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Department of the Treasury Internal Revenue Service

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 1545-0047

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

<u>A</u>	For the	e 2011 calendar year, or tax year beginning JUL I, ZUII and	ending L	JUN 30, 2012	
В	Check if applicable	C Name of organization LITTLETON PUBLIC SCHOOLS		D Employer identific	cation number
ſ-	Addre	SS DEDONG THE CHIEF OR CANTER TON			
F	Name chang			90~0	265283
F	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	† -	
F	Termii	· · · · · · · · · · · · · · · · · · ·		(303	
一	— ated ☐ Amen _ return	ded		G Gross receipts \$	1,989,685.
Ē	Applic			H(a) Is this a group re	G 577 477 4
	pend			for affiliates?	X Yes No
		5776 S CROCKER ST, LITTLETON, CO 8012	0		luded? Yes X No
ī	Tax-ex	empt status X 501(c)(3) 501(c)() ((insert no.) 4947(a)(1)	or 527		list (see instructions)
		te: N/A		H(c) Group exemption	•
		organization; Corporation Trust X Association Other	L Year		State of legal domicile
	art I	Summary	,		· · · · · · · · · · · · · · · · · · ·
_	11	Briefly describe the organization's mission or most significant activities. PROV	IDE P	ROGRAMS TO E	NCOURAGE
Governance		COMMUNICATION BETWEEN SCHOOLS AND PARENT	S. PI	ROVIDE FUNDS	FOR
rna	2	Check this box If the organization discontinued its operations or disposit	sed of mor	e than 25% of its net as	ssets.
Š		Number of voting members of the governing body (Part VI, line 1a)		3	15400
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)		4	15400
es &		Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	0
⊅ :₹		Total number of volunteers (estimate if necessary)		6	0
ZUNS Activitie	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
~ ∢	Ь	Net unrelated business taxable income from Form 990-1, line 34		7b	0.
=		NEUEIVED		Prior Year	Current Year
Z o	8	Contributions and grants (Part VIII, line 1h)		360,126.	369,753.
ځ₹	9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) JAN 1 1 2013		0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,506.	1,180.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 80 (30) (30) (30)		884,553.	908,341.
Expenses SCAMMED JAN Expenses	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A) line 12)		1,247,185.	1,279,274.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u></u>	965,933.	1,074,878.
2	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
⊕)/Se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
ŠUŠ	16a	Professional fundraising fees (Part IX, column (A), line 11e)	L	3,491.	5,710.
ğ	b	Total fundraising expenses (Part IX, column (D), line 25) 5,7	<u> 10. </u>		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		163,629.	265,804.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,133,053.	1,346,392.
		Revenue less expenses Subtract line 18 from line 12		114,132.	<u><67,118.</u> >
Net Assets or	<u> </u>		<u>. B</u>	eginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)	-	1,194,914.	1,127,796.
T A	21	Total liabilities (Part X, line 26)	-	0.	0.
		Net assets or fund balances. Subtract line 21 from line 20		1,194,914.	1,127,796.
	art II	Signature Block	 ,		
	•	alties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and beliet, it is
true	e, corre	ct, and complete. Declaration of prenare (other than officer) is based on all information of wi	nich prepare	r nas any knowledge.	-
		Signature of officer	 	Date 127	5/12
Sig		'		Duto	
He	re	KRISTEN SMITH, PRESIDENT Type or print name and title			·
				Date / Check	PTIN
D.	_	Print/Type preparer's name BRYAN D. MOGG		14-11-	mn0227127
Pai	parer	Firm's name MOGG & ASSOCIATES, LLC		Firm's EIN	26-0735604
	e Only	Firm's address 2629 WEST MAIN STREET, STE 160		THIT S EIN	20 0/3001
USI	. Only	LITTLETON, CO 80120		Phone no. (720) 468-0282
N.4.	v tha !	RS discuss this return with the preparer shown above? (see instructions)		Ti none no. 1	X Yes No
	001 01-2		ons.		Form 990 (2011)
132	01-4	o			- (= 0.1)

Other program services (Describe in Schedule O.) including grants of \$ 1,334,121. Total program service expenses 4e Form **990** (2011) 132002 02-09-12

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PARENT TEACHER ORGANIZATION

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	_	x	
•	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors	2	X	-
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
J	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. 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	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	·		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			Х
40	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Λ.
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
11	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	'		
_	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			77
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111		
120	Schedule D, Parts XI, XII, and XIII	12a		Х
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	45		х
46	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15_		
16	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	-10		
''	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	Х	
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	L	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000 /	

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Form 990 (2011) PARENT TEACHER ORG
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			**
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			7.7
	Schedule K If "No", go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease]		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			х
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	251		x
00	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	00		x
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26	-	
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exceptions).		•	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
•	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		<u>X</u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	99U (2011)

LITTLETON PUBLIC SCHOOLS 'Form 990 (2011) PARENT TEACHER ORGANIZATION Part V Statements Regarding Other IRS Filings and Tax Compliance

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	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0		1	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			ı
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			Х
	any contributions that were not tax deductible?	6a		Λ
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	į	!
7	Organizations that may receive deductible contributions under section 170(c).	OD		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
_	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e]	L
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting		ļ	1
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_	1	
a	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter. Initiation fees and capital contributions included on Part VIII, line 12			
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			1
b	Enter the amount of reserves the organization is required to maintain by the states in which the		Ì	l
	organization is licensed to issue qualified health plans 13b			l
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2011)

