



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



Form 990-EZ

Department of the Treasury  
Internal Revenue Service

# Short Form

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2012

A For the 2012 calendar year, or tax year beginning JULY 01, 2012, and ending JUNE 30, 2013

B Check if applicable.

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

C Name of organization

Shasta Elementary Parent Teacher Organization

Number &amp; street (or P.O. box, if mail is not delivered to street addr.)

169 Leora Ct

City or town, state or country, and ZIP + 4

Chico CA 95973

D Employer identification number

27-0026840

E Telephone number

(530) 891-3141

F Group Exemption

Number ▶

G Accounting Method:

☒ Cash☐ Accrual

Other (specify) ▶

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

I Website: ▶ N/A

J Tax-exempt status (check only one) -- ☒ 501(c)(3) ☐ 501(c) (insert no.) ☐ 4947(a)(1) or ☐ 527K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions).

But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 68,835

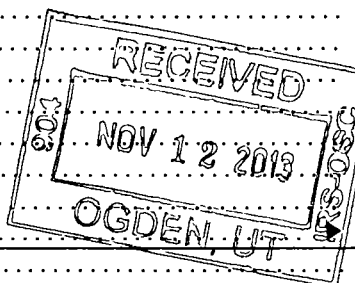
**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☐

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	30,339
	2	Program service revenue including government fees and contracts	2	25,176
	3	Membership dues and assessments	3	1,390
	4	Investment income	4	41
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a	11,889	
b	Less: cost of goods sold	7b	10,866	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	1,023	
8	Other revenue (describe in Schedule O)	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	57,969	
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)	10	43,951
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	130
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	950
	16	Other expenses (describe in Schedule O)	16	7,139
	17	<b>Total expenses.</b> Add lines 10 through 16	17	52,170
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,799
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	29,234
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	35,033

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2012)

SCANNED NOV 20 2013



6-1 23



**Other Information** (Note the Schedule A and personal benefit contract statement requirements in theinstructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
<b>33</b> 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 . . . . .	<b>33</b>	X
<b>34</b> 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) . . . . .	<b>34</b>	X
<b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .	<b>35a</b>	X
<b>b</b> If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .	<b>35b</b>	X
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .	<b>35c</b>	X
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	<b>36</b>	X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> . . . . .		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	X
<b>38a</b> 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>38a</b>	X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b> . . . . .		
<b>39</b> Section 501(c)(7) organizations. Enter: . . . . .		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> . . . . .		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> . . . . .		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ . . . . .; section 4912 ▶ . . . . .; section 4955 ▶ . . . . .		
<b>b</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 . . . . .	<b>40b</b>	X
<b>c</b> 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 . . . . . ▶ . . . . .		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ . . . . .		
<b>e</b> 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 . . . . .	<b>40e</b>	X
<b>41</b> List the states with which a copy of this return is filed ▶ <b>NONE</b> . . . . .		
<b>42a</b> The organization's books are in care of ▶ <b>See attachment #4</b> . . . . . Telephone no. ▶ . . . . . Located at ▶ . . . . . ZIP + 4 ▶ . . . . .		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>42b</b>	X
If "Yes," enter the name of the foreign country: ▶ . . . . . See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> . . . . .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . .	<b>42c</b>	X
If "Yes," enter the name of the foreign country: ▶ . . . . .		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> -- Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> . . . . .		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44a</b>	X
<b>b</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 . . . . .	<b>44b</b>	X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>	X
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . . <b>N/A</b> . . . . .	<b>44d</b>	
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>45a</b>	X
<b>45b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .	<b>45b</b>	X

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

**Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
47		X
48		X
49a		X
49b		X

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

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

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1)

nonexempt charitable trusts must attach a completed Schedule A

☐ Yes ☒ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <i>[Signature]</i> Treasurer		Date 11/7/13
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature <i>[Signature]</i>	Date 11-05-13
	Firm's name	Firm's EIN	
	Firm's address	Phone no.	

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	124,290	108,612	45,569	34,356	31,729	344,556
<b>2</b> 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			39,348	61,768	37,065	138,181
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> <b>Total.</b> Add lines 1 through 5.	124,290	108,612	84,917	96,124	68,794	482,737
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b.						
<b>8</b> <b>Public support.</b> (Subtract line 7c from line 6.)						482,737

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6	124,290	108,612	84,917	96,124	68,794	482,737
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	89	83	89	37	41	339
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	89	83	89	37	41	339
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13</b> <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	124,379	108,695	85,006	96,161	68,835	483,076
<b>14</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	99.93 %
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	0.07 %
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17	<b>18</b>	%

**19a** **33 1/3% support tests -- 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ☒

**b** **33 1/3% support tests -- 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ☐

**20** **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐

X

## 2012 DETAIL STATEMENTS

Shasta Elementary Parent Teach  
27-0026840

Page 1

---

STATEMENT #1 - Contributions, gifts, grants (EZ1 Line 1)

.....	1,017
.....	908
.....	687
✓ Jogathon.....	26,166
Fundraiser Nights.....	1,561

TOTAL CARRIED TO EZ1 Line 1..... 30,339

---

STATEMENT #2 - Prog. Service Revenue (990-EZ PG 1 Line 2)

