The information provided will enable you to file a more complete return and reduce the chances the IRS will need to contact you

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)

2019

▶ Do not enter social security numbers on this form, as it may be made public.

**Open to Public** Inspection

		nue Service	► Go to www.irs.gov/Form990EZ for instructions and the latest informatio	n.	
A F	or the	2019 calend	ar year, or tax year beginning 08/01 , 2019, and ending	07	/31 , 20 20
B	heck if ap	pplicable	C Name of organization ?,	D Employ	er identification number
	Address c	hange	RICE LAKE ELEMENTARY PTO -		41-1443591
	Name cha	inge	Number and street (or P.O. box if mail is not delivered to street address)	E Telepho	ne number
=	nitial retui		13755 89TH AVE N		763-420-4220
₩.	Final retur Amended	m/terminated		F Group	Exemption
=		n pending	MAPLE GROVE, MN 55369	Numbe	er 🕨 🛂
G A	ccount	ting Method:	✓ Cash Accrual Other (specify) ► H C	heck ►	✓ if the organization is not
	Vebsite		10	equired to	attach Schedule B
J T	ax-exen	npt status (che	eck only one) — ✓ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 (F	Form 990	, 990-EZ, or 990-PF).
KF	orm of	organization	Corporation Trust Association Other		
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a	assets	
(Par	t II, col		500,000 or more, file Form 990 instead of Form 990-EZ .	. •	\$ 60,017
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the in	nstructi	ons for Part I) 🔃
		Check if	the organization used Schedule O to respond to any question in this Part I	· ·	<u> </u>
?,	1		ons, gifts, grants, and similar amounts received	` `	1 1,801
?;	2	Program s	ervice revenue including government fees and contracts	L	2
?,	3	Membersh	up dues and assessments		3
?,	4	Investmen	tincome	· · L	4 8
	5a	Gross amo	ount from sale of assets other than inventory 5a		
ne	b	Less: cost	or other basis and sales expenses		
	С	•	ss) from sale of assets other than inventory (subtract line 5b from line 5a)	5	ic
	6	Gaming ar	nd fundraising events:		
	а	Gross inc \$15,000)	ome from gaming (attach Schedule G if greater than		
Revenue	b	Gross inco	me from fundraising events (not including \$ of contributions		
A S		from fundr	aising events reported on line 1) (attach Schedule G if the		
_		sum of suc	ch gross income and contributions exceeds \$15,000) 6b 5	58,211	
	С			26,179	
	d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and 6b and subt	tract	
		line 6c)		· · [6	id 32,032
	7a	Gross sale	s of inventory, less returns and allowances		
	b		of goods sold		
	С	Gross prof	it or (loss) from sales of inventory (subtract line 7b from line 7a)	🔼	<u>/c  </u>
	8	Other reve	nue (describe in Schedule O)	· ·	8
·	9		nue (describe in Schedule O)	. 🕨 📑	9 33,841
	10		d similar amounts paid (list in Schedule O)	-	10 41,066
)	11		d similar amounts paid (list in Schedule O)  aid to or for members  ther compensation, and employee benefits for FEB 23 2021		1
es	12		ther compensation, and employee benefits Transfer F.B. 2		2
Expenses	13		al fees and other payments to independent confractors	<del></del>	13
ă	14		y, rent, utilities, and maintenance \		4
Щ	15		abilitation of protago, and simplified	_	15 12
	16	•	enses (describe in Schedule O) 🛂	-	603
	17		enses. Add lines 10 through 16		41,681
ţ	18		(deficit) for the year (subtract line 17 from line 9)		<u>-7,840</u>
Ş	19		or fund balances at beginning of year (from line 27, column (A)) (must agree		
Net Assets		=	ar figure reported on prior year's return)		9 49,711
Zet	20		nges in net assets or fund balances (explain in Schedule O)		20
	21		or fund balances at end of year. Combine lines 18 through 20	. 🕨   2	21 41,871
For	Papen	work Reduct	ion Act Notice, see the separate instructions. Cat. No. 10642		Form <b>990-EZ</b> (2019)

