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50m 990-ÈZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

OMB No 1545-1150

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 c	alendar year, or tax year beginning $Jul~01~$, 2013, and ending	Jun 30,2014
B Check if applicable	C Name of organization	D Employer identification number
Address change	WILLARD PTO	
Name change		36-3930528
Initial return	Number and street (or P O box, if mail is not delivered to street address) Room/sui	te E Telephone number
Terminated	1250 ASHLAND AVE	
Amended return	City or town, state or country, and ZIP + 4	F Group Exemption
Application pending	RIVER FOREST IL 60305-	Number▶
Accounting Met	hod X Cash Accrual Other (specify) ▶	H Check▶ if the organization is no
Website: ▶	willard.district90pto.org	required to attach Schedule B
Tax-exempt sta	tus (check only one) - X 501(c)(3) 501(c)() ◀ (insert no) 4947(a)(1) or 5	27 (Form 990, 990-EZ, or 990-PF)
Form of organiza	ation X Corporation Trust Association Other	

total assets (b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		
	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the ins		(T)
			X
	Contributions, gifts, grants, and similar amounts received ,	1	
į.	Program service revenue including government fees and contracts	2	1 020
	Membership dues and assessments	3	1,030. 17.
1 1	nvestment income	4	
	Gross amount from sale of assets other than inventory	1 1 1	
· · · · · · · · · · · · · · · · · · ·	ess cost or other basis and sales expenses	أسساها	
a c (Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c	
⊏ (Gaming and fundraising events	*	
a (Gross income from gaming (attach Schedule G if greater than \$15,000) . 6a	1	
_ •	Gross income from fundraising events (not including \$ of contributions		•
ED f	rom fundraising events reported on line 1) (attach Schedule G if the sum	. 1	1
\sim 1		770 g	
_ ''	ess direct expenses from gaming and fundraising events 6c 61, 407.		27 002
60 U	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) .	6d	37,023.
7a (Gross sales of inventory, less returns and allowances	1	
₹ bt	ess: cost of goods sold	الستسا	
	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c	
H 8 9	Other revenue (describe in Schedule O)	8	20 070
Z 9_1	otal revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 RECEIVED	9	38,070.
<	Grants and similar amounts paid (list in Schedule O) . Lo	10	
[11 E	Benefits paid to or for members 5 MAR 1 6 2015	11	
	Salaries, other compensation, and employee benefits	12	
ဋိ 13 F	Professional fees and other payments to independent contractor OGDEN, UT	13	
닭 14 (occupancy, rent, utilities, and maintenance	14	471.
_ 15 F	Printing, publications, postage, and shipping	15	6,407.
16 (Other expenses (describe in Schedule O)	16	23,335.
17 7	otal expenses. Add lines 10 through 16	17	30,213.
_{ες} 18 E	excess or (deficit) for the year (Subtract line 17 from line 9)	18	7,857.
ا 19 ارق	let assets or fund balances at beginning of year (from line 27, column (A)) (must agree with	·	
Net Assets	end-of-year figure reported on prior year's return)	19	
월 20 €	Other changes in net assets or fund balances (explain in Schedule O)	20	
	let assets or fund balances at end of year Combine lines 18 through 20	21	7,857.

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2013)