Skate Nights.....	731
Crab Feed Dinner.....	12,765
School Carnival.....	11,680

TOTAL CARRIED TO 990-EZ PG 1 Line 2..... 25,176

---

STATEMENT #3 - Grants and similar amts paid (990-EZ PG 1 Line 10)

Classroom supplies.....	6,547
Equipment for classrooms and school.....	25,586
School Garden.....	321
Angel Network.....	480
Learning Center and Other Support Staff.....	1,517
Office and misc classroom supplies.....	9,500

TOTAL CARRIED TO 990-EZ PG 1 Line 10..... 43,951

---

STATEMENT #4 - Other expenses (EOEZ Pg 1 Line 16)

Family involvement.....	433
Jog-a-thon expenses.....	858
Dues Subscriptions and Other Fees.....	443
Membership Envelopes.....	62
Bank and CC Fees.....	220
Insurance.....	335
School Carnival.....	1,266
Skate Nights.....	12
Crab Feed Expense.....	3,510

TOTAL CARRIED TO EOEZ Pg 1 Line 16..... 7,139

---

STATEMENT #5 - Gross sale of inventory (EZ1 Line 7a)

T Shirts.....	6,604
Year Book.....	5,285



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2012**

Name of the organization

Shasta Elementary Parent Teacher Organiztion

Employer identification number

27-0026840

Shasta PTO's chief function is to provide grants to the school to be used to purchase school supplies, playground equipment, and fund fieldtrips. Shasta PTO also sponsors a school garden.

## 990 PRIMARY EXEMPT PURPOSE

Attachment 1: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2012 or tax period beginning 07-01, and ending 06-30-2013.
Name of Organization Shasta Elementary Parent Teacher Organiztion	Employer Identification Number 27-0026840

### Primary Purpose

Shasta Elementary Parent Teacher Organiztion's primary purpose is to raise funds to provide Shasta Elementary School with supplies and equipment that would not otherwise be available due to the school's limited funding. Shasta Elementary PTO also sponsors programs to encourage family and community involvement.

## 990 PROGRAM SERVICE ACCOMPLISHMENT

Attachment 2: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2012 or tax period beginning 07-01-2012, and ending 06-30-2013.
Name of Organization Shasta Elementary Parent Teacher Organiztion	Employer Identification Number 27-0026840

### Part III - Statement of Program Service Accomplishments

Grants and allocations	25,586	Amount includes foreign grants	Program service expenses
------------------------	--------	--------------------------------	--------------------------

#### Exempt Purpose Achievements

Purchases of playground and classroom equipment

## 990 PROGRAM SERVICE ACCOMPLISHMENT

Attachment 2: page 2 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2012 or tax period beginning	07-01-2012, and ending	06-30-2013.
Name of Organization <b>Shasta Elementary Parent Teacher Organiztion</b>			Employer Identification Number <b>27-0026840</b>

### Part III - Statement of Program Service Accomplishments

Grants and allocations	6,547	Amount includes foreign grants	Program service expenses
------------------------	-------	--------------------------------	--------------------------

#### Exempt Purpose Achievements

Reimbursements and funds available for the purchase of classroom supplies

## 990 PROGRAM SERVICE ACCOMPLISHMENT

Attachment 2: page 3 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2012 or tax period beginning	07-01-2012, and ending	06-30-2013.
Name of Organization <b>Shasta Elementary Parent Teacher Organiztion</b>			Employer Identification Number <b>27-0026840</b>

### Part III - Statement of Program Service Accomplishments

Grants and allocations	1,517	Amount includes foreign grants	Program service expenses
------------------------	-------	--------------------------------	--------------------------

Exempt Purpose Achievements

Reimbursement and funds for Learning Center and support staff

# 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 3: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2012 or tax period beginning	07-01-2012, and ending	06-30-2013.
---------------------------	--	------------------------	-------------

Name of Organization	Employer Identification Number
Shasta Elementary Parent Teacher Organization	27-0026840

(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont. to employee ben plans & def. comp.	(E) Expense account & other compensation
Traci Needles President	20.00	0	0	0
Christy Biertuempfel Vice President	20.00	0	0	0
Amy Parks Vice President	20.00	0	0	0
Karen Taylor Treasurer	20.00	0	0	0
Jennifer Agnew Secretary	20.00	0	0	0

990 BOOKS ARE IN CARE OF

Attachment 4 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2012 or tax period beginning 07-01, and ending 06-30-2013.
Name of Organization Shasta Elementary Parent Teacher Organiztion	Employer Identification Number 27-0026840
Part V - Line 42a	

Individual Name ..... Karen Taylor  
or  
Business Name:

Street Address ..... 169 Leora Ct

U.S. Address:

Zip code 95973 City Chico State CA

or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number .....

Fax Number .....

# 2012 DETAIL STATEMENTS

Shasta Elementary Parent Teach  
27-0026840

Page 2

---

TOTAL CARRIED TO EZ1 Line 7a.....	11,889
-----------------------------------	--------

---

STATEMENT #6 - Less: Cost of goods sold (EZ1 Lione 7b)

T Shirts.....	5,922
Year Books.....	4,944

TOTAL CARRIED TO EZ1 Lione 7b.....	10,866
------------------------------------	--------

---