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SCANNED DEC 0 4 2012

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)

▶ Sponsonng 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.

OMB No. 1545-1150

2011

Open to Public Inspection

A F	or the 2	2011 calenda	ar year, or tax year beginning July 1 , 2011, and end	ing	June 30	, 20	12			
_		applicable C Name of organization DE				entification numbe	er			
	Address ch	nange	36	3268504						
	Name char	nge	phone nu	ımber						
_	Initial retur		1436 Grant St		630	719 5861				
一	Terminated		City or town, state or country, and ZIP + 4	F Gro	up Exen	nption				
=	Amended r Application	i	Downers Grove IL 60515		nber 🕨	•				
_		ing Method:	☐ Cash ☐ Accrual Other (specify) ▶	H Check	▶ 🗹 ıf	the organization	n is not			
	Nebsite	•		1		ich Schedule B				
JΤ	ax-exem	pt status (che	eck only one) — 🗹 501(c)(3) 🔲 501(c) () ◀ (insert no.) 🔲 4947(a)(1) or 🔲 52	7 (Form 9	90, 990	-EZ, or 990-PF).				
	Check ►		organization is not a section 509(a)(3) supporting organization or a section 527 orga	nization and	ts gross	receipts are non	mally			
r	ot more		0. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcal							
t	he orgai	nization choc	ses to file a return, be sure to file a complete return.							
			b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	assets (Part II	,					
li	ne 25, cc		w) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$		497.73			
Ρ	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see			for Part I.)				
		Check if	the organization used Schedule O to respond to any question in this F	Part I			. 🗸			
	1		ons, gifts, grants, and similar amounts received		1	57	750 00			
	2	Program s	ervice revenue including government fees and contracts		2					
	3	Membersh	ip dues and assessments		3	25	595 00			
	4	Investment	1 1		4					
	5a	Gross amo	ount from sale of assets other than inventory 5a		1 1					
	b		or other basis and sales expenses		<u> </u>					
	C	•	ss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	·				
	6		nd fundraising events		1 1					
Ф	а		ross income from gaming (attach Schedule G if greater than							
Revenue	<u>.</u>	\$15,000)			4 1					
ě	b		· · · · · · · · · · · · · · · · · · ·	outions						
ď	ļ		raising events reported on line 1) (attach Schedule G if the ch gross income and contributions exceeds \$15,000) 6b	32,731 31	1 1					
	_		the expenses from gaming and fundraising events 6c	9125 61						
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b an		1 1					
	l "	line 6c)	e of (1039) from gaining and failurationing events (and into out and ob an		6d	236	605 70			
	7a	•	s of inventory, less returns and allowances		54					
	b		of goods sold		1					
	C		it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c					
	8		nue (describe in Schedule O)		8	395	547 03			
	9		nue Addings 1 2 2 4 Fo Fd 7g and 9	-a ▶	9	623	372.12			
_	10		similar amounts paid (list in Schedule O)		10	91	148 53			
	11		aid to or for members		11					
S	12	Salaries, o	ther compensation, and employee benefits $[6]$.NOV. $[0.7, 2012]$		12					
ış	13	Profession	al fees and other payments to independent contractors		13					
Expenses	14		y, rent, utilities, and maintenance	ļ	14					
Q	15	Printing, p	ublications, postage, and shipping	·	15					
	16	Other expe	enses (describe in Schedule O)		16		447 42			
	17	Total expe	enses. Add lines 10 through 16	<u> ▶</u>	17		595 95			
93	18		(deficit) for the year (Subtract line 17 from line 9)		18	(72	23 83)			
set	19		s or fund balances at beginning of year (from line 27, column (A)) (must							
Net Assets		-	ar figure reported on prior year's return)		19	264	460 70			
ē	20		nges in net assets or fund balances (explain in Schedule O)		20		000 0=			
~	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	<u> ▶</u>	21	192	236 87			

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2011)

-			
orm	990-EZ	(201	1)

