checked="" type="checkbox"/>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>	<input checked="" type="checkbox"/>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>	<input type="checkbox"/>

**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
N/A				

**f** Total number of other employees paid over \$100,000 . . . . . **0**

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
N/A		

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . **0**

**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

<b>Sign Here</b>	Signature of officer: <i>Kari Bartholet</i> Type or print name and title: <b>Kari Bartholet, Treasurer</b>	Date: <b>8/3/12</b> Date: <b>8/2/2012</b>
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no			

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

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

Department of the Treasury  
Internal Revenue Service

**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

**2011**

**Open to Public  
Inspection**

Name of the organization  
Gatewood PTO

Employer identification number  
23:7312448

The change in the net assets from Part I, line 21 is because I tried to reconcile the balance on our bank statements with what was on our books.

**Gatewood PTO**  
**Profit & Loss**  
 July 2011 - June 2012

	Total
<b>Income</b>	
Book Fair	0 00
Cost of sales	-7,234 08
One for Books	218 06
Sales	4,557 95
Spring Book Fair	3,870 06
Spring One For Books	108 33
<b>Total Book Fair</b>	<b>1,520.32</b>
Box Tops	1,778 19
Cash Contributions	2,578 00
Directories	383 85
Directory Ads	300 00
Give to the Max	0.00
Innisbruck Sale	19,438 27
Cost of Sales	-10,387 39
Donations	315 00
<b>Total Innisbruck Sale</b>	<b>9,365.88</b>
Kemp's Give Em Five	759 80
Kraemer's Fundraiser	250 00
Movie Night	24 25
Open House	79 00
Popcorn Income	1,221 50
Cost of Sales	-307 32
<b>Total Popcorn Income</b>	<b>914.18</b>
QSP Income	62 40
Restaurant Fundraiser	2,248 05
Silent Auction	7,881 00
Auction Costs	-548 94
Bowling Games	144 00
Donations	145 00
Raffle	838 00
Registration	1,047 00
Spaghetti Dinner	0 00
Dinner Costs	-1,039 20
<b>Total Spaghetti Dinner</b>	<b>-1,039.20</b>
<b>Total Silent Auction</b>	<b>8,466.86</b>
Spell A Thon	2,961 00
Expenses	-160 25
<b>Total Spell A Thon</b>	<b>2,800.75</b>
spiritware	358 51
Target Income	4,555 81
Yearbook Income	-40 00
<b>Total Income</b>	<b>\$36,405.85</b>

	<b>Total</b>
<b>Expenses</b>	
6th Grade Graduation	220 00
Art Adventure	1,200 40
Art Programs	1,207 09
Bank Charges	8.00
Challenge Program	0 00
Book Buddies	92 29
Imagination Fair	854 10
<b>Total Challenge Program</b>	<b>946.39</b>
Child Care	140 00
Coffee	55 93
Computers and Software	35 45
Family Outreach Events	640 29
Grade Level Funds	0 00
1st Grade	2,081 02
2nd Grade	2,016 11
3rd Grade	1,838 00
4th Grade	1,125 57
5th Grade	2,150 00
6th Grade	1,479 98
Kindergarten	2,000 89
Staff and Support	1,031 54
<b>Total Grade Level Funds</b>	<b>13,723.11</b>
Guided Reading Library	500 00
IPads	1,928 53
Media Center Books	1,709 35
Musicals	1,500 11
News Publications	548 73
Nurses Supplies	172 62
Orchestra Community Events	185 62
Orchestra Hall	1,242 10
Other Expenses	263 06
Parent Fair	150 00
Playground Supplies	768 10
Stepping Stones	77 49
Teacher Appreciation	924 90
Yearbook	-413 72
<b>Total Expenses</b>	<b>\$27,733.55</b>
<b>Net Operating Income</b>	<b>\$8,672.30</b>
<b>Other Expenses</b>	
Reconciliation Discrepancies	1,364.93
<b>Total Other Expenses</b>	<b>\$1,364.93</b>
<b>Net Other Income</b>	<b>\$ -1,364.93</b>
<b>Net Income</b>	<b>\$7,307.37</b>

Thursday, Aug 02, 2012 07 56 29 PM GMT-5 - Accrual Basis

**Gatewood PTO  
Transaction Report  
July 2011 - June 2012**

Date	Type	Num	Name	Memo/Description	Account	Split	Amount	Balance
<b>Reconciliation Discrepancies</b>								
10/26/2011	Deposit	ADJ			Reconciliation Discrepancies	Checking	-614 35	-614 35
02/06/2012	Check	ADJ			Reconciliation Discrepancies	Checking	1,979 28	1,364 93
<b>Total for Reconciliation Discrepancies</b>							<b>\$1,364.93</b>	
<b>TOTAL</b>							<b>\$1,364.93</b>	

Thursday, Aug 02, 2012 07 57 25 PM GMT-5 - Accrual Basis