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Form **990-EZ**

**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)

OMB No 1545-1150

**2013**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.  
▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**

**A** For the 2013 calendar year, or tax year beginning JULY 01, 2013, and ending JUNE 30, 2014

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

**C** Name of organization: SHEPARDSON PTO  
 Number & street (or P.O. box, if mail is not delivered to street addr.): 1501 SPRINGWOOD DRIVE  
 City or town, state or province, country, and ZIP or foreign postal code: CO 80525

**D** Employer identification number: 74-2457893

**E** Telephone number: (970) 488-4525

**F** Group Exemption Number: ▶

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

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

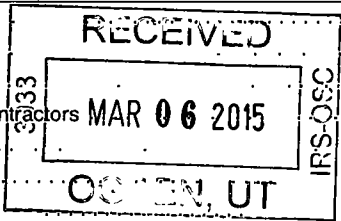
**I** Website: ▶ N/A

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

**K** Form of organization:  Corporation  Trust  Association  Other

**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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 51,013

<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I)		Check if the organization used Schedule O to respond to any question in this Part I <input type="checkbox"/>	
<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	2,042
<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>	
<b>3</b>	Membership dues and assessments	<b>3</b>	
<b>4</b>	Investment income	<b>4</b>	5
<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>	10,156
<b>b</b>	Less cost or other basis and sales expenses	<b>5b</b>	9,006
<b>c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	1,150
<b>6</b>	Gaming and fundraising events		
<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
<b>b</b>	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>	38,810
<b>c</b>	Less direct expenses from gaming and fundraising events	<b>6c</b>	16,009
<b>d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	22,801
<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>	
<b>b</b>	Less cost of goods sold	<b>7b</b>	
<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	
<b>8</b>	Other revenue (describe in Schedule O)	<b>8</b>	
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	25,998
<b>10</b>	Grants and similar amounts paid (list in Schedule O)	<b>10</b>	
<b>11</b>	Benefits paid to or for members	<b>11</b>	
<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>	
<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>	266
<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	
<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	69
<b>16</b>	Other expenses (describe in Schedule O)	<b>16</b>	35,279
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	35,614
<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	-9,616
<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	21,626
<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	12,010



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Call



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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 33 through 45b regarding organizational activities, financials, and reporting requirements.

	Yes	No
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 . . . . .		X

**Part VI 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 . . . . .

	Yes	No
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 . . . . .		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		X
49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .		X
b If "Yes," was the related organization a section 527 organization? . . . . .		X

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(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 ▶ \_\_\_\_\_

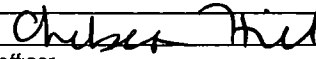
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

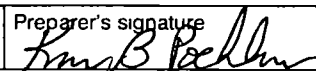
d Total number of other independent contractors each receiving over \$100,000 . . . ▶ \_\_\_\_\_

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**  3/3/15  
Date  
 Signature of officer  
 CHELSEA HILL TREASURER  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name KAREN POEHLMAN	Preparer's signature 	Date 03-01-2015	Check <input type="checkbox"/> if self-employed	PTIN P00584348
Firm's name ▶ H AND R BLOCK	Firm's EIN ▶ 262732202		Phone no 970-223-3011	
Firm's address ▶ 4637 S MASON ST STE A6				

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

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

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

**2013**

**Open to Public Inspection**

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](http://www.irs.gov/form990).

<b>Name of the organization</b> SHEPARDSON PTO	<b>Employer identification number</b> 74-2457893
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  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 \_\_\_\_\_
- 5  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 )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 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 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III )
- 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)(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  Type I      b  Type II      c  Type III-Functionally integrated      d  Type III-Non-functionally integrated
- e  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).
- 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?

	Yes	No
(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? . . . . .	11g(i)	X
(ii) A family member of a person described in (i) above? . . . . .	11g(ii)	X
(iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .	11g(iii)	X

**h** Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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.

**2013**

▶ **Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
**SHEPARDSON PTO**

Employer identification number  
**74-2457893**

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17  
Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2a** 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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> . . . . . ▶						

**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.

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**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.

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		ABC FUNDRA (event type)	READ A THO (event type)	9 (total number)	(add col (a) through col. (c))	
REVENUE	1	Gross receipts . . . . .	12,396	11,386	15,028	38,810
	2	Less Contributions . . . . .				
	3	Gross income (line 1 minus line 2) . . . . .	12,396	11,386	15,028	38,810
DIRECT EXPENSES	4	Cash prizes . . . . .				
	5	Noncash prizes . . . . .				
	6	Rent/facility costs . . . . .				
	7	Food and beverages . . . . .				
	8	Entertainment . . . . .				
	9	Other direct expenses . . . . .	6,804	744	8,461	16,009
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . .				16,009
	11	Net income summary Subtract line 10 from line 3, column (d) . . . . .				22,801

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

REVENUE		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) thru col. (c))
		1	Gross revenue . . . . .		
DIRECT EXPENSES	2	Cash prizes . . . . .			
	3	Noncash prizes . . . . .			
	4	Rent/facility costs			
	5	Other direct expenses . . . . .			
	6	Volunteer labor . . . . .	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No
7	Direct expense summary Add lines 2 through 5 in column (d) . . . . .				
8	Net gaming income summary Subtract line 7 from line 1, column (d) . . . . .				