? (a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)		(e) Estimated amount of other compensation
LEA REED				
CO-PRESIDENT	4	0	0	0
JENNIFER MCCONNELL				
CO-PRESIDENT	4	0	0	0
CASSANDRA VOIGT	_			
VICE PRESIDENT	3	0	0	0
ARIC BUCKLES	_			
TREASURER	3	0	0	0
JODEE KINKAID				
SECRETARY	3	0	0	0
	-			
	-			
	-			
	-			
	_			
<del></del>		,I		200 57

	Part					•
		instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	3 Part			-
		The state of the s		Yes	No	-
	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓	- 12
?	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		<b>√</b>	
	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		<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	35b			
	c	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	35c		<b>√</b>	_
	36	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	36		<b>&gt;</b>	
	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0				j –
	b	Did the organization file Form 1120-POL for this year?	37b		✓	_
	38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		<b>√</b>	<u> </u>
	b	If "Yes," complete Schedule L, Part II, and enter the total amount involved				İ
	39 a	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9			,	
	b	Gross receipts, included on line 9, for public use of club facilities	]	'	`	
	40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		- 1		
	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958				
		excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓	E
	c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	-		,	
	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			~	
	е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		7	]
	41	List the states with which a copy of this return is filed ► MINNESOTA				_
	42a	The organization's books are in care of ▶ Telephone no. ▶				
		Located at ► ZIP + 4 ►		1		-
	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)?  If "Yes," enter the name of the foreign country	42b	Yes	No ✓	- Ī
		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		12" -	_	
	c	At any time during the calendar year, did the organization maintain an office outside the United States? .  If "Yes," enter the name of the foreign country	42c		<b>√</b>	-
	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. !	<b>▶</b> □	-
	44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No	Ĭ
	ь	completed instead of Form 990-EZ	44a		<b>√</b>	ĵ
		completed instead of Form 990-EZ	44b		<b>√</b>	-
	d	Did the organization receive any payments for indoor tanning services during the year?	44c		<u> </u>	Ī
	AF	·	44d 45a	<del> </del>	<b>-</b>	-
	45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  Did the organization receive any payment from or engage in any transaction with a controlled entity within the	тоа	<del> </del>		ī
	b	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	45h			