LITTLETON PUBLIC SCHOOLS PARENT TEACHER ORGANIZATION

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

	Check if Schedule O contains a response to any question in this Part VI		···			X
<u>Sec</u>	tion A. Governing Body and Management		<u> </u>	,		
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15400			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		4 = 400			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	15400			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other			
	officer, director, trustee, or key employee?			2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9		as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5	37	X
6	Did the organization have members or stockholders?			6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximation of the power to elect or	point	one or		47	
	more members of the governing body?			7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockh	olders, or		37	
	persons other than the governing body?			7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by tr	ie following:		7.7	
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched	at the			v
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	e Code.)			<u> </u>
				40-	Yes X	No
	Did the organization have local chapters, branches, or affiliates?			10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch	iaptei	s, annates,	406	X	
44.	and branches to ensure their operations are consistent with the organization's exempt purposes?	, bofe	ero filing the form?	10b 11a	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y beic	are ming the form?	I Ia	- 21	·
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to cor	aflicts?	12b	X	\vdash
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			120		
С	in Schedule O how this was done	, u	CSCIDC	12c	х	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva	al by ii	ndenendent			
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	.	raoportaorn	rf.		
а	The organization's CEO, Executive Director, or top management official			15a		х
	Other officers or key employees of the organization			15b		X
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent v	with a			
-	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its	participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		· •			
	exempt status with respect to such arrangements?			16b		Ì
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶CO					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Sec	tion 501(c)(3)s only) a	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply					
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	nflict	of interest policy, an	d finar	ncial	
	statements available to the public during the tax year					
20	State the name, physical address, and telephone number of the person who possesses the books a	nd red	ords of the organiza	tion 🕨	<u> </u>	
	THE ORGANIZATION - (303) 347-3300					
	5776 S CROCKER ST, LITTLETON, CO 80120					

LITTLETON PUBLIC SCHOOLS

PARENT TEACHER ORGANIZATION

90-0265283

¹ Form 990 (2011) Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (Ď), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order. Individual trustees or directors, institutional trustees, officers, key employees; highest compensated employees; and former such persons

Check this box if neither the organic (A) Name and Title	(B) Average hours per week	(do	POSITION not check more than one t, unless person is both an cer and a director/trustee)				one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
1) SEE ATTACHED LIST	0.00							0.	0.	C
										
		_				_				
		_	! 							
		<u> </u>		· · · · ·						
						-			1-11	
		 	<u> </u>							
					_					
		 	<u> </u>							

	ON PUBLIC								00.01	2651	202	_	
	TEACHER O							Companyated Employ	90-02	4654	483	Pa	age 8
(A) Name and title	(B) Average hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one h an	Compensated Employ (D) Reportable compensation from the	(E) Reportable compensation from related organizations	s	am	(F) timate nount other pensa	of
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	SC)	orga and	om the anizat d relat inizati	ion ed
1b Sub-total		ŀ				>		0.		0.			0
 c Total from continuation sheets to Par d Total (add lines 1b and 1c) 	rt VII, Section A					>		0.		0.			0
Total number of individuals (including b compensation from the organization		nose	liste	ed al	bove	e) wl	ho re	eceived more than \$100	0,000 of reportab	le			(
3 Did the organization list any former offiline 1a? If "Yes," complete Schedule J f			e, ke	ey er	nplo	yee	, or l	highest compensated e	employee on		3	Yes	No X
 4 For any individual listed on line 1a, is the and related organizations greater than 5 5 Did any person listed on line 1a receive 	\$150,000? <i>If</i> "Yes,	" co	mpl	ete S	Sche	edule	e J f	or such individual	-		4		Х
rendered to the organization? If "Yes," of Section B. Independent Contractors	· · · · · · · · · · · · · · · · · · ·				-						5		X
Complete this table for your five highes the organization Report compensation	•									npens	ation 1	rom	
(A) Name and busin			ONI					(B) Description of s		С	(C ompe		n

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

0 \$100,000 of compensation from the organization

Form 990 (2011) PARENT
Part VIII Statement of Revenue

(**D)** Revenue (A) (B) (C) Total revenue Related or Unrelated excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue 1 a Federated campaigns 1a 90,154. **b** Membership dues c Fundraising events 1c d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 279,599. similar amounts not included above q Noncash contributions included in lines 1a-1f \$ 369,753. h Total. Add lines 1a-1f **Business Code** Program Service f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,180. 1,180. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6 a Gross rents b Less, rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less. cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See 1,573,694 Part IV, line 18 704898. b Less, direct expenses 868,796. 868,796. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See 36,717 Part IV, line 19 5,513 b Less. direct expenses 31,204. 31,204. c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 8,341. 8,341. 511190 11 a ADVERTISING d All other revenue 8,341. e Total. Add lines 11a-11d 1279274. 0. 909,521. Total revenue. See instructions. Form **990** (2011)

¹Form 990 (2011)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

COM	olete columns (B), (C), and (D)		5	_	
	Check if Schedule O contains a respon-	se to any question in this (A)	Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,072,712.	1,072,712.		
2	Grants and other assistance to individuals in				
_	the United States. See Part IV, line 22	2,166.	2,166.		
3	Grants and other assistance to governments,				
•	organizations, and individuals outside the				
	United States, See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			- 1	
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			İ	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				 .
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	1 664		1,664.	
С	Accounting	1,664.		1,004.	
d	Lobbying	5,710.			5,710.
e	Professional fundraising services. See Part IV, line 17	3,710.			3,710.
f	Investment management fees				
g	Other	4,664.	4,664.		
12 13	Advertising and promotion Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	249.	249.		
17	Travel	30,659.	30,659.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	20,291.	20,291.		
20	Interest	35.	35.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				· · · · · · · · · · · · · · · · · · ·
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	OTHER EXPENSES	85,735.	85,735.		
b	SUPPLIES	59,188.	59,188.		
c	EQUIPMENT RENTAL AND MA	31,847.	31,847.		
d	PRINTING AND PUBLICATIO	26,575.	26,575.	4 005	
е	All other expenses	4,897.	1 224 404	4,897.	E 710
25	Total functional expenses. Add lines 1 through 24e	1,346,392.	1,334,121.	6,561.	5,710
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)			<u> </u>	Form 990 (2011)