Check if the organization used Schedule O	to respond to any que	estion in this Part II	<u> </u>		<u> </u>
		(A) Beginn	ing of year	——— <u> </u>) End of year
22 Cash, savings, and investments			 -	22	40,181
23 Land and buildings				23	
24 Other assets (describe in Schedule O)				24	40 101
25 Total assets				25	40,181
26 Total liabilities (describe in Schedule O)				26	
27 Net assets or fund balances (line 27 of column (B) mus				27	40,181
Part III Statement of Program Service Accor	•		<u> </u>		
Check if the organization used Schedule O			<u>l </u>		Expenses
What is the organization's primary exempt purpose? ${ t Educ}$	ation-relate	d programs			ed for section 501(c)(3) (c)(4) organizations an
Describe the organization's program service accomplishment measured by expenses. In a clear and concise manner, desc	ts for each of its three la	rgest program service	s, as	ł	(C)(4) Organizations an 4947(a)(1) trusts,
benefited, and other relevant information for each program til	tle	ed, the humber of per	50115		for others)
28 Various fundraising events i		aise funds			
for multiple education-relat	ed activitie	s many		1	
students benefited as a resu	ilt				
	les foreign grants, check	here		28a	61,407.
29	ios totolgir granto, oncon		· · ·		
(Grants \$) If this amount include	les foreign grants, check	hore	ightharpoonup	29a	
30	ies foreign grants, check	nere	<u>· - L-1</u>		
]]	
(Onesta C				20-	
	les foreign grants, check	nere		30a	
31 Other program services (describe in Schedule O)			. 🗀		
(Grants \$) If this amount include	les foreign grants, check	here		31a	C1 407
32 Total program service expenses (add lines 28a throug			<u> </u>	32	61,407.
Part IV List of Officers, Directors, Trustees, and Key		-			r
Check if the organization used Schedule O	(b) Average	Estion in this Part is	(d)Health b		(e) Estimated
(a) Name and title	hours per week	(c) Reportable compensation (For, W-2/1099-MISC) (If not paid, enter-0)	employee b	tions to enefit plan	
NONE	devoted to position	(If not paid, enter-0)	& deferre	d comp	other compensation
NONE	-	0			1
		ļ	 -		<u> </u>
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	instructions for Part V) Check if the organization used Schedule O to respond to any question in this P			
	motractions for Fait Vy check is the organization used ochedule of to respond to any question in this F	ait v .	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			T.,
	detailed description of each activity in Schedule O	. 33	<u> </u>	X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the			
	amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O			,
250	(see instructions)	34		X
35a	die de la desirate de la desirate de la delinidad delinidad de la delinidad delini	25-		X
h	activities (such as those reported on lines 2, 6a, and 7a, among others)?	. 35a	-	<u> </u>
C		. 350		├
·	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	. 35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?	. 330		<u> </u>
	If "Yes," complete applicable parts of Schedule N	36		Х
37a				
b		. 37b	7575.70	2777.C.T.
38a	·			No.
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	. 38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter			SON.
а	Initiation fees and capital contributions included on line 9			
b				
40a	(),(), Some and a second of the property of	Activity		
	section 4911▶, section 4912▶, section 4955▶			
þ	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction			200000
	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	406		v
_	prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	Sales In	X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization			447
d	managers or disqualified persons during the year under sections 4912, 4955, and 4958 . Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by			
u	the organization			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?			
•	If "Yes," complete Form 8886-T	40e	TENENT_N	X
41	List the states with which a copy of this return is filed IL			
42a	The organizations books are in care of ▶SAME Telephone no ▶	-		
	Located at ► ZIP + 4 ►			
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		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	. 42c		_ X
40	If "Yes," enter the name of the foreign country			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here)	<u> </u>
	and enter the amount of tax-exempt interest received or accrued during the tax year		Vaal	NI.
442	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		Yes	No
774	Form 990-EZ	44a	732727	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead		tine C	
-	of Form 990-EZ	44b	` <u>{}_</u> 44	X 747757
С	Did the organization receive any payments for indoor tanning services during the year?	44c	-	X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	Town and	7 K 15 Y	
_	explanation in Schedule O	44d	الا - سندا- ال	r CRAINED
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	-+	X
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	1		
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b	ا المحاسبة ٢٠	X
вса	Fo	rm 990	-EZ	(2013)

Form	990-EZ (2013) · WILLARD PTO			36-	-39305	28	Р	age 4
							Yes	No
						14 A	Sec. 7	
46	Did the organization engage, directly or indir			• •		1 -	100	("\45) 6
Pa	candidates for public office? If "Yes," complete VI Section 501(c)(3) organization				<u> </u>	. 46		X
Га	Section 501(c)(3) organization	ions only						
	All section 501(c)(3) organiza	ations must answer	augetions 47_49h	and 52, and com	nlote the	table	e for	linge
	50 and 51.	mons must answer	questions 47-43b	and 52, and comp	piete ti ie	table	3 101	IIIICS
	Check if the organization use	d Schedule O to res	spond to any quest	non in this Part VI				\Box
	SHOOK II THE OF GAINE GROWN GOO	a concadic o to rec	pond to any quest	don in thot art vi			Yes	No
47	Did the organization engage in lobbying activ	vities or have a section 5	01(h) election in effect	during the tax				
	year? If "Yes," complete Schedule C, Part II					47		Х
48	Is the organization a school as described in	section 170(b)(1)(A)(ii)?	If "Yes," complete Scho	edule E		48		X
49a	Did the organization make any transfers to a					. 49a		Х
	If "Yes," was the related organization a secti					49b		
50	Complete this table for the organization's five	=	• • •		stees and k	ey em	ployee	s) wh
	each received more than \$100,000 of compe	ensation from the organiz	zation If there is none,					
	(a) Name and title of each employee	(b) Average	(c) Reportable	(d) Health benefits, contributions to empl		Estima		
	(a) Name and the oreach employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC	benefit plans, and def compensation	erred of	other co	mpensa	ation
NON	JE			····				
	Total number of other employees paid over \$							
51	Complete this table for the organization's five		ndependent contractor	s who each received r	nore than :	\$100,0	00 of	
	compensation from the organization If there	is none, enter None						
(a)	Name and business address of each independent of	ontractor	(b) Type	e of service	(c) C	ompens	ation	
NON	IE .							
		···						
						•		
					_			
								