Page	4
raue	7

Section 501 (cl/3) Organizations Only All section 501 (cl/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 tho organization a school as described in section 170(b)(1)(A)(ii))* if "Yes," complete Schedule E 48 Is the organization a school as described in section 170(b)(1)(A)(ii))* if "Yes," complete Schedule E 49 Did the organization as school as described in section 170(b)(1)(A)(ii))* if "Yes," complete Schedule E 40 V 41 P'ves," was the related organization as section 527 organization?  50 Complete this table for the organization as section 527 organization?  60 Names and little of each employee 60 Names			e organization engage, directly or in ididates for public office? If "Yes," o						46		<b>√</b>	] ?:
Check if the organization used Schedule O to respond to any question in this Part V	Part V	_ ,	All section 501(c)(3) organization		estions 47-49b and	d 52, and c	omplete th	e tal	oles f	or line	es	•
10 tit the organization engage in Inhihyma activities or have a section 501(h) electron in effect during the tax year? If "Yes," complete Schedule C, Part II				nedule O to respond	d to any question in	this Part VI					□	_
Is the organization a school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E					· ·		during the	tax	47	Yes	No.	
10 the translation make any transfers to an exempt non-charitable related organization?   49a		•	•				· · · ·	•			<del></del>	. ? 2
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 deveted (a peiestron   (c) Family Bearing from the organization of other compensation   (d) Family Bearing from the organization of other compensation   (d) Family Bearing from the organization of other compensation   (d) Family Bearing from the organization of other compensation   (d) Family Bearing from the organization of other compensation   (d) Family Bearing from the organization of other compensation   (d) Family Bearing from the organization of other compensation   (e) Family Bearing from the organization of organization of the organization of the organization of organization organization organization organization organization organization organization organization organiza	49a	Did th	e organization make any transfers to	o an exempt non-cha	aritable related orga	nization? .			49a		<b>√</b>	. <b>1946</b> -
(a) Name and title of each employee burners burner part week four part week four part week forms W 2/1099-MISC)  f Total number of other employees paid over \$100,000 .    f Total number of other employees paid over \$100,000 .    f Total number of other employees paid over \$100,000 .    f Total number of other employees paid over \$100,000 .    f Total number of other employees paid over \$100,000 .    f Total number of other employees paid over \$100,000 .    f Total number of other employees paid over \$100,000 .    f Total number of other employees paid over \$100,000 .    g Total number of other employees paid over \$100,000 .    f Total number of other employees paid over \$100,000 .    g Total number of other independent contractor (b) Type of service (c) Compensation  d Total number of other independent contractors each receiving over \$100,000 .    g Total number of other independent contractors each receiving over \$100,000 .    g Total number of other independent contractors each receiving over \$100,000 .    g Total number of other independent contractors each receiving over \$100,000 .    g Total number of other independent contractors each receiving over \$100,000 .    g Total number of other independent contractors each receiving over \$100,000 .    g Total number of other independent contractors each receiving over \$100,000 .    g Total number of other independent contractors each receiving over \$100,000 .    g Total number of other independent contractors each receiving over \$100,000 .    g Total number of other independent contractors each receiving over \$100,000 .    g Total number of other independent contractors each receiving over \$100,000 .    g Total number of other independent contractors each receiving over \$100,000 .    g Total number of other independent contractors each receiving over \$100,000 .    g Total number of other independent contractors each receiving over \$100,000 .    g Total number of other independent contractors each receiving over \$100,000 .    g Total number of other independent co	50	Comp	lete this table for the organization's	five highest compen	sated employees (o	ther than offi	cers, directe		trustee		d key	,
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  (d) Total number of other independent contractors each receiving over \$100,000 . ▶  2 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  1				(b) Average hours per week	(c) Reportable compensation	(d) Healt contribution benefit plans	h benefits, s to employee , and deferred	(e) E	stimate	d amou		-
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  (d) Total number of other independent contractors each receiving over \$100,000 . ▶  2 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  1												-
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  (d) Total number of other independent contractors each receiving over \$100,000 . ▶  2 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  1												-
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  [c) Compensation  [c) Compensation  [d) Total number of other independent contractors each receiving over \$100,000  [d) Total number of other independent contractors each receiving over \$100,000  [d) Total number of other independent contractors each receiving over \$100,000  [d) Total number of other independent contractors each receiving over \$100,000  [d) Total number of other independent contractors each receiving over \$100,000  [d) Total number of other independent contractors each receiving over \$100,000  [d) Total number of other independent contractors each receiving over \$100,000  [d) Total number of other independent contractors each receiving over \$100,000  [d) Total number of other independent contractors each receiving over \$100,000  [d) Total number of other independent contractors each receiving over \$100,000  [d) Total number of other independent contractors each receiving over \$100,000  [d) Total number of other independent contractors each receiving over \$100,000  [d) Total number of other independent contractors each receiving over \$100,000  [d) Total number of other independent contractors each receiving over \$100,000  [d) Total number of other independent contractors each receiving over \$100,000  [d) Total number of other independent contractors each receiving over \$100,000  [d) Total number of other independent contractors each receiving over \$100,000  [d) Total number of other independent contractors each receiving over \$100,000  [d) Total number of other independent contractors each receiving over \$100,000  [d) Total number of other independent contractors each receiving over \$100,000  [d) Total number of other independent contractors each receiving over \$100,000  [d) Total number of other i								<del></del>				-
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 must attach a completed Schedule A	51	Comp	elete this table for the organization'	s five highest comp	ensated independer	nt contractor	s who each	n rec	eived	more	thar	- I -
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A		(a) l	Name and business address of each independ	lent contractor	(b) Type of se	ervice	(c)	) Com	pensati	on		-
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A					-							-
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A							<u> </u>				-	-
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A												-
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A												
Under penalties of penury, 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    Concept	52	Did t	he organization complete Schedu	le A? <b>Note:</b> All se	ection 501(c)(3) org				/ Yes			-
Sign Here  Signature of officer  Date  Date  Paid  Preparer's name  Preparer's signature  Preparer's signature  Date  Check ☐ if self-employed  Firm's name  Firm's name  Firm's EIN ▶	I Inder pe	nalties	of penury. I declare that I have examined this r	eturn, including accompar	ving schedules and state	ments, and to th	e best of my kr					-
Sign Here  Signature of officer  Type or pnnt name and title  Preparer's signature  Preparer's signature  Date  Check ☐ if self-employed  Firm's name  Firm's name  Firm's EIN ▶	true, com	ect, and	d complete. Declaration of preparer (other than	officer) is based on all info	ormation of which prepare	· · · · · · · · · · · · · · · · · · ·	<del> </del>			_		-
Type or print name and title  Paid  Preparer's name  Preparer's signature  Date  Check ☐ if self-employed  Firm's name  Firm's name  Firm's EIN ▶	Here	3										<u>-</u>
Preparer Use Only    Firm's name   Firm's EIN   Firm's E			Type or print name and title	Preparer's signature	T	Date	Charle	] ,	PTIN			-
Use Only	Prepa					E.	setf-emplo					_
	Use C	)nly	Firm's address ▶	<del></del>								-