'Form 990 (2011)
Part X Balance Sheet

90-0265283 Page 11

Par	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	519,342.	1	548,121.
	2	Savings and temporary cash investments	665,312.	2	574,878.
	3	Pledges and grants receivable, net	· · · ·	3	<u> </u>
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key	-		
		employees, and highest compensated employees Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
	"	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	10,260.	8	4,797.
A	9	Prepaid expenses and deferred charges		9	
		Land, buildings, and equipment cost or other		<u> </u>	
	l lua	basis. Complete Part VI of Schedule D 10a			
	۱ ۾	Less. accumulated depreciation 10b		10c	
		Investments - publicly traded securities		11	
	11 12	Investments - publicly traded securities Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	<u> </u>
	14			14	
	15	Intangible assets Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,194,914.	16	1,127,796.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
, 0	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
ipili		highest compensated employees, and disqualified persons. Complete Part II			
Lia	ŀ	of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			· · · · · · · · · · · · · · · · · · ·
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow SFAS 117, check here			
Ø		lines 27 through 29, and lines 33 and 34.			
JC	27	Unrestricted net assets	1,194,914.	27	1,127,796.
ala	28	Temporarily restricted net assets		28	
g P	29	Permanently restricted net assets		29	
Ë		Organizations that do not follow SFAS 117, check here			
Net Assets or Fund Balances		complete lines 30 through 34.			
ts (30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
it A	32	Retained earnings, endowment, accumulated income, or other funds	****	32	
ž	33	Total net assets or fund balances	1,194,914.	33	1,127,796.
	34	Total liabilities and net assets/fund balances	1,194,914.	34	1,127,796.
		1 Cast in the State of the Control o			

Form **990** (2011)

LITTLETON PUBLIC SCHOOLS
PARENT TEACHER ORGANIZATION

orm=	990 (2011)	PARENT	TEACHER	ORGAI	NIZATION		90	-0265283	Pa	ge 12
Pai	t XI Reconciliation	of Net Ass	sets		-	· •				
	Check if Schedule	O contains a r	esponse to any	question ii	n this Part XI					
1	Total revenue (must equa	al Part VIII, col	ımn (A), line 12)				1	1,27		
2	Total expenses (must eq	ual Part IX, col	umn (A), line 25)	1			2	1,34		
3	Revenue less expenses	Subtract line 2	from line 1				3			18.
4	Net assets or fund balan	ces at beginnii	ng of year (must	equal Par	t X, line 33, colun	nn (A))	4	1,19	4,9	14.
5	Other changes in net ass	ets or fund ba	lances (explain i	n Schedul	e O)		5			<u>0.</u>
6	Net assets or fund balan	ces at end of y	ear Combine lir	nes 3, 4, a	nd 5 (must equal	Part X, line 33, column	n (B)) 6	1,12	<u>7,7</u>	96.
Pai	t XII Financial Stat	ements and	Reporting							
	Check if Schedule	O contains a r	esponse to any	question ii	n this Part XII					<u> </u>
			_						Yes	No
1	Accounting method used	d to prepare th	e Form 990: L	Cash	X Accrual	L Other				
	If the organization change	jed its method	of accounting fr	om a prior	year or checked	"Other," explain in Sc	hedule O.			
2a	Were the organization's	financial staten	nents compiled	or reviewe	d by an independ	dent accountant?		2a		X
b	Were the organization's	financial staten	nents audited by	y an indep	endent accounta	int?		2b		X
С	If "Yes" to line 2a or 2b,	does the orgar	nzation have a c	ommittee	that assumes res	sponsibility for oversigl	ht of the aud	iit,		
	review, or compilation of	its financial sta	atements and se	election of	an independent	accountant?		2c		
	If the organization change	jed either its ov	ersight process	or selecti	on process durin	g the tax year, explain	ın Schedule	O.		
d	If "Yes" to line 2a or 2b,	check a box be	elow to indicate	whether th	ne financial stater	ments for the year were	e issued on	а		
	separate basis, consolid		ooth. ated basis	☐ Both c	onsolidated and	separate basis				

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Act and OMB Circular A-133?

' 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 t	the organizati	on LITTLET	ON PUBLIC SC	HOOLS				E	mployer i	dentification number	
		PARENT	TEACHER ORGA	NIZAT	ION				90	-0265283	
Part I	Reason	for Public Chari	ity Status (All organiz	ations mus	st complet	e this part	:) See inst	ructions.			
The organ	ization is not a	private foundation I	because it is. (For lines 1	through 1	11, check of	only one b	ox.)	•			
1 🗀		· ·	s, or association of chur	_							
2			0(b)(1)(A)(ii). (Attach Sc								
3 🗔			tal service organization of	•	ın section	170(b)(1)(A)(iii).				
4 🖂	•	, ,	operated in conjunction					(b)(1)(A)(i	ii). Enter th	ne hospital's name.	
- —	city, and stat		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,		•	,	
5 🔲	• •		benefit of a college or ur	niversity ov	vned or on	erated by	a governo	nental un	it describe	ed in	
J	-	(b)(1)(A)(iv). (Comple		iivoidity ov	miod of op	, or a rough	a govern				
6 🗀			ent or governmental uni	t described	d in sectio	n 170(b)(1)(A)(v).				
7		-	eives a substantial part					r from the	e general n	ublic described in	
,	_	b)(1)(A)(vi). (Comple		or no copp	0111101114	9010111110			- g		
в 🔲			ection 170(b)(1)(A)(vi).	(Complete	Part II \						
9 X	-					om contri	hutions m	nemhersh	in fees an	d aross receipts from	
3 141	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.										
		509(a)(2). (Complete		lion 511 ta	x) irom bu	311103303 6	cquired D	y the orga	ariization a	iter dune oo, 1070.	
40			e Fart iii.) perated exclusively to te	et for publ	o cafaty S	co sectio	n 500(a)(A	11			
10			perated exclusively to te perated exclusively for the						n, out the r	nurnoses of one or	
11	-		ations described in secti								
			organization and compl				.). See se t	, (1011 303 ₁	(a)(o). One	CK tile box tilat	
			_ ~	Typ			ograted		а <u>П</u>	Type III - Other	
	a L Type		· ·			-	-	r mara dia		• • • • • • • • • • • • • • • • • • • •	
e			t the organization is not								
_		-	han one or more publicly						19(a)(1) or s	ection 509(a)(z)	
f	•		ten determination from	the IHS tha	atitisa iy	pe i, Type	ii, or Type	# III			
		rganization, check th				f	-645-6-11				
g	•		organization accepted ar							Ves Ne	
			rectly controls, either al	one or tog	etner with	persons c	iescribed i	in (ii) and	(III) below,	Yes No	
	•		upported organization?							11g(i)	
			n described in (i) above?		•					11g(ii)	
			person described in (i)							11g(III)	
h	Provide the f	ollowing information	about the supported or	ganization	(s).						
		·	(iii) Type of	Carlo Ala		(.) D.d	4.6 . 41	(vi) !:	c the	-	
	of supported	(ii) EIN	organization		organization sted in your			organizati	ion in col. [(vii) Amount of	
org	anızatıon		(described on lines 1-9		document?			(i) organi U.S	zed in the	support	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No		
			(acc manuchona))	162	NO	162	140	163	140		
								<u></u>	+ +		
		<u> </u>					•				
				ļ	 					-	
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	·	 		ļ	 		-	-	╅─┈┤		
				İ							
				 	 		 	 	+ +		
								}			