	Total number of other independent contracto	re each receiving over \$	100,000					
	Did the organization complete Schedule A?	-		947(a)(1) nonevernt				
	charitable trusts must attach a completed Sci			, , , ,	▶ [X]	Yes	\Box	No
	penalties of perjury, I declare that I have examined the							
	orrect, and complete Declaration of preparer (other t				,,			
				· · · · · ·		2	9 ,	
Sign	Sharon Bu	ruz		02/18/	'201 5	>-	9-15	•
Here	Signature of officer			Date				
	Sharon Barry	 	Treasure	r				
	Type or print name and title			10/2				
Paid	Print/Type preparer's name	Preparer's signatur		te 3/1/25 Chec	k [X] if	PTIN	^	400
Prep	Durry Dwartz	Barry Swar	τz/ 02		mployed	P00		
Use			04	Firm's Eil		237 -24		
	address Schaumburg I		U 1	Phone no	04/	-24	<u> </u>	200
May	he IRS discuss this return with the prepa		e instructions		. X	Yes		No
BCA	diocaco uno return with the prepa	irel shown abover Se	c manuchons .	·		n 990		
					1 011	555	(,,,,

SCHEDULE A . (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

2013

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization

Open to Public Inspection Employer identification number 36-3930528

Reason for Public Charity Status (A) arganizations must complete this part.) See instructions	W.	ILLARD PTO							36	-393	0528			
A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A hachool described in section 170(b)(1)(A)(iii). (Attach Schedule E) A hachool described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). A morganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 171(b)(1)(A)(M). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(W). (Complete Part II) A community trust described in section 170(b)(1)(A)(W). (Complete Part II) A community trust described in section 170(b)(1)(A)(W). (Complete Part II) A community trust described in section 170(b)(1)(A)(W). (Complete Part II) A community trust described in section 170(b)(1)(A)(W). (Complete Part II) A community trust described in section 170(b)(1)(A)(W). (Complete Part II) A community trust described in section 170(b)(1)(A)(W). (Complete Part II) A community trust described in section 170(b)(1)(A)(W). (Complete Part II) A community trust described in section 170(b)(1)(A)(W). (Complete Part II) A community trust described in section 170(b)(1)(A)(W). (Complete Part II) A community trust described in section 170(b)(1)(A)(W). (Complete Part II) A community trust described in section 170(b)(1)(A)(W). (Complete Part II) A community trust described in section 170(b)(1)(A)(W). (Complete Part II) A community trust described in section 150(a)(A)(A) A community trust described in section 170(b)(1)(A)(W). (Complete Part II) A community trust described in section 170(b)(A)(W). (Complete Part II) A community trust described in section 170(b)(A)(W). (Complete Part III) A community trust described in section 170(b)(A)(W). (Complete Part III) A communi	Par	Reason fo	r Public Ch	arity	Status (All organizations m	ust com	plete this	s part.) §	See instr	uctions				
A school described in section 170(b)(1)(A)(iii), (Altach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii)) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state City, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A community trust described in section 170(b)(1)(A)(iv). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv) (Complete Part II) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II) An organization that normally receives a substantial part of its support from a governmental unit of form a driving series of insection 170(b)(1)(A)(iv). (Complete Part II) An organization that normally receives a substantial part of its support from a governmental unit of the support from a driving series of series of the support from a driving series of series of the support from a driving series of series of the support from a driving series of series of the support from a driving series of series of series of the support from a driving series of series o	The or	ganization is not a priva	ite foundation b	ecau	se it is. (For lines 1 through 11	, check o	only one	box)						
A hospital or a cooperative hospital service organization described in section 170(b)(1)A)(iii). Enter the hospital's name, city, and state A medical research organization operated in conjunction with a hospital described in section 170(b)(1)A)(iii). Enter the hospital's name, city, and state A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)A)(v). An organization that normally receives a substantal part of its support form a governmental unit or from the general public described in section 170(b)(1)A)(v). Complete Part II) A community frust described in section 170(b)(1)A)(v). (Complete Part II) A community trust described in section 170(b)(1)A)(v). (Complete Part II) A community trust described in section 170(b)(1)A)(v). (Complete Part II) A community frust described in section 170(b)(1)A)(v). (Complete Part II) A norganization that normally receives (1) more than 33 173 % 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 (ess section 111 tas) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4). An organization organized and operated exclusively to test for public safety (1) or section 509(a)(2). See section 509(a)(3). Check the box kind describes the type of supporting organization and complete lines 1 te through 111h An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more type. (1) or section 509(a)(2). See section 509(a)(2) or section 509(a)(2). See section 509(a)(2) or section 509(a)(2) or section 509(a)(2) If the organization received a written determination	1 🔲	A church, convention	of churches, or	asso	ciation of churches described i	n sectio	n 170(b)	(1)(A)(i)						