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

Department of the Treasury Internal Revenue Service

Name of the organization

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public ation. Inspection

Employer identification number

RICE	LAKE ELEMENTARY PTO					41-14	
Pai							ns.
The o	organization is not a private found						$\sim$
1	A church, convention of church	•					$\mathcal{O}$
2	A school described in section					_	) <b>\</b>
3	A hospital or a cooperative ho						
4	A medical research organizat	•	onjunction with a hos	pital desc	ribed in s	section 170(b)(1)(A)(	(iii). Enter the
_	hospital's name, city, and sta						
5	An organization operated for		college or university	owned c	r operate	ed by a government	ai unit described in
_	section 170(b)(1)(A)(iv). (Con				4704 1	4434434	
6	A federal, state, or local gove						a the general mubble
7	An organization that normally described in section 170(b)(1			port iron	i a gover	ninental unit of Iron	i the general public
_				D4 11 \			
8	A community trust described						
9	An agricultural research orgal or university or a non-land-gra university:						
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization	d to its exempt funt income and un	inctions—subject to c related business taxa	ertain exc ble incon	ceptions, ne (less si	and (2) no more that ection 511 tax) from	n 33¹ദ% of its
11	An organization organized an	d operated exclu	sively to test for publi	c safety.	See <b>sect</b> i	ion 509(a)(4).	
12	An organization organized and	d operated exclus	sively for the benefit o	f, to perfo	orm the fu	unctions of, or to car	ry out the purposes
	of one or more publicly supp						
	Check the box in lines 12a thr	ough 12d that de	scribes the type of sup	oporting o	organizatı	on and complete line	s 12e, 12f, and 12g
а	☐ Type I. A supporting orga						
	the supported organizatio					he directors or trust	ees of the
	supporting organization.	<del>-</del>					
b	control or management of	the supporting of	organization vested in	the same			
	organization(s). You must	=					41
С	Type III functionally integrates supported organization	n(s) (see instruction	ons). <b>You must comp</b>	lete Part	IV, Secti	ons A, D, and E.	
d	Type III non-functionally that is not functionally interrequirement (see instructional see instruction).	egrated. The orga	nization generally mu	st satisfy	a distribu	ition requirement an	
_							. II. Tuma III
е	Check this box if the orga functionally integrated, or						e ii, Type iii
f	Enter the number of supported			pporting	oi gaineai		
g g							· · [
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	T	organization	(v) Amount of monetary	(vi) Amount of
	(William)	,,,	(described on lines 1–10 above (see instructions))	listed in you	ur governing ment?		other support (see instructions)
				Yes	No		
A)							
B)							
C)							
D)							
-, 	· · · · · · · · · · · · · · · · · · ·						
E)					}		
				<del> </del>	ļ		