ra	Support Schedule for (Complete only if you checke fails to qualify under the tests	d the box on line 5	5, 7, or 8 of Part I o	or if the organization			
Sec	ction A. Public Support		· ·				
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, ,	,,		V
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						
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly		}	!			
	supported organization) included		1				
	on line 1 that exceeds 2% of the					:	
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support			•			
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
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							
	or loss from the sale of capital					1	
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities	, etc. (see instruct	ions)			12	
13	First five years. If the Form 990 is fo			rd, fourth, or fifth t	ax year as a secti	on 501(c)(3)	
Se	organization, check this box and stoction C. Computation of Pub		ercentage				.
14	Public support percentage for 2011	line 6, column (f) o	divided by line 11,	column (f))		14	9
	Public support percentage from 2010					15	g
	a 33 1/3% support test - 2011. If the			on line 13, and line	14 is 33 1/3% or	more, check this b	ox and
	stop here. The organization qualifies	-					▶□
Ł	33 1/3% support test - 2010. If the				d line 15 is 33 1/39	% or more, check t	his box
_	and stop here. The organization qua						▶□
172	a 10% -facts-and-circumstances tes				e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fa						
L	meets the "facts-and-circumstances" 10% -facts-and-circumstances tes	test. The organiz	ation qualifies as a	publicly supporte	ed organization		▶□
	more, and if the organization meets t						

organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization.

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.

'Schedule A (Form 990 or 990-EZ) 2011 PARENT TEACHER ORGANIZATION

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

Sad	qualify under the tests listed be ction A. Public Support	elow, please comp	olete Part II.)			· · · · · · · · · · · · · · · · · · ·	
		(=) 0007	(h) 0000	(a) 2000	(4) 2010	(a) 2011	(f) Total
	ndar 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	230 050	313,946.	314,995.	360,126.		1,228,126.
_	include any "unusual grants.")	439,039.	313,340.	314,333.	300,120.		1,220,120.
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	2,620,075.	2,154,674.	1,894,055.	1,669,615.		8,338,419.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513	`					
4	Tax revenues levied for the organ-			***			
	ization's benefit and either paid to or expended on its behalf	:					
5	The value of services or facilities		-				
-	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	2,859,134.	2,468,620.	2,209,050.	2,029,741.		9,566,545.
	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	n					0.
c	Add lines 7a and 7b						0.
8	Public support (Subtract line 7c from line 6)						9,566,545.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	2,859,134.	2,468,620.	2,209,050.	2,029,741.		9,566,545.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	17,065.	7,279.	3,905.	2,506.		30,755.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	17,065.	7,279.	3,905.	2,506.		30,755.
	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)			7,588.	7,035.		14,623.
13	Total support (Add lines 9, 10c, 11, and 12)	2,876,199.	2,475,899.	2,220,543.	2,039,282.		9,611,923.
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organ	ization,
	check this box and stop here						
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2011 (I	line 8, column (f) d	ivided by line 13, o	column (f))		15	99.53 %
16	Public support percentage from 2010	Schedule A, Part	III, line 15			16	99.48 %
Se	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	111 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	.32 %
18	Investment income percentage from	2010 Schedule A,	Part III, line 17			18	.40 %
19a	33 1/3% support tests - 2011. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line	
ŀ	more than 33 1/3%, check this box a 33 1/3% support tests - 2010. If the		-		· ·		▶ X
•	line 18 is not more than 33 1/3%, che	_					
20	Private foundation. If the organization		-				

شعن

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

2011

Open To Public Inspection

Department of the Treasury Internal Revenue Service

LITTLETON PUBLIC SCHOOLS
PARENT TEACHER ORGANIZATION

Employer identification number

90-0265283 PARENT TEACHER ORGANIZATION Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Mail solicitations e Solicitation of government grants Internet and email solicitations Special fundraising events Phone solicitations d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes □ No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did fundraiser (vi) Amount paid (iv) Gross receipts to (or retained by) (i) Name and address of individual fundraiser have custody or control of to (or retained by) (ii) Activity fundraiser from activity or entity (fundraiser) organization listed in col (i) contributions' Yes Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