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(ii), (Complete Part II) A feet of the first of the second organization of the support from a governmental unit or from the general public described in section 170(b)(1)(A)(vI), (Complete Part II) A community first described in section 170(b)(1)(A)(vI), (Complete Part II) A community first described in section 170(b)(1)(A)(vI), (Complete Part II) A community first described in section 170(b)(1)(A)(vI), (Complete Part II) A community first described in section 170(b)(1)(A)(vI), (Complete Part II) A community first described in section 170(b)(1)(A)(vI), (Complete Part II) A community first described in section 170(b)(1)(A)(vI), (Complete Part II) A community first described in section 170(b)(1)(A)(vI), (Complete Part II) A community first described in section 170(b)(1)(A)(vI), (Complete Part II) A community first described in section 170(b)(1)(A)(vI), (Complete Part II) A community first described in section 50(a)(Complete Part II) A community first described in the section 50(a)(Complete Part II) A community first described in the section 50(a)(Complete Part II) A community first described in the section 50(a)(Complete Part III) A community first described in the section 50(a)(Complete Part II) A community first described in the section 50(a)(Complete Part II) A community first described in the section 50(a)(Complete Part II) A community first described in the section 50(a)(Complete Part II) A community first described in the section 50(a)(Complete Part II) A community first described in the section 50(a)(Complete Part II) A community first described in the section 50(a)(Complete Part II) A community first described in the section 50(a)(Complete Part II) A community first	2 🗌	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)												
city, and state city, and state A organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local governmental operator of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vii). (Complete Part II) A community trust described in section 170(b)(1)(A)(vii). (Complete Part II) A community trust described in section 170(b)(1)(A)(vii). (Complete Part II) A community from a governmental unit or from the general public described in section 170(b)(1)(A)(vii). (Complete Part III) A community trust described in section 170(b)(1)(A)(vii). (Complete Part III) A community 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 and unrelated businesses sacquired by the organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the bot that describes the type of supported organization and complete limits 11 the trught in the profit of public services of the frame of the following services of the frame foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) if the organization organization section 509(a)(2) if the organization organiza	3	A hospital or a cooper	ative hospital s	ervice	e organization described in sec	tion 170)(b)(1)(A	.)(iii)						
To(b)(1)(A)(N). (Complete Part II) 170(b)(1)(A)(N). (Complete Part II) 170(b)(1)(A)(N). (Complete Part II) 1	4	A medical research or	ganization opei	rated	in conjunction with a hospital of	lescribed	d in sect	ion 170	(b)(1)(A)	(iii). Ent	er the h	ospital's	name	1
T70(b)(1)(A)(iv), (Complete Part II)		city, and state												
A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v)) (Complete Part II) A community trust described in section 170(b)(1)(A)(v)). (Complete Part II) A community trust described in section 170(b)(1)(A)(v)). (Complete Part II) A community trust described in section 170(b)(1)(A)(v)). (Complete Part II) A norganization amount in section 170(b)(1)(A)(v)). (Complete Part II) A community trust described in section 170(b)(1)(A)(v). (Complete Part II) A norganization organization and fur une 31, 13% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization and unit or 30, 1975 See section 509(a)(2) (Complete Part III) An organization organized and operated exclusively for the benefit of, to perform the functions of, to to carry out the purposes of one or more publicly supported organizations described in section 509(a)(4). The purposes of one or more publicly supported organizations described in section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11 et through 11th a Type II b Type II c Type III - [Type III - [5	An organization opera	ited for the ben	efit of	a college or university owned	or opera	ted by a	governr	nental u	nıt desci	ıbed in s	ection		
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community fust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 X 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 and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11te through 11th a Type II b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated by checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(2). See section 509(a)(1) or section 509(a)(1) or section 509(a)(1) or section 509(a)(2). See section 509(a)(2). See section 509(a)(1) or section 5	د,	170(b)(1)(A)(iv). (Con	nplete Part II)				,							
described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A 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 organized and operated exclusively to test for public safety. See section 509(a)(1). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11 et hrough 11 in a	6	A federal, state, or loc	al government	or go	vernmental unit described in s	ection 1	70(b)(1)	(A)(v).						