Part	Support Schedule for Organiza (Complete only if you checked the Part III. If the organization fails to	ne box on line	e 5, 7, or 8 of	Part I or if the	e organizatio	n failed to qu	
Secti	on A. Public Support	quality aries		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					/	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3					<u> </u>	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)				/		
6	Public support. Subtract line 5 from line 4		<u> </u>	/	<u> </u>	<u> </u>	l
	on B. Total Support	<del></del>		/	1 1 2010	4 > 0040	(A = 1.1
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016/	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						<u> </u>
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the	•		d, third, fourth	 n, or fifth tax y	12 ear as a section	on 501(c)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor	t Percentag	e				
14	Public support percentage for 2019 (line 6	. ,,	=			14	%
15	Public support percentage from 2018 Sch	nedule A, Part	II, line 14 .			15	<u>%</u>
16a	331/3% support test—2019. If the organi box and stop here. The organization qua	lifies as a pub	licly supported	organızation			🕨 🔲
	331/2% support test—2018. If the organithis box and stop here. The organization	qualifies as a	publicly suppo	rted organizati	ion		🕨 🗀
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization me Part VI how the organization meets the "organization	ets the "facts	-and-circumsta :umstances" te	ances" test, ch	neck this box a zation qualifies	and <b>stop here</b>	. Explain in
<b>b</b>	10%-facts-and-circumstances test—26 -15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	ition meets the neets the "fac	e "facts-and-o	circumstances stances" test.	" test, check The organizati	this box and	stop here.
18	Private foundation. If the organization di instructions					k this box and	

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

(Complete only if you checked the box on line 10 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.)

Secti	on A. Public Support	•					
Calen	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	868	796	2,005	2,044	1,801	7,514
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	38,760	109,910		104,325	58,211	413,417
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0
6	Total. Add lines 1 through 5	39,628	110,706	104,216	106,369	60,012	420,931
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	0	0	0	0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	•	0	- 0	0	U	0	
8 8	Add lines 7a and 7b	0	O	0	0	0	0
Sacti	on B. Total Support			1		• •	420,931
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	39,628	110,706	104,216	106,369	60,012	420,931
10a	Gross income from interest, dividends, payments received on securities loans, rents, royaltres, and income from similar sources.	39,020	4	4	100,009	8	24
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
С	Add lines 10a and 10b	3	4	4	5	8	24
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	39,631	110,710	104,220	106,374	60,020	420,955
14	First five years. If the Form 990 is for the organization, check this box and stop her	e organization'	s first, second		or fifth tax ye	ear as a section	n 501(c)(3)
Sacti	on C. Computation of Public Suppor			· · · · · ·	· · · · ·	<del></del>	<u> </u>
15	Public support percentage for 2019 (line 8			3 column (f))	<del></del>	15	100.00 %
16	Public support percentage from 2018 Sch		-			16	100.00 %
	on D. Computation of Investment Inc			· · · · ·	· · · · · ·	1.0	100.00 /0
17	Investment income percentage for 2019 (			v line 13. colur	nn (f))	17	0.00 %
18	Investment income percentage from 2018						0.00 %
19a	331/3% support tests—2019. If the organi	zation did not	check the box	on line 14. an	d line 15 is m	ore than 331/39	
, Ja	17 is not more than 331/3%, check this box						
b	331/3% support tests—2018. If the organize line 18 is not more than 331/3%, check this because the support tests—2018.	ation did not ch	eck a box on l	line 14 or line 1	9a, and line 16	is more than 3	3 <sup>1</sup> / <sub>3</sub> %, and
20	Private foundation. If the organization di						

## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Secti	on A: All Supporting Organizations			
_			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a	,	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10b		