LITTLETON PUBLIC SCHOOLS

Schedule G (Form 990 or 990-EZ) 2011 PARENT TEACHER ORGANIZATION 90-0265283 Page 2
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 gre	oss income on Form 990	EZ, lines 1 and 6b. List	events with gross receip	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			LAURA WILDER	LOIS LENSKI		(add col. (a) through
			ELEMENTARY	ELEMENTARY F	29	l '
			(event type)	(event type)	(total number)	col. (c))
Revenue				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
, vel		Gross receipts	188,331.	198,926.	1,162,368.	1,549,625.
æ	1	Gross receipts	100,331.	2,0,,,20.	2,202,3001	
	_	Less. Charitable contributions				
	2	Less. Chantable contributions				
	,	Gross income (line 1 minus line 2)	188,331.	198,926.	1,162,368.	1,549,625.
_	3	Gross income (line 1 minus line 2)	100,331.	13073201	1,202,3001	1/313/0231
	,	Cash prizes				
	4	Cash prizes				
	_	Namasah awasa				
ses	5	Noncash prizes				
Direct Expenses		Double although				
쮰	6	Rent/facility costs				
t	_					
Dire	7	Food and beverages				
	8	Entertainment	60 272	02.402	F 4 0 C 4 4	700 400
	9	Other direct expenses	60,373.	93,403.	548,644.	702,420.
		Direct expense summary Add lines 4 through			•	702,420,
<u> </u>		Net income summary Combine line 3, colum	n (d), and line 10	000 B + 11/1 - 10		847,205.
Pa	irt i		answered "Yes" to Form	1990, Part IV, line 19, or r	reported more than	
_		\$15,000 on Form 990-EZ, line 6a.	1	(b) Pull tabs/instant	 .	(-0. T-4-) ()
e			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col (c))
/eu				bingo/progressive bingo		coi. (a) through cor (c))
Revenue						
	1	Gross revenue				
	١.					
es	2	Cash prizes				
Direct Expenses	_					
쬢	3	Noncash prizes				
ਲ	ł		Ì			
ă	4	Rent/facility costs				
	5	Other direct expenses			17	
	_		Yes %		Yes %	
	6	Volunteer labor	∟ No	∐ No	└── No	
	_		. =		_	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		•	1
	١_				_	
	8	Net gaming income summary. Combine line 1	I, column d, and line /			
_	_			10		
		ter the state(s) in which the organization opera				VV IV
		the organization licensed to operate gaming ac				X Yes No
b	If "	No," explain.	.		·	
	_				· · · · · · · · · · · · · · · · · · ·	
						Yes X No
		ere any of the organization's gaming licenses re			year /	Yes X No
b) IT "	Yes," explain:				
	_			-		

LITTLETON PUBLIC SCHOOLS

Schedule G (Form 990 or 990-EZ) 2011 PARENT TEACHER ORGANIZATION	90-0265283 Page 3
11 Does the organization operate gaming activities with nonmembers?	X 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 X No
13 Indicate the percentage of gaming activity operated in:	
a The organization's facility	13a %
b An outside facility	13b 100.00 %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and recor	
14 Effet the flame and address of the person who prepares the organization's gaming/special events books and recor	us
Name ► SEE ATTACHED LIST	
Address ► 5776 S CROCKER ST - LITTLETON, CO 80120	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes X No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amo	unt
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party.	
Name	
Address ▶	
16 Gaming manager information:	
Name ► SEE ATTACHED LIST	
Gaming manager compensation ▶ \$	
Description of services provided MAINTAIN LICENSE, DESIGN AND UTILIZE PR	OCEDURES
REQUIRED BY COLORADO, MAINTAIN BOOKS AND RECORDS, AND FIL	
APPLICABLE FORMS WITH COLORADO.	<u> </u>
AFTHICADHE FORMS WITH COHORADO:	
X 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?	X Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, colu	imps (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 inf	
· · · · · · · · · · · · · · · · · · ·	

132083 01-23-12

Schedule G (Form 990 or 990-EZ) 2011

Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Attach to Form 990. LITTLETON PUBLIC SCHOOLS Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

OMB No 1545-0047	2011	Open to Public

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

ջ ∏ Employer identification number 90-0265283 OPPORTUNITIES BASED ON Inspection (h) Purpose of grant COMMUNITY IDENTIFIED PROVIDE EDUCATIONAL or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any MATERIALS AND recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed and address of organization (below).

(c) IRC section (c) Amount of rash grant or government assistance or government or government assistance or government or government assistance or government assistance or government or government assistance or government or government or government assistance or government or governm 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection ö Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 1,072,712 PARENT TEACHER ORGANIZATION General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization LITTLETON PUBLIC SCHOOLS LITTLETON, CO 80120 5776 S CROCKER ST Part

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

SEE PART IV FOR COLUMN (H) DESCRIPTIONS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2011)

LITTLETON PUBLIC SCHOOLS

PARENT TEACHER ORGANIZATION

Page 2

90-0265283

Schedule | (Form 990) (2011) PARENT TEACHER ORGANIZATION

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed

n (f) Description of non-cash assistance her)									
(e) Method of valuation (book, FMV, appraisal, other)			additional information.	ORGANIZATION WORKS	THE NEEDS	APPROVED	TEACHERS ARE		
(d) Amount of non- cash assistance			line 2, and any other	IER ORGANIZ	TEACHER INTERACTION.	TEACHERS. THE	AND		
(c) Amount of cash grant			on required in Part I,	PARENT TEACHER		AND	THE PARENTS	.8.	
(b) Number of recipients			vide the information	SCHOOL PA	PARENT AND	THE PARENTS	ORGANIZATION.	THE FUNDS.	
(a) Type of grant or assistance			Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	SCHEDULE I, PART I, LINE 2: EACH	WITH ITS SCHOOL THROUGH	L ARE DETERMINED BY	FUNDING IS VOTED ON BY THE ORGANI	ACTIVE PARTICIPANTS IN THE USE OF	

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: LITTLETON PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE EDUCATIONAL MATERIALS AND

Schedule I (Form 990) (2011)

132102 01-27-12

SCHEDULE M (Form 990)

Noncash Contributions

➤ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

ZUII

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

LITTLETON PUBLIC SCHOOLS
PARENT TEACHER ORGANIZATION

Employer identification number

90-0265283

Types of Property (b) (c) (d) (a) Check if Number of Noncash contribution Method of determining contributions or amounts reported on noncash contribution amounts applicable tems contributed Form 990, Part VIII, line 1a Art - Works of art 2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications Clothing and household goods 5 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property Securities - Publicly traded 9 Securities - Closely held stock 10 11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 20 Drugs and medical supplies 21 Taxidermy Historical artifacts 22 23 Scientific specimens 24 Archeological artifacts DONOR PROVIDED VALUE SILENT AUCTIO 25 Other 26 Other 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions 29 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for X the entire holding period? 30a b If "Yes," describe the arrangement in Part II. X Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X 32a contributions? b If "Yes," describe in Part II 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

LITTLETON PUBLIC SCHOOLS

Schedule M (Form 990) (2011) PARENT TEACHER ORGANIZATION 90-0265283 **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. SCHEDULE M, LINE 33: ORGANIZATIONS DID NOT REPORT THE VALUE OF THEIR NON-CASH CONTRIBUTIONS AS GROSS RECEIPTS. ORGANIZATIONS ONLY REPORTED THE CASH RECEIPTS FROM THE EVENTS.

'SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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.

2011
Open to Public Inspection

Name of the organization

LITTLETON PUBLIC SCHOOLS
PARENT TEACHER ORGANIZATION

Employer identification number 90-0265283

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EDUCATIONAL PROGRAMS BASED ON COMMUNITY IDENTIFIED NEEDS.
FORM 990, PART VI, SECTION A, LINE 6: EACH PARENT OF EACH STUDENT IS A
VOTING MEMBER OF THE BOARD.
FORM 990, PART VI, SECTION A, LINE 7A: THE OFFICERS OF THE BOARD ARE
ELECTED BY THE PARENTS OF THE STUDENTS.
FORM 990, PART VI, SECTION A, LINE 7B: THE PARENTS OF THE STUDENTS VOTE ON ACTIONS TAKEN BY THE BOARD.
FORM 990, PART VI, SECTION B, LINE 11: GOVERNING BODY CONSISTS OF
PRESIDENT, VICE-PRESIDENT, AND TREASURER. THE TREASURER WORKS WITH THE TAX
PREPARER TO COMPLETE FORM 990 AND THE APPLICABLE SCHEDULES. AFTER
COMPLETION, THE FORM 990 IS PRESENTED TO THE PRESIDENT FOR THEIR REVIEW AND
SIGNATURE WITHOUT A FORMAL MEETING.
FORM 990, PART VI, SECTION B, LINE 12C: PTO PRESIDENT REVIEWS AND SIGNS
CONFLICT OF INTEREST POLICY AND ENSURES TREASURER AND ANY COMMITTEES WITH
AUTHORITY TO SPEND MONEY ARE AWARE OF AND FOLLOW THE POLICY.
FORM 990, PART VI, SECTION C, LINE 19: COPIES OF THE BOARD MINUTES ARE
MAINTAINED AT EACH SCHOOL OFFICE AND ARE AVAILABLE UPON REQUEST. GOVERNING
DOCUMENTS ARE MAINTAINED AT THE SCHOOL DISTRICT OFFICE AND ARE AVAILABLE

UPON REQUEST.

FORM 990 LINE H(B) - I ORGANIZATIONS INC	IST OF AFFILIATED LUDED IN GROUP RETURN	STATEMENT 1
NAME OF ORGANIZATION	ORGANIZATION'S ADDRESS	EMPLOYER ID
HERITAGE HIGH SCHOOL PARENT TEACHER ORGANIZATION	5776 S CROCKER ST - LITTLETON, CO 80120	84-1501709
POWELL MIDDLE SCHOOL PARENT TEACHER ORGANIZATION	5776 S CROCKER ST - LITTLETON, CO 80120	84-1501712
GODDARD MIDDLE SCHOOL PARENT TEACHER ORGANIZATION	5776 S CROCKER ST - LITTLETON, CO 80120	84-1501717
EUCLID MIDDLE SCHOOL PARENT TEACHER ORGANIZATION	5776 S CROCKER ST - LITTLETON, CO 80120	84-1501718
LITTLETON ACADEMY PARENT TEACHER ORGANIZATION	5776 S CROCKER ST - LITTLETON, CO 80120	84-1354609
HIGHLAND ELEMENTARY PARENT TEACHER ORGANIZATION	5776 S CROCKER ST - LITTLETON, CO 80120	84-1501735
FRANKLIN ELEMENTARY PARENT TEACHER ORGANIZATION	5776 S CROCKER ST - LITTLETON, CO 80120	84-1501733
EAST ELEMENTARY PARENT TEACHER ORGANIZATION	5776 S CROCKER ST - LITTLETON, CO 80120	84-1501731
NEWTON MIDDLE SCHOOL PARENT TEACHER ORGANIZATION	5776 S CROCKER ST - LITTLETON, CO 80120	84-1501714
LAURA INGALLS WILDER ELEMENTARY PARENT TEACHER ORGANIZATION	5776 S CROCKER ST - LITTLETON, CO 80120	84-1501720
MARK TWAIN ELEMENTARY PARENT TEACHER ORGANIZATION	5776 S CROCKER ST - LITTLETON, CO 80120	84-1501722
CARL SANDBURG ELEMENTARY PARENT TEACHER ORGANIZATION	5776 S CROCKER ST - LITTLETON, CO 80120	84-1501725
DAMON RUNYON ELEMENTARY PARENT TEACHER ORGANIZATION		84-1501726
PEABODY ELEMENTARY PARENT TEACHER ORGANIZATION	5776 S CROCKER ST - LITTLETON, CO 80120	84-1501727
LOIS LENSKI ELEMENTARY PARENT TEACHER ORGANIZATION		84-1501737
MARK HOPKINS ELEMENTARY PARENT TEACHER ORGANIZATION	5776 S CROCKER ST - LITTLETON, CO 80120	84-1501736

		
THE VILLAGE PRESCHOOL PARENT TEACHER ORGANIZATION	5776 S CROCKER ST - LITTLETON,	84-1501741
FIELD ELEMENTARY PARENT TEACHER ORGANIZATION	5776 S CROCKER ST - LITTLETON, CO 80120	84-1501732
RALPH MOODY ELEMENTARY PARENT TEACHER ORGANIZATION	5776 S CROCKER ST - LITTLETON, CO 80120	84-1501728
CENTENNIAL ELEMENTARY PARENT TEACHER ORGANIZATION	5776 S CROCKER ST - LITTLETON, CO 80120	84-1501729
ARAPAHOE HIGH SCHOOL PARENT TEACHER ORGANIZATION	5776 S CROCKER ST - LITTLETON, CO 80120	84-1501711
LITTLETON HIGH SCHOOL PARENT TEACHER ORGANIZATION	5776 S CROCKER ST - LITTLETON, CO 80120	84-1501708
DAMON RUNYON ELEMENTARY CUB SCOUT PACK 462	5776 S CROCKER ST - LITTLETON, CO 80120	45-3771765
LENSKI CUB SCOUT PACK 664	5776 S CROCKER ST - LITTLETON, CO 80120	84-1156906
MARK TWAIN CUB SCOUT PACK 632	5776 S CROCKER ST - LITTLETON, CO 80120	27-4387894
CARL SANDBURG ELEMENTARY CUB SCOUT PACK 559	5776 S CROCKER ST - LITTLETON, CO 80120	84-1040262
LITTLETON ACADEMY CUB SCOUT PACK 49	5776 S CROCKER ST - LITTLETON, CO 80120	80-0022743