A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) A norganization that normally receives (1) more than 33 13 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions -subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10	7	An organization that n	ormally receive	sası	ubstantial part of its support fro	m a gov	ernment	al unit o	r from th	ne gener	al public			
9 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 5014 (a) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 5014 (a) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 5014 (a) (a) no more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt from a purposes of one or more publicly supported exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization additional purposes of one or more publicly supported organization and complete lines 11e through 11 th a Type II b Type II c Type III - Non-functionally integrated Type III - Non-functionally integrated Pype III - Non-functionally integrated Pyp		described in section	170(b)(1)(A)(vi)	(Co	mplete Part II)				- '				·	
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 and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10	8	A community trust des	scribed in section	on 17	'0(b)(1)(A)(vi). (Complete Part	II)						•		
support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10	9 X	An organization that n	ormally receive	s (1)	more than 33 1/3 % of its sup	port fron	contrib	utions, n	nembers	ship fees	, and gro	oss		
acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a		receipts from activities	s related to its e	xemp	ot functions - subject to certain	exception	ns, and	(2) no m	ore that	n 33 1/3	% of its			
10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(2). See section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a		support from gross inv	estment incom	e and	l unrelated business taxable in	come (le	ess section	on 511 ta	ax) from	busines	ses			
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box hat describes the type of supporting organization and complete lines 11e through 11h a		acquired by the organ	ızatıon after Jui	ne 30	, 1975 See section 509(a)(2)	(Comple	ete Part	III)						
purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a	10	An organization organ	ized and opera	ted e	xclusively to test for public safe	ty See	section	509(a)(4	l).					
509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a	11 📗	An organization organ	ized and opera	ted e	xclusively for the benefit of, to	perform	the func	tions of,	or to ca	rry out th	ne			
a Type I b Type II c Type III - Functionally integrated By checking this box I, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type III or Type III supporting organization, check this box		purposes of one or mo	ore publicly sup	porte	d organizations described in se	ection 50	9(a)(1) o	or sectio	n 509(a)	(2). See	section	1		
By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) A family member of a person described in (i) above? (iii) A family member of a person described in (i) above? (iii) A 53% controlled entity of a person described in (i) or (ii) above? (iii) A person described in (ii) above? (iii) A solution about the supported organization(s) (iii) Name of supported (iii) EIN (iiii) Type of organization (iv) is the organization organization in col (ii) is the organization in col (ii) organization in the U S ? Yes No Yes No Yes No Yes No Organization in the U S ? WAR 1 6.2015 O OGDEN, UT		509(a)(3). Check the t	oox that describ	es th					e throug	gh 11h				
persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) A family member of a person described in (i) above? (iii) A family member of a person described in (i) above? (iii) A special person described in (i) above? (iv) Is the organization in col (ii) organization in					—	-	_					ctionally	ıntegra	ated
f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box. g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? (iii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s) (ii) Name of supported organization (iii) III) (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (ii) Name of supported organization in col (i) isled myour organization in col (i) organized organization in the U S? Yes No Yes No Yes No Yes No (A) RECEIVED MAR 16,2015 O OGDEN, UT (D) MAR 16,2015 O OGDEN, UT	e 🔝													
f If the organization received a written determination from the IRS that it is a Type I, Type III or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 55% controlled entity of a person described in (i) or (ii) above? (i) Name of supported organization about the supported organizations (described on lines 1-9 above or IRC section (see instructions)) (ii) Name of supported organization (iii) Type of organization (iii) Isled in your organization in col (ii) organization in the U S? Yes No Yes No Yes No (A) RECEIVED MAR 1 6.2015 OGDEN, UT (B) (C) OGDEN, UT				gers a	ind other than one or more put	licly sup	ported o	rganızat	ions des	scribed ii	n section	ı		
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) A family member of a person described in (i) above? (iii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) (i) Name of supported organization (described on lines 1-9 above or IRC section (see instructions)) (ii) RECEIVED MAR 16.2015 MAR 16.2015 (C) (D) (E)		,												
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(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? 11g(ii)		=											• • • • • • • • • • • • • • • • • • • •	