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).  Section D. All Type III Supporting Organizations  Yes No  1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?  2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).  3 By reason of the relationship described in (2), did the organization's supported organizationshave a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organization's suppor	Part	V Supporting Organizations (continued)			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) blow, the proveming body of a supported organization?  b A farmly member of a person described in (a) above?  c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  Section B. Type I Supporting Organizations  1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all stress during the tax year! If "Yes," explain in Part VI in the supported organization's directors or trustees at all stress during the tax year IV Mo." describe in Part VI in the supported organization in the supported organization or trustees were allocated smanging the supported organizations and what conditions or restrictions, If any, applied to such powers during the tax year.  2 Did the organization or personal controlled organization or trustees were allocated smanging the supported organization organization or that the supported organization or the than the supported organization or the than the supported organization or the than the supported organization or the third than the personal organization or the supported organization or the supporting organization.  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization was vested in the same persons that controlled or managed the supporting organization was vested in the same persons that controlled or managed the supporting organization is supported organization in Part VI how control or management of the supporting Organization was vested in the same persons that controlled or managed the supported organization is governed organization in Part VI into we control or management of the organization's supported organization will be supported organization in Par				Yes	No
below, the governing body of a supported organization?  A family member of a person described in (a) above?  A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI.  Section B. Type I Supporting Organizations  1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organizations and the tax year all "No," describe in Part VI how the supported organization, describe how the powers to appoint and/or remove directors or trustees at all times during the controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees and among the supported organization and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operated for the benefit of any supported organization organization? "Yes," explain in Part VI how providing such benefit carried out the purposes of the supporting organization?  Section C. Type II Supporting Organizations  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's activation organization was vested in the same persons that controlled or managed the supported organization was usested in the same persons that controlled or managed the susported organization's activation's activation and the supporting organization was vested in the same persons that controlled or managed the susported organization's tax year, (i) a copy of the Form 990 that was most recently filed as of the date of notification, to the organization's activation and the					. 1
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c. A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  Section B. Type I Supporting Organizations  1. Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization and what conditions or restrictions, if any, applied to such powers during the tax year.  2. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization.  3. Section C. Type II Supporting Organizations  1. Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization (s) that operated, approvised, or controlled the supporting organization was vested in the same persons that controlled or managed the supporting organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supporting organization was vested in the same persons that controlled or managed the supported organization is the supported organization or supported organization or supported organization or the organization or supported orga					
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2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization(s) if "Pes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.  Section C. Type II Supporting Organizations  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization supported organizations.  1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's supervised supported organization supported organizations was wested in the same persons that controlled or managed the supported organization's officers, directors, or trustees either (i) appointed organization supported organization's officers, directors, or trustees either (ii) appointed or elected by the supported organization's officers, directors, or trustees either (ii) appointed or deceded by the supported organization's officers, directors, or trustees either (ii) appointed or deceded by the supported organization's officers, directors, or trustees either (ii) appointed or deceded by the supported organization's officers, directors, or trustees either (ii) appointed or deceded by the supported organization's officers, directors, or trustees either (ii) appointed or deceded by the supported organization's position the carbonization supp			1		
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The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).  Activities Test. Answer (a) and (b) below.  Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.  Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's involvement.  Parent of Supported Organizations. Answer (a) and (b) below.  Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.  Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	_				
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trustees of each of the supported organizations? <i>Provide details in Part VI.</i> b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	a		32		
	<b>L</b>				i
	D		3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganı	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	<u> </u>	
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5	·	
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or	1 [		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):	<u> </u>		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6	· · · · · · · · · · · · · · · · · · ·	
7 Recoveries of prior-year distributions	7	· · · · · · · · · · · · · · · · · · ·	
8 Minimum Asset Amount (add line 7 to line 6)	8	······································	
Section C – Distributable Amount	•		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y inte	egrated Type III supportii	ng organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)	. age
	ion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
	Amounts paid to perform activity that directly furthers exe		rted	
_	organizations, in excess of income from activity	mpt par poddo or dappo		
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2019		·	•
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3ı from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
	Applied to underdistributions of prior years			
<u>a</u> b	Applied to underdistributions of prior years  Applied to 2019 distributable amount			· · · · · · · · · · · · · · · · · · ·
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			<del></del>
3	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		_	
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015 .			
b	Excess from 2016			
С	Excess from 2017		,	
d	Excess from 2018			
е	Excess from 2019			

Page	8

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
<b></b>	
<b></b>	

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

Department of the Treasury

#### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 8a.