Page	2

Pa	rt II Balance Sheets. (see the instructions	for Part II.)				
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II	<u></u>	🗆
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[26460 70	22	19236.87
23	Land and buildings		[23	
24	Other assets (describe in Schedule O)		[24	
25	Total assets		[26460.70	25	19236 87
26	Total liabilities (describe in Schedule O)		[26	
27	Net assets or fund balances (line 27 of column	(B) must agree with	h line 21)	26460 70	27	19236 87
Par				Part III.)	Π	F
	Check if the organization used Schedule	O to respond to a	ny question in this	Part III 🔲	(Rec	Expenses juired for section
What	t is the organization's primary exempt purpose?	Support Students at I	Pierce Downer Elemen	tary School		c)(3) and 501(c)(4)
	ribe the organization's program service accompli	shmonts for each o	f its three largest n	rogram convices		inizations and section
as m	neasured by expenses. In a clear and concise m	nanner, describe the	e services provided	I, the number of		7(a)(1) trusts; optional others.)
	ons benefited, and other relevant information for ea	ach program title.				
28	Service programs to benefit the student population of ap	proximately 300 stude	nts at Pierce Downer	Elementary School		
		211127777777777777777777777777777777777			1	
	***************************************				1	
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ 🗌	28a	56063 47
29	Classroom materials and technology to benefit the stude	en population of approx	amately 300 students	at Pierce Downer E		
					1	
	(Grants \$) If this amount	includes foreign gra	ints, check here	• 🗇	29a	9148 53
30	The distriction of the districti	more de la constant d	,	· · · · · · · · · · · · · · · · · · ·		
00					l	
	(Grants \$) If this amount	includes foreign gra	ents check here	▶ □	30a	
21	Other program services (describe in Schedule O)			· · · · · ·		
31		includes foreign gra			31a	
~~				· · · ·	10.0	
37	Total program service expenses (add lines 28a t	through 31a)		•	32	65212 00
	Total program service expenses (add lines 28a			-	32	
32 Par	t IV List of Officers, Directors, Trustees, and Key	/ Employees. List ead	ch one even if not con	pensated. (see the		
		Control to a list each of the responding to a	ch one even if not con	pensated. (see the		
	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	Control of the property of the	ch one even if not con ny question in this (c) Reportable compensation	pensated. (see the Part IV	nstru	ctions for Part IV.)
	t IV List of Officers, Directors, Trustees, and Key	Control to a list each of the responding to a	ch one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	ppensated. (see the Part IV	ree (e)	ctions for Part IV.)
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address	O to respond to a (b) Title and average hours per week devoted to position	ch one even if not con ny question in this (c) Reportable compensation	pensated. (see the Part IV	ree (e)	ctions for Part IV.)
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Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address lle Kline/Saba Bando	(b) Title and average hours per week devoted to position Co- Presidents - 8 hours	ch one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated. (see the Part IV	ree (e)	ctions for Part IV.)
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Mich Teres	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address Ille Kline/Saba Bando se Wall	(b) Title and average hours per week devoted to position Co- Presidents - 8 hours Secretary - 3 hours	ch one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated. (see the Part IV	ree (e)	ctions for Part IV.)
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Part	instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi			_
	instructions for that v.) check if the organization used concedure of to respond to any question in the	31 410	Yes	No
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		4
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)?	35a		1
b c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b	-	_
36	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	<u> </u>	
	during the year? If "Yes," complete applicable parts of Schedule N	36	_	~
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions. Did the organization file Form 1120-POL for this year?	37Ь		1
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?			~
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38a	 	~
39	Section 501(c)(7) organizations. Enter:	1	1	
a	Initiation fees and capital contributions included on line 9	-		
ь 40а	Gross receipts, included on line 9, for public use of club facilities	1		
	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	40b		
С	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			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	-	1
41	List the states with which a copy of this return is filed. ▶	60074	05064	
42a	The organization's books are in care of ▶ Sarah Diehl Located at ▶ 1534 Grant St ZIP + 4 ▶	63071 605		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		4
	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.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		4
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		. 1	▶ □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
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		1
C	Did the organization receive any payments for indoor tanning services during the year?	44c		1
đ	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		~
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		V
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)	45b		1