LITTLETON PUBLIC SCHOOLS PTO 90-0265283

OFFICERS FYE 2012

<u>S</u>	[]	1				11]]		1				1											
OTHER ALLOWANCES	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
PLANS & DEFERRED COMPENSATION	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
COMPENSATION	0	0	0	0	0	0	O	0	О	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ADDRESS	c/o Hentage High School	c/o Poweli Middle School	c/o Newton Middle School	c/o Goddard Middle School	do Euclid Middle School	c/o Littleton Academy School Association	c/o Littleton Academy School Association	c/o Highland Elementary	c/o Highland Elementary	c/o Franklin Elementary	c/o Franklin Elementary	ර East Elementary	do Laura Ingalls Wilder Elementary	c/o Mark Twain Elementary	c/o Mark Twain Elementary	८/o Carl Sandburg Elementary	c/o Carl Sandburg Elementary	c/o Damon Runyon Elementary	clo Damon Runyon Elementary	c/o Peabody Elementary	c/o Peabody Elementary	do Lois Lenski Elementary	do Lois Lenski Elementary	c/o Mark Hopkins Elementary	c/o Mark Hopkins Elementary	c/o The Village Preschool	c/o Field Elementary	c/o Ralph Moody Elementary
NAME - TITLE	Jule TenEyck = President	Amy Curd - President	Came Warren-Gully = President	Lon Perry = Co-President, Susan Tilton = Co-President	Christine Wright = President	Kim Hana = President	Harvey Latson = Cubmaster	Julie Buischer = Co-President, Dan Purse = Co-President	Todd Fowler = Cubmaster	Gina Warner = Co-President, Knsten Winfield = Co-President	Dave Sodequist = Cubmaster	Tami St John - President	Amy Guthne = Co-President, Jamie Sayers = Co-President	Laura Bruno = Co-President, Michele Hanna = Co-President	Matt Elledge = Cubmaster	Sara Albee = President	Andy Marquez = Cubmaster	Lisa Barnes = President	Doug Corley = Cubmaster	Angela Winght = President	Jeff Williams = Cubmaster	Tom Price - Cubmaster	Kmberly Roberson = Co-President, Nancy Seavall = Co-President	Sarah Connolly = President	Chns Claus = Cubmaster	Kelly Lawrence = President	Patricia da Costa = President	Dee Maier = President
SCHOOL NAME	Hentage High School	Powell Middle School	Newton Middle School	Goddard Middle School	Euclid Middle School	Littleton Academy	Littleton Academy Cub Pack 49	Highland Elementary	Highland Cub Scout Pack #175	Franklin Elementary	Franklin Elementary	East Elementary	Laura Engalls Wilder Elementary	Mark Twain Elementary	Twain Cub Scout Pack 632	Carl Sandburg Elementary	Sandburg Cub Scout Pack 559	Damon Runyon Elementary	Runyon Cub Scout Pack #462	Peabody Elementary	Peabody Elementary	Lenski Cub Scout Pack #664	Lois Lenski Elementary	Mark Hopkins Elementary	Hopkins Cub Scout Pack #362	The Village Preschool	Field Elementary	Ralph Moody Elementary

LITTLETON PUBLIC SCHOOLS PTO 90-0265283

OFFICERS FYE 2012

THER ALLOWANCES	0	0	0
PLANS & DEFERRED COMPENSATION OTH	0	0	0
_1	0	0	0
ADDRESS	do Centennial Elementary	c/o Arapahoe High School	c/o Littleton High School
NAME - TITLE	Jodi Gore = President	Сате Warren-Gully = President	Carol Zlerk = President
SCHOOL NAME	Centennial Elementary	Arapahoe High School	Littleton High School

Littleton Public Schools PTOs List of Gaming Managers June 30, 2012

90-0265283

Carrie Larson

Carl Sandburg Elementary

Tod Kramer

Damon Runyon Elementary

Rob Cernich

Highland Elementary

Kim Brouillette

Laura Ingalls Wilder Elementary

Kaprice Calhoun

Littleton Academy

Barbara DeSpain

Lois Lenskı Elementary

FORM 8868 LIST OF ORGANIZATIONS INC	F AFFILIATED CLUDED IN GROUP RETURN	STATEMENT 2
NAME OF ORGANIZATION	ORGANIZATION'S ADDRESS	EMPLOYER ID
HERITAGE HIGH SCHOOL PARENT TEACHER ORGANIZATION	5776 S CROCKER ST - LITTLETON, CO 80120	84-1501709
POWELL MIDDLE SCHOOL PARENT TEACHER ORGANIZATION	5776 S CROCKER ST - LITTLETON, CO 80120	84-1501712
GODDARD MIDDLE SCHOOL PARENT TEACHER ORGANIZATION	5776 S CROCKER ST - LITTLETON, CO 80120	84-1501717
EUCLID MIDDLE SCHOOL PARENT TEACHER ORGANIZATION	5776 S CROCKER ST - LITTLETON, CO 80120	84-1501718
LITTLETON ACADEMY PARENT TEACHER ORGANIZATION	5776 S CROCKER ST - LITTLETON, CO 80120 .	84-1354609
HIGHLAND ELEMENTARY PARENT TEACHER ORGANIZATION	5776 S CROCKER ST - LITTLETON, CO 80120	84-1501735
FRANKLIN ELEMENTARY PARENT TEACHER ORGANIZATION	5776 S CROCKER ST - LITTLETON, CO 80120	84-1501733
EAST ELEMENTARY PARENT TEACHER ORGANIZATION	5776 S CROCKER ST - LITTLETON, CO 80120	84-1501731
NEWTON MIDDLE SCHOOL PARENT TEACHER ORGANIZATION	5776 S CROCKER ST - LITTLETON, CO 80120	84-1501714
LAURA INGALLS WILDER ELEMENTARY PARENT TEACHER ORGANIZATION	5776 S CROCKER ST - LITTLETON, CO 80120	84-1501720
MARK TWAIN ELEMENTARY PARENT TEACHER ORGANIZATION	5776 S CROCKER ST - LITTLETON, CO 80120	84-1501722
CARL SANDBURG ELEMENTARY PARENT TEACHER ORGANIZATION	5776 S CROCKER ST - LITTLETON, CO 80120	84-1501725
	5776 S CROCKER ST - LITTLETON, CO 80120	84-1501726
PEABODY ELEMENTARY PARENT TEACHER ORGANIZATION	5776 S CROCKER ST - LITTLETON, CO 80120	84-1501727
LOIS LENSKI ELEMENTARY PARENT TEACHER ORGANIZATION	5776 S CROCKER ST - LITTLETON, CO 80120	84-1501737
	5776 S CROCKER ST - LITTLETON, CO 80120	84-1501736