▶ Attach to Form 990 or Form 990-EZ.

Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Name of the organization **Employer identification number** 41-1443591 **RICE LAKE ELEMENTARY PTO** Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. - Mail solicitations e . 

Solicitation of non-government grants ☐ Internet and email solicitations f Solicitation of government grants b g 

Special fundraising events Phone solicitations ☐ In-person solicitations 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? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual or entity (fundraiser) (iv) Gross receipts from activity (or retained by) fundraiser listed in (ii) Activity custody or control of contributions? (or retained by) organization col. (i) No 1 2 3 5 6 7 8 9 10 **Total** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from 3 registration or licensing.

Pá	irt II	Fundraising Events. Cor than \$15,000 of fundraising gross receipts greater that	ng event contributions	on answered "Yes" or and gross income on	n Form 990, Part IV, lin Form 990-EZ, lines 1 a	e 18, or reported more and 6b. List events with
		•	(a) Event #1  FUNDRAISER (event type)	(b) Event #2 FUNDRAISER (event type)	(c) Other events  5 (total number)	(d) Total events (add col. (a) through col. (c))
Fevenue	1	Gross receipts	23,907	7,164	27,140	58,211
<u>ш</u>	2 3	Less: Contributions Gross income (line 1 minus line 2)	23,907	7,164	27,140	58,211
	4	Cash prizes				<del></del>
	5	Noncash prizes				
nses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direct	8	Entertainment		:		
	9	Other direct expenses .	487	2794	22,898	26,179
Pa	10 11 rt III	Direct expense summary. Ac Net income summary. Subtra Gaming. Complete if th \$15,000 on Form 990-E	act line 10 from line 3, c	olumn (d)	990, Part IV, line 19, 0	26,179 32,032 or reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<u>~</u>	1	Gross revenue				
xbeuses	2	Cash prizes		· · · · · · · · · · · · · · · · · · ·		
ш	3	Noncash prizes				
Direct	4	Rent/facility costs		<del></del>		
_	5	Other direct expenses .		□ <b>V</b> 0/	□ <b>V</b> 0/	
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ac	dd lines 2 through 5 in co	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)		
	a Is	nter the state(s) in which the or the organization licensed to co "No," explain:	onduct gaming activities	s in each of these states		Yes No
10		ere any of the organization's g	gaming licenses revoked	, suspended, or termina	ated during the tax year?	? . Yes No

Schedu	ele G (Form 990 or 990-EZ) 2019 Page <b>3</b>				
11	Does the organization conduct gaming activities with nonmembers?				
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?				
13	Indicate the percentage of gaming activity conducted in:				
а	The organization's facility				
b	An outside facility				
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name ►				
	Address ▶				
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?				
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:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?				
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					
	•••••••••••••••••••••••••••••••••••••••				

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

Department of the Treasury

### 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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 2019 Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization **RICE LAKE ELEMENTARY PTO** 41-1443591 FORM 990-EZ PART 1, LINE 10 GRANTS AND SIMILAR AMOUNTS PAID IN EXCESS OF \$5000 **CASH AMOUNT GIVEN: \$41,066** FORM 990-EZ, PART 1 LINE 16 OTHER EXPENSES BANK FEES \$47 OFFICE SUPPLIES \$51 REGISTRATION WITH STATE OF MINNESOTA \$25 **INSURANCE \$320** PTO MEETING CHILD CARE \$160 **TOTAL \$603** FORM 990-EZ, PART III - ORGANIZATIONS PRIMARY EXEMPT PURPOSE **AUGMENT RICE LAKE ELEMENTARY STUDENT EDUCATION** 

Schedule O (Form 990 or 990-E2) (2019)	Page Z
Name of the organization	Employer identification number
`	