and (iii) below, the governing body of the supported organization? (iii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) 1 Provide the following information about the supported organization(s) (i) Name of supported organization organization (described on lines 1-9 above or IRC section (see instructions)) (A) RECEIVED MAR 1 6 2015 OGDEN, UT In the US? Yes No Yes No Yes No OGDEN, UT (ii) Isle organization in col (i) organization in the US? Yes No Yes No Yes No OGDEN, UT	g		_				-			rsons?		1		T
(iii) A family member of a person described in (i) above? h Provide the following information about the supported organization(s) (ii) Name of supported organization (described on lines 1-9 above or IRC section (see instructions)) (A) (B) RECEIVED MAR 16 2015 (C) (D) (iii) A family member of a person described in (i) above? (iv) Is the organ- (v) Did you organization in colify the organization in col (i) listed in your governing document? Yes No Yes No Yes No (C) OGDEN, UT (Iv) Is the organ- (vi) Is the organization in col (i) listed in your governing document? Support (Vi) Is the organization in col (i) of your organization in col (i) of your sour organization in the U S ? Yes No Yes No Yes No (C) OGDEN, UT											:	44 (1)	Yes	No
(iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization (see instructions) (ii) Name of supported organization (described on lines 1-9 above or IRC section (see instructions)) (A) RECEIVED MAR 1 6 2015 (C) OGDEN, UT 11g(iii) (iv) Is the organization (iv) Did you notify the organization in col (i) of your support? (vi) Is the organization in col (i) of your support? (vii) Amount of viii) Isled in your governing document? Yes No Yes No Yes No OGDEN, UT (C) OGDEN, UT														<u> </u>
h Provide the following information about the supported organizations: (i) Name of supported organization (described on lines 1-9 above or IRC section (see instructions)) (A) RECEIVED MAR 16.2015 O OGDEN, UT (E) OGDEN, UT (ii) Stine organization (iv) Is the organization in col (i) Isladd in your governing document? (v) Did you notify the organization in col (i) of your support? (vi) Is the organization in col (i) of your support? (vi) Is the organization in col (i) of your support? (Vi) Is the organization in col (i) of your support? (Vii) Amount of vivine organization in col (i) of your support? (Vii) Amount of vivine organization in col (i) of your support? (Vii) Amount of vivine organization in col (i) of your support? (Vii) Amount of vivine organization in col (i) of your support? (Vii) Amount of vivine organization in col (i) of your support? (Vii) Amount of vivine organization in col (i) of your support? (Vii) Amount of vivine organization in col (i) of your support? (Vii) Amount of vivine organization in col (ii) of your support? (Vii) Amount of vivine organization in col (ii) of your support? (Vii) Amount of vivine organization in col (ii) of your support? (Vii) Amount of vivine organization in col (ii) of your support? (Vii) Amount of vivine organization in col (ii) of your support? (Vii) Amount of vivine organization in col (ii) isted in your support? (Vii) Amount of vivine organization in col (ii) isted in your support? (Vii) Amount of vivine organization in col (ii) isted in your support? (Vii) Amount of vivine organization in col (ii) isted in your support? (Vii) Amount of vivine organization in col (ii) isted in your support? (Vii) Amount of vivine organization in col (ii) isted in your support? (Vii) Amount of vivine organization in col (ii) isted in your support? (Vii) Amount of vivine organization in col (ii) isted in your support.		•	•		• •									
(ii) Name of supported organization (iii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (A) (B) (C) (D) (Iii) EIN (Iii) Type of organization (Iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (See instructions) (Iv) Is the organization in col (i) organization in col (ii) organization in col (iii) organization in col (iiii) organization in col (iiii) organization in col (iiii) organization in col (iiii) organization in col (iiiiiiii) organization in col (iiiiiiiiii) organization in col (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii								• • • • • •			•• •••	11g(III)		<u> </u>
organization (described on lines 1-9 above or IRC section (see instructions)) (See instructions) (A) RECEIVED MAR 16,2015 OGDEN, UT (described on lines 1-9 above or IRC section (see instructions)) (i) listed in your organization in col (i) of your support? (oc) (i) of your support? (oc) (i) of your support? Yes No Yes No Yes No OGDEN, UT (D)				ut the		T \		(1.1.5		()	a 4h a	(-41)		
Above or IRC section (see instructions)) Column Colu	(1)	• •	(11) EIN		' ' ''	' '	_		1 ' '			, ,		
(See instructions)) Col (i) of your support? Organized in the US?		organization	i		'	l				1		Su	ppon	
Column C						` '	-	_		i .				
(A) RECEIVED (B) MAR 1 6.2015 (C) OGDEN, UT (C) (E)					(see instructions))					1				
(A) (B) (C) (C) (D) (E) RECEIVED 37 (MAR 1 6,2015 0) (O) (D) RECEIVED 78 (O) (O) (D) (E)														
(B) MAR 1 6,2015 (C) OGDEN, UT (D) (E)	<u>/^\</u>		 		PECENCO	res	NO	res	NO	res	NO			
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(D) (E)	(B)			12	$\widetilde{\varphi}$	 								
(D) (E)	(6)			9	MAR 1 6,2015	ļ								
(D) (E)	<u>/C)</u>			-	<u> </u>					-				
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Total Total			Full Starte 3		100 100 100 100 100 100 100 100 100 100		3.373	19. J. K. K.	11.45 to 1	1.164 500	Maria de la companya della companya			
	Total					W. T.			A CONTRACTOR					