orm 99	00-EZ (2011)						Page 4
						Yes	No
46	Did the organization engage, directly or in to candidates for public office? If "Yes,"				ition 46		
Part	· · · · · · · · · · · · · · · · · · ·	s and section 4947 on 4947(a)(1) none for lines 50 and 51	(a)(1) nonexempt of kempt charitable tru	haritable trusts o sts must answer qu	nly. All se		
17	Did the organization engage in lobbying				tax	Yes	No
	year? If "Yes," complete Schedule C, Par				. 47	1	/
18 	Is the organization a school as described in					+	V
19a	Did the organization make any transfers to If "Yes," was the related organization a se			ation?	. 49a		₩
b 50	Complete this table for the organization's	s five highest compen	sated employees (oth	er than officers, direc		.1	ıd ke
~	employees) who each received more than						
	(a) Name and address of each employee paid more than \$100,000	(b) Tritle 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) Estimat	ed amo	ount of
						-	
							
				,			
f 51	Total number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the orga	's five highest compe	ensated independent	contractors who eac	h received	l more	 e thar
(a)	Name and address of each independent contractor pa		(b) Type of serv	ice (c	c) Compensa	tion	
							
							
					· ····		
d	Total number of other independent contra	actors each receiving	over \$100,000	<u> </u>			
	Did the organization complete Schedule			1.40.47(.)(4)			

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 Anne Wick Type or pnnt name and title	D:	Date 12867 W1 Z			
Paid	Print/Type preparer's name	Preparer's signature	Date	Check if PTIN self-employed		
Preparer Use Only				Firm's EIN ▶		
•	Firm's address ▶		Phone no.			
May the IRS	discuss this return with the pre	eparer shown above? See instruction	ons	· · · · ▶ 🗹 Yes 🗌 No		

SCHEDULE A (Form-990 or 990-EZ)

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Pierce Downer PTA

Employer identification number 36 3268504

Par			rity Status (All orga		•				nstructio	ns.		
_	•	•	ation because it is: (Fo		_		-	-				
1												
2												
3			espital service organiza on operated in conjun						D/IS\/4\/A\/	(iii) Enta	r tha	
4		ne, city, and stat	•	CHOIT WIL	i a nospii	ai descri	Dea iii se	CHOII 17		(my. Erice	1 1110	
5												
6	· ·		nment or government	al unit de	scribed i	n section	170(b)(1	I)(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 i	in section 170(b)(1)(A) (vi). (Coi	mplete Pa	art II.)						
9			receives: (1) more that									
			d to its exempt funct									
	• •	•	ent income and unre				•		n 511 ta	x) from	busine	esses
	•	•	after June 30, 1975. Se				•	•	· 41			
		•	d operated exclusively		-	•				4		
11			nd operated exclusive olicly supported organ									
		•	describes the type of				•					Cuon
	a ☐ Type I		* -		III-Funct		-] Type II	I_Othe	ar .
e	• •		that the organization			-	•	v bv one		• •		
_			ers and other than on									
	or section 509	(a)(2).										
f		ation received a check this box	a written determinatio	on from	the IRS 1	that it is	a Type	1, Type	li, or Typ	e III sur	portin	g 🗆
g	Since August following pers	•	he organization acce	pted any	gift or co	ontributio	n from a	ny of the)			
			indirectly controls, eithody of the supported							nd 11g(i)	Yes	No
	(ii) A family m	ember of a pers	on described in (i) abo	ove?						11g(ii		
	(iii) A 35% cor	ntrolled entity of	a person described in	ı (i) or (ii) :	above? .					11g(iii)	-:
h	Provide the fo	llowing informat	ion about the support	ed organ	ization(s).							
(ī)	Name of supported	(ii) EIN	(iii) Type of organization		organization sted in your		ou notify	(vi) !	s the		mount o	of
	organization		(described on lines 1–9 above or IRC section		document?			(i) organi	on in col. zed in the	St	pport	
			(see instructions))	V	I NI-		port?		S.?			
	·····			Yes	No	Yes	No	Yes	No			
(A)												
(B)	· · · · · · · · · · · · · · · · · · ·											
(C)												-
(D)												
(E)	······································				 		-					
'- /]						
T-4-1	•			1	1	I	i	1	1 1			