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No

b If "No," explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

b If "Yes," explain \_\_\_\_\_

- 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 formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity operated in
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount 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 ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- 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?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**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 N (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

SHEPARDSON PTO

Employer identification number

74-2457893

5TH GRADE BASH 50.00  
5TH GRADE GRADUATION 100.00  
CLASSROOM WISH FUND 1843.80  
GARDEN REQUEST 500.00  
ICE CREAM SOCIAL 209.36  
KINDERGARTEN CELEB 100.00  
MILEAGE CLUB 243.12  
ENRICHMENT 25.00  
SIGN AND LANDSCAPE 18,000.00  
TEACHER APPRECIATION 299.15  
ASSEMBLIES 200.00  
CLASSROOM PLAYGROUND 401.32  
ECO WEEK 1,000.00  
FIELD TRIPS 3,415.25  
GENERAL INSTRUCTIONS 1,000.00  
INSTRUCTIONAL MEDIA 2,500.00  
TEACHER COFFEE FUND 375.53  
TEACHER REQUESTS 4795.80  
TESTING SUPPORT 221.14

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

Department of the Treasury  
Internal Revenue Service

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

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Form 990 or 990-EZ or to provide any additional information.

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OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

SHEPARDSON PTO

Employer identification number

74-2457893

SUPPORT THE SCHOOL COMMUNITY AND THE STAFF BY FUNDRAISING

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

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC INSPECTION For calendar year 2013, or tax period beginning 07-01-2013, and ending 06-30-2014.

Name of Organization SHEPARDSON PTO Employer Identification Number 74-2457893

(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
CHELSEA HILL TREASURER	25.00	0	0	0
VANESSA WILHELM PRESIDENT	30.00	0	0	0
JOY MILLER PAST PRESIDENT	10.00	0	0	0
LAURA HICKS PAST PRESIDENT	10.00	0	0	0
HEATHER CASTANEDA VICE PRESIDENT	15.00	0	0	0
SARAH PUTNAM VICE PRESIDENT	15.00	0	0	0
JENNIFER CHADWICK PRINCIPAL	20.00	0	0	0
MARHA REHM TEACHER REP	20.00	0	0	0
KRISTIN BEASLEY SECRETARY	20.00	0	0	0
LESLIE PERRY SECRETARY	20.00	0	0	0
ANDREA KAPLAN MEMBER AT LARGE	10.00	0	0	0
MARY LAFFEY MEMBER AT LARGE	10.00	0	0	0
DIXIE GORMLEY MEMBER AT LARGE	10.00	0	0	0
ALICIA DUNCAN VIP	10.00	0	0	0

990 BOOKS ARE IN CARE OF

ATTACHMENT 2 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC INSPECTION For calendar year 2013, or tax period beginning 07-01, and ending 06-30-2014.

Name of Organization SHEPARDSON PTO Employer Identification Number 74-2457893

Part V - Line 42a

Individual Name or Business Name CHELSEA HILL

Street Address 2424 COCHETOPA CT

U.S. Address

Zip code 80525 City FORT COLLINS State CO

Foreign Address

City

Province or State

Country

Postal code

Phone Number (970) 223-3708

Fax Number

2013 DETAIL STATEMENTS

SHEPARDSON PTO  
742457893

STATEMENT #1 - CONTRIBUTIONS, GIFTS, GRANTS (EZ1 LINE 1)

CARTRIDGES FOR KIDS.....	72
FAMILY NIGHTS AT LOCAL RESTAUNTS.....	1,838
.....	50
MOVIE NIGHTS.....	82

TOTAL CARRIED TO EZ1 LINE 1..... 2,042

STATEMENT #2 - PROFESSIONAL FEES (990-EZ PG 1 LINE 13)

BANK SERVICE CHARGES.....	15
CHARITABLE REGISTRATION.....	10
SALES TAX LICENSE.....	16
LIABILITY INSURANCE.....	225

TOTAL CARRIED TO 990-EZ PG 1 LINE 13..... 266

STATEMENT #3 - PRINTING, PUBLICATION, POSTAGE (990 EZ PG 1 LINE 15)

FEDEX.....	69
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TOTAL CARRIED TO 990 EZ PG 1 LINE 15..... 69

STATEMENT #4 - ACREAGE HELD AT END OF YEAR (990-EZ PG 1 LINE 2B)

BRIDGE BOOKS.....	773
SCHOLASTIC BOOK FAIR.....	5,489
YEARBOOK.....	2,593
CREATE! MAGAZINE.....	95
DIRECTORY.....	749
SPIRIT SHIRTS.....	457

TOTAL CARRIED TO 990-EZ PG 1 LINE 2B..... 10,156

STATEMENT #5 - NOT ON A HISTORIC STRUCTURE (990-EZ PG 1 LINE 2D)

BRIDGE BOOKS.....	746
SCHOLASTIC BOOK FAIR.....	5,497
YEARBOOK.....	2,506
CREATE! MAGAZINE.....	50
DIRECTORY.....	157
SPIRIT SHIRTS.....	50

TOTAL CARRIED TO 990-EZ PG 1 LINE 2D..... 9,006

2013 DETAIL STATEMENTS

SHEPARDSON PTO  
742457893

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STATEMENT #6 - FIRST 3 MONTHS (SCH G, PART II LINE 15)

SOCK HOP.....	326
TRIVIA NIGHT SPECIAL, CHAIRS.....	2,500
WINTER SOCIAL.....	450

SBF FAMILY NIGHT.....	335
STEM NIGHT.....	598
TEACHER MOMENTS.....	187
TRIVIA NIGHT.....	3,473

TOTAL CARRIED TO SCH G, PART II LINE 15.....	8,461
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STATEMENT #7 - GROSS RECEIPTS (SCH G, PART II LINE C-1)

SOCK HOP.....	438
TRIVIA NIGH SPECIAL CHAIRS.....	1,635
WINTER SOCIAL.....	104

SBF FAMILY NIGHT.....	403
STEM NIGHT.....	864
TEACHER MOMENTS.....	1,124
TRIVIA NIGHT.....	8,383

TOTAL CARRIED TO SCH G, PART II LINE C-1.....	15,028
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