	dule A (Form 990 or 990-EZ) 2013						Page
	Support Schedule for Orga (Complete only if you checked the t If the organization fails to qualify un	box on line 9 of	Part I or if the or	rganization failed	l tó qualify under	Part II.	
	ion A. Public Support				·	•	-
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and	ĺ	1	!			
	membership fees received (Do not	ĺ	1	1	1		
_	include any "unusual grants.")	ļ	<u> </u>	ļ!	ļ		
2	Gross receipts from admissions, merchan-	İ	1	!	'		
	dise sold or services performed, or facilities	l		!	'		<u> </u>
	furnished in any activity that is related to	1		!	'		
3	the organization's tax-exempt purpose Gross receipts from activities that	 		ļ'	ļ'		
J	are not an unrelated trade or business	1	1	!	'		
4	under section 513	 		<u> </u>	 	 	
4	Tax revenues levied for the organization's	İ]	'	<u>'</u>		1
	benefit and either paid to or expended on	ĺ	'		'	}	
5	its behalf	 	 	 '	<u> </u>	 	-
5		ł	1	!			
	furnished by a governmental unit to the organization without charge	ł	j '				1
6	Total. Add lines 1 through 5		ļ'	 	<u> </u>		
_	Amounts included on lines 1, 2, and 3	 	-	 	-	 	
/ α	received from disqualified persons	l			1		
b	Amounts included on lines 2 and 3	 		 		 	
~	received from other than disqualified	I	1	!	'		
	persons that exceed the greater of	1	<u>'</u>				
	\$5,000 or 1% of the amount on line 13 for the year	l		!	'		
С	Add lines 7a and 7b		+	 		 	
		<u>व्याप्त सम्बद्धाः</u>		LOGINESS	THE THE STATE	HER CONTROL	il
	ion B. Total Support	half allow as Walterbill and and week	the Land of the second of the second	"Ale La Eddard en en amerika e e e e	Sandy to the local sections	Bank and the state of the state	
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6						1
10a	Gross income from interest, dividends,						
	payments received on securities loans,	ĺ	'	!	1		1
	rents, royalties and income from similar	I	,	!	!		1
	sources	<u></u>	·	!	·		l
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	ı	1	!	!	<u> </u>	ĺ
	acquired after June 30,1975	ı	'	!	!	ļ .	1
С	Add lines 10a and 10b	1		,			
11	Net income from unrelated business						
	activities not included in line 10b, whether	I	·	'	,		1
	or not the business is regularly carried on	i	'	1	1	!	1
12	Other income Do not include gain or	<u> </u>	1	,	,		
	loss from the sale of capital assets	1	'		1		1
	(Explain in Part IV)	1	,	'	1	1	1
13	Total support. (Add lines 9, 10c, 11, and 12)	1			!		
14	First five years. If the Form 990 is for the orga	anization's first.	second, third, fo	ourth, or fifth tax	year as a section	n 501(c)(3)	
	organization, check this box and stop here				•		▶ [∑
	on C. Computation of Public Suppo						
	Public support percentage for 2013 (line 8, col						0.00 %
16	Public support percentage from 2012 Schedule	e A, Part III, line	a 15	<u></u>	<u></u>	16	0.00 %
	on D. Computation of Investment Ir						
17	Investment income percentage for 2013 (line 1	10c, column (f)	divided by line 13	3, column (f))		17	0.00 %
	Investment income percentage from 2012 Sch						0.00 %
19a	33 1/3 % support tests - 2013. If the organiza	ation did not che	eck the box on lin	ne 14, and line 15	5 is more than 3	3 1/3 %, and line	17 is
	not more than 33 1/3 %, check this box and ste	top here The o	rganization quali	fies as a publicly	supported orga	nization	▶ [
b	33 1/3 % support tests - 2012. if the organiza	ation did not che	eck a box on line	14 or line 19a, a	and line 16 is mo	re than 33 1/3 %	, and line 18
	is not more than 33 1/3 %, check this box and	stop here The	organization qu	alifies as a public	cly supported or	ganization	[
20	Private foundation If the organization did not	t chook a hay a	n line 14, 10a o	r 10h chack this	how and see ins	tructions	▶ [

. Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

-			(a) Event #1 Book Fair	(b) Event #2 FLIP	(c) Other events	(d) Total events (add col (a) through
43			(event type)	(event type)	(total number)	col. (c)
Revenue	1	Gross receipts	7,006.	17,985.	73,439.	98,430.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	7,006.	17,985.	73,439.	98,430.
	4	Cash prizes				
ses	5	Noncash prizes	!			
Direct Expenses	6	Rent/facility costs				
Direct	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	1,458.	16,050.	43,899.	61,407.
	10			mn (d)	▶	61,407. 61,407.
	11			ımn (d)		37,023.
Pa	rt II	Gaming. Complete line 6a	e if the organization answered	"Yes" to Form 990, Part IV, line	e 19, or reported more than S	\$15,000 on Form 990-EZ,
		illie da	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
an ne				bingo/progressive bingo		col (a) through col (c)
Revenue	1	Gross revenue				
ses	2	Cash prizes	· · · · · · · · · · · · · · · · · · ·			
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
_	5	Other direct expenses	Yes 0.0%	Yes 0.0%	Yes 0.0%	5-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
	6	Volunteer labor	No No	Yes0.0%	No No	A STAN
	7			mn (d)		
	8_	Net gaming income sum	mary Subtract line 7 from line	1, column d	<u></u> ▶	
	ı ls t		e organization operates gamin o operate gaming activities in o	g activities. each of these states?		Yes No
		ere any of the organization Yes," explain	's gaming licenses revoked, su	spended or terminated during	the tax year?	Yes No
						000 oz 000 E7\ 2012

Sche	dule G (Form 990 or 990-EZ) 2013 WILLARD PTO	36-3930	528	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity forme	d to		_
	administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity operated in			
а	The organization's facility	13a		.00 %
b	An outside facility	13b	0	.00 %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and re-	ecords.		
	Name ▶	<u></u>		
	Address▶			
b	Does the organization have a contract with a third party from whom the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization \$\bigself \text{ and of gaming revenue retained by the third party } \bigself \text{ and of gaming revenue retained by the third party } \bigself \text{ and of gaming revenue and address of the third party } \bigself \text{ and of gaming revenue retained by the third party } \bigself \text{ and of gaming revenue retained by the third party } \bigself \text{ and of gaming revenue retained by the third party } \bigself \text{ and of gaming revenue retained by the third party } \bigself \text{ and of gaming revenue retained by the third party } \bigself \text{ and of gaming revenue retained by the third party } \bigself \text{ and of gaming revenue retained by the third party } \bigself \text{ and of gaming revenue retained by the third party } \bigself \text{ and of gaming revenue retained by the third party } \bigself \text{ and of gaming revenue retained by the third party } \bigself \text{ and of gaming revenue retained by the third party } \bigself \text{ and of gaming revenue retained by the third party } \bigself \text{ and of gaming revenue retained by the organization } \bigself \text{ and of gaming revenue retained by the organization } \bigself \text{ and of gaming revenue retained by the organization } \bigself \text{ and of gaming revenue retained by the organization } \bigself \text{ and of gaming revenue retained by the organization } \bigself \text{ and of gaming revenue retained by the organization } \bigself \text{ and of gaming revenue retained by the organization } \bigself \text{ and of gaming revenue retained by the organization } \bigself \text{ and of gaming revenue retained by the organization } \bigself \text{ and of gaming revenue retained by the organization } \bigself \text{ and of gaming revenue retained by the organization } \bigself \text{ and of gaming revenue retained by the organization } \bigself		. [] Ye	s 🗌 N
С	and address of the third party			
	Name ▶			
	Address▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	☐ Director/officer ☐ Employee - ☐ Independent contractor			
	Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain gaming license?		. 🗌 Yes	s 🗌 No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or specification's own exempt activities during the tax year >\$	ent in the		
Par	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (V) 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)	i, and Part III, I	ines 9, 9b	, 10b,
				

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization Employer Identification number 36-3930528 WILLARD PTO PAGE 1 LINE 16 OTHER EXPENSES ADMINISTRATIVE EXPENSES 4178 STAFF CONFERENCE EXPENSES 2427 PTO DUES 179 SCHOOL SUPPLIES 1347 TEACHER SALES SUPPLIES-EXPENSES 5814 1890 GREEN4GOOD EXPENSES SCHOOL GIFTS-PRIZES 7500 TOTALS 23,335