Part	II Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1	1)(A)(iv) and	170(b)(1)(A)(v	i)
	(Complete only if you checked the						•
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
Secti	on A. Public Support			<u> </u>			
	dar 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.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	ļ	ļ <u> </u>	ļ	 	<u> </u>	ļ
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.						
Secti	on B. Total Support			•	·····	······································	
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4			ļ	ļ <u> </u>	ļ	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10			<u> </u>	<u> </u>	ļ	
12	Gross receipts from related activities, etc	•	•			12	
13	First five years. If the Form 990 is for the	-			_		
Cook	organization, check this box and stop he on C. Computation of Public Support			• • • •	· · · · ·	· · · · ·	
14	Public support percentage for 2011 (line 6			11 column (fl)		14	%
15	Public support percentage from 2010 Sch	• • • • • • • • • • • • • • • • • • • •	-			15	
16a	331/3% support test—2011. If the organization qua	zation did not	check the box	on line 13, an			
b	331/3% support test—2010. If the organ check this box and stop here. The organ					9 15 is 33½% • • • • •	
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "forganization".	ets the "facts-	and-circumsta	inces" test, ch	eck this box a	nd stop here. I	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization mesupported organization	tion meets the	e "facts-and-c	ircumstances"	test, check the	nis box and st	op here.

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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	on A. Public Support				·····		
Calen	dar 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.")	6669.71	7352 54	6107 71	36218 88	5750 00	62099.04
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the	22772 15	23281 26	22489 55	33072 03	32731 31	134346 30
3	organization's tax-exempt purpose Gross receipts from activities that are not an	22772 10	2020120				
	unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	29441 86	30633 8	28597 26	69290 91	38481 31	196445 34
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	0	0	0	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						
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6.)						196445 34
Secti	on B. Total Support			<u></u>			
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	29441 86	30633 8	28597 26	69290.91	38481 31	196445 34
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	19 38	12 20	1 10	0 00	0 00	32 68
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	19.38	12 2	1 10	0.00	0 00	32 68
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)	1633 99	1563 78	189 10	573 47	39547 03	43507 37
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	31095 23	32210.78	28787 46	69864 38	78028 34	239985 39
14	First five years. If the Form 990 is for the organization, check this box and stop he	-				ear as a section	
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2011 (line						81.9 %
16	Public support percentage from 2010 Sci			<u> </u>	<u> </u>	16	97 6 %
	on D. Computation of Investment In	come Perce	ntage		(A)	145	0 08 %
17	Investment income percentage for 2011 (17	0 05 %
18	Investment income percentage from 2010 331/3% support tests—2011. If the organ	J SCREQUIE A, I	check the hou	 on line 14 er			
19a	17 is not more than 331/3%, check this box	and stop berg	The organization	on qualifies as a	a publiciv sunna	orted organization	on . 🕨 🔽
b.	331/3% support tests—2010. If the organiz						
b	line 18 is not more than 331/3%, check this	box and stop h	ere. The organ	ization qualifies	as a publicly s	upported organ	ization >
20	Private foundation. If the organization di						

Part IV

	Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
Part III Sec B	Line 12 - Other income is income received to help offset expenses for PTA services such as School Directory, Assemblies, Field Trips, Ice
Cream Social	, Talent Show, Healthy Kids Fun Run and Author Fest.

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10;

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Pierce Downer PTA

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

Open to Public Inspection

Employer identification number

36 3268504

Part I - 8 Other revenue represents the income received to help offset expenses for PTA services such as School Directory, Assemblies, Talent Show Field Trips, Ice Cream Social, Healthy Kids Fun Run and Author Fest. Part I- 10 Grants awarded for purchase of PE equipment, playground equipment, technology for classrooms and LRC, teacher enrichment grant Part I - 16. Other expenses include PTA funds used to contribute to lunchroom, staff and LRC supplies, school aesthetics, teacher appreciation day, Al 6th Grade graduation, VIP day, PTA meeting childcare fees, Hospitality, DJ & Dessert, Math & Science Night, Classroom holiday parties, School Roller Skating Party, Art Awareness, Book Fair, Chess Club, Jr Great Books, New Family Welcome, Reflections, School Suppy Kits, Math Club, Geography Club, Battle of the Bands, Insurance, Principal retirement party.