THE VILLAGE PRESCHOOL PARENT TEACHER ORGANIZATION	5776 S CROCKER ST - LITTLETON, CO 80120	84-1501741
FIELD ELEMENTARY PARENT TEACHER ORGANIZATION	5776 S CROCKER ST - LITTLETON, CO 80120	84-1501732
RALPH MOODY ELEMENTARY PARENT TEACHER ORGANIZATION	5776 S CROCKER ST - LITTLETON, CO 80120	84-1501728
CENTENNIAL ELEMENTARY PARENT TEACHER ORGANIZATION	5776 S CROCKER ST - LITTLETON, CO 80120	84-1501729
ARAPAHOE HIGH SCHOOL PARENT TEACHER ORGANIZATION	5776 S CROCKER ST - LITTLETON, CO 80120	84-1501711
	5776 S CROCKER ST - LITTLETON, CO 80120	84-1501708
DAMON RUNYON ELEMENTARY CUB SCOUT PACK 462	5776 S CROCKER ST - LITTLETON, CO 80120	45-3771765
LENSKI CUB SCOUT PACK 664	5776 S CROCKER ST - LITTLETON, CO 80120	84-1156906
MARK TWAIN CUB SCOUT PACK 632	5776 S CROCKER ST - LITTLETON, CO 80120	27-4387894
CARL SANDBURG ELEMENTARY CUB SCOUT PACK 559	5776 S CROCKER ST - LITTLETON, CO 80120	84-1040262
LITTLETON ACADEMY CUB SCOUT PACK 49	5776 S CROCKER ST - LITTLETON, CO 80120	80-0022743

Form **8868**

(Rev. January 2012)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

OMB No 1545-1709

 $\triangleright X$

Form 8868 (Rev 1-2012)

	are filing for an Additional (Not Automatic) 3-Month Ex						
Do not co	omplete Part II unless you have already been granted a	an automa	itic 3-month extension on a previous	ly filed Fo	rm 8868.		
Electroni	c filing (e-file) . You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tin	ne to file (6	6 months for a co	rporation	
required t	o file Form 990-T), or an additional (not automatic) 3-moi	nth extens	sion of time. You can electronically f	le Form 8	868 to request ar	extension	
of time to	file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for ³	Transfers ,	Associated With	Certain	
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions) For more details of	on the elec	ctronic filing of thi	s form,	
visit www	irs gov/efile and click on e-file for Charities & Nonprofits				·		
Part I	Automatic 3-Month Extension of Time	Only s	submit original (no copies nee	eded).			
A corpora	ation required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete			
Part I only	ý						
	corporations (including 1120-C filers), partnerships, REM ome tax returns	ICs, and t	rusts must use Form 7004 to reques	t an exten	sion of time		
Type or	Name of exempt organization or other filer, see instructions Employer identification num					mber (EIN) or	
print	LITTLETON PUBLIC SCHOOLS				, ,		
	PARENT TEACHER ORGANIZATION			X	X 90-0265283		
File by the due date for filing your	or Number, street, and room or suite no. If a P.O. box, see instructions. Solution Street, and room or suite no. If a P.O. box, see instructions.			Social se	ocial security number (SSN)		
return See instructions	See						
Enter the Return code for the return that this application is for (file a separate application for each return)						0 1	
Application			Application		Return		
Is For		Return Code	Is For		Code		
Form 990			Form 990-T (corporation)			07	
Form 990-BL		02	Form 1041-A				
Form 990-EZ		01	Form 4720			09	
Form 990-PF		04	Form 5227			10	
Form 990-T (sec 401(a) or 408(a) trust)			Form 6069			11	
Form 990-T (trust other than above)			Form 8870			12	
	THE ORGANIZATION	ON			·		
• The books are in the care of ▶ 5776 S CROCKER ST - LITTLETON, CO 80120							
Telephone No. ► (303) 347-3300 FAX No. ►							
If the organization does not have an office or place of business in the United States, check this box							
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 3457 . If this is for the whole group, check this							
box If it is for part of the group, check this box X and attach a list with the names and EINs of all members the extension is for.							
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until							
FEBRUARY 15, 2013, to file the exempt organization return for the organization named above. The extension							
is for the organization's return for.							
▶							
► X tax year beginning JUL 1, 2011 , and ending JUN 30, 2012							
	-		-	·			
2 If the tax year entered in line 1 is for less than 12 months, check reason. Initial return Final return							
Change in accounting period							
3a If th	3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any						
	nonrefundable credits See instructions 3a					0.	
	nis application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and		\$		
	imated tax payments made. Include any prior year overp	_		3b	\$	0.	
	lance due. Subtract line 3b from line 3a Include your pa						
	using EFTPS (Electronic Federal Tax Payment System)	-		3с	\$	0.	
	If you are going to make an electronic fund withdrawal v			orm 8879	EO for payment i	nstructions.	

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.