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Form 990

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2009

Open to Public  
Inspection

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

A For the 2009 calendar year, or tax year beginning JULY 01, 2009, and ending JUNE 30, 2010

|                                                                                                                                                                                                                                                                                               |                                                                          |                                                                                                                                                                                                                                                                                                                 |  |                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>Please use IRS label or print or type. See Specific Instructions.</b> | <b>C</b> Name of organization PTA FL CONGRESS, HEATHROW ELEMENTARY                                                                                                                                                                                                                                              |  | <b>D</b> Employer identification number |
|                                                                                                                                                                                                                                                                                               |                                                                          | Doing Business As                                                                                                                                                                                                                                                                                               |  | 59-3082781                              |
|                                                                                                                                                                                                                                                                                               |                                                                          | Number and street (or P.O. box if mail is not delivered to street address)                                                                                                                                                                                                                                      |  | <b>E</b> Telephone number               |
|                                                                                                                                                                                                                                                                                               |                                                                          | 5715 MARKHAM WOODS ROAD                                                                                                                                                                                                                                                                                         |  | (407) 320-6850                          |
|                                                                                                                                                                                                                                                                                               |                                                                          | City or town, state or country, and ZIP + 4                                                                                                                                                                                                                                                                     |  | <b>G</b> Gross receipts \$              |
| LAKE MARY FL 32746                                                                                                                                                                                                                                                                            |                                                                          | 125,114                                                                                                                                                                                                                                                                                                         |  |                                         |
| <b>F</b> Name and address of principal officer:                                                                                                                                                                                                                                               |                                                                          | <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><b>H(c)</b> Group exemption number |  |                                         |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527                                                                                                                                    |                                                                          |                                                                                                                                                                                                                                                                                                                 |  |                                         |
| <b>J</b> Website: N/A                                                                                                                                                                                                                                                                         |                                                                          |                                                                                                                                                                                                                                                                                                                 |  |                                         |
| <b>K</b> Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other                                                                                                                        |                                                                          | <b>L</b> Year of formation:                                                                                                                                                                                                                                                                                     |  | <b>M</b> State of legal domicile FL     |

## Part I Summary

1 Briefly describe the organization's mission or most significant activities:

SEE ATTACHMENT #1

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

|    |                                                                               |    |    |
|----|-------------------------------------------------------------------------------|----|----|
| 3  | Number of voting members of the governing body (Part VI, line 1a)             | 3  | 4  |
| 4  | Number of independent voting members of the governing body (Part VI, line 1b) | 4  |    |
| 5  | Total number of employees (Part V, line 2a)                                   | 5  |    |
| 6  | Total number of volunteers (estimate if necessary)                            | 6  | 40 |
| 7a | Total gross unrelated business revenue from Part VIII, column (C), line 12    | 7a |    |
| 7b | Net unrelated business taxable income from Form 990-T, line 34                | 7b | 0  |

|     |                                                                                     | Prior Year                | Current Year |
|-----|-------------------------------------------------------------------------------------|---------------------------|--------------|
| 8   | Contributions and grants (Part VIII, line 1h)                                       | 3,940                     | 3,915        |
| 9   | Program service revenue (Part VIII, line 2g)                                        |                           |              |
| 10  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                       | 9                         | 376          |
| 11  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)            | 38,498                    | 61,999       |
| 12  | Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 42,447                    | 66,290       |
| 13  | Grants and similar amounts paid (Part IX, column (A), lines 1-3)                    | 46,055                    | 65,954       |
| 14  | Benefits paid to or for members (Part IX, column (A), line 4)                       |                           |              |
| 15  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   |                           |              |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e)                       |                           |              |
| 16b | Total fundraising expenses (Part IX, column (D), line 25)                           |                           |              |
| 17  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)                        | 1,758                     | 3,553        |
| 18  | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)           | 47,813                    | 69,507       |
| 19  | Revenue less expenses. Subtract line 18 from line 12                                | -5,366                    | -3,217       |
| 20  | Total assets (Part X, line 19)                                                      | Beginning of Current Year | End of Year  |
| 21  | Total liabilities (Part X, line 26)                                                 | 18,444                    | 15,227       |
| 22  | Net assets or fund balances. Subtract line 21 from line 20                          | 18,444                    | 15,227       |

## Part II Signature Block

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

Sign Here

Signature of officer

Date

Type or print name and title

Paid Preparer's Use Only

|                                                                                              |         |                          |                                            |
|----------------------------------------------------------------------------------------------|---------|--------------------------|--------------------------------------------|
| Preparer's signature                                                                         | Date    | Check if self-employed   | Preparer's identifying number (see instr.) |
| <i>[Signature]</i>                                                                           | 11/1/10 | <input type="checkbox"/> |                                            |
| Firm's name (or yours if self-employed), address, and ZIP + 4                                | EIN     | Phone no.                |                                            |
| FALCONETTI & GROOMES, CPA, PA<br>901 DOUGLAS AVENUE SUITE 206<br>ALTAMONTE SPRINGS, FL 32714 |         | (407) 788-3361           |                                            |

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate Instructions.

Form 990 (2009)

**Part III** Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

SEE ATTACHMENT #2

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,121 including grants of \$ ) (Revenue \$ )  
SEE ATTACHMENT #3

4b (Code: ) (Expenses \$ 53,521 including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ 12,433 including grants of \$ ) (Revenue \$ )

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ► \$ 67,075

**Part IV** Checklist of Required Schedules

|                                                                                                                                                                                                                                                             | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. ....                                                                                                                   | X   |    |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? ....                                                                                                                                                                       |     | X  |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. ....                                                                |     | X  |
| 4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. ....                                                                                                                  |     | X  |
| 5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III. .... N/A                                    |     |    |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I. ....  |     | X  |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. ....                                      |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. ....                                                                                                   |     | X  |
| 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. .... |     | X  |
| 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V. ....                                                                                       |     | X  |
| 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. ....                                                                                                      |     | X  |
| • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. ....                                                                                                                 |     |    |
| • Did the organization report an amount for investments -- other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. ....                                            |     |    |
| • Did the organization report an amount for investments -- program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. ....                                            |     |    |
| • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. ....                                                                |     |    |
| • Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. ....                                                                                                                               |     |    |
| • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part XI. ....               |     |    |
| 12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII. ....                                                                                            |     | X  |
| 12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional. ....                                                                    | Yes | No |
| 12A                                                                                                                                                                                                                                                         |     | X  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. ....                                                                                                                                                  |     | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? ....                                                                                                                                                        |     | X  |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I. ....                             |     | X  |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II. ....                                      |     | X  |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III. ....                                          |     | X  |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. ....                                                         | X   |    |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. ....                                                                     | X   |    |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III. ....                                                                                               |     | X  |
| 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H. ....                                                                                                                                                                  |     | X  |

**Part IV** Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O . . . . .

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

|            |                                                                                                                                                                                                                                                                                 | Yes        | No |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|
| <b>1a</b>  | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable                                                                                                                                        | <b>1a</b>  | 0  |
| <b>b</b>   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable                                                                                                                                                                                                 | <b>1b</b>  | 0  |
| <b>c</b>   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                                                                        | <b>1c</b>  | X  |
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return                                                                                                   | <b>2a</b>  | 0  |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>N/A</b><br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)                      | <b>2b</b>  |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?                                                                                                                                                            | <b>3a</b>  | X  |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O <b>N/A</b>                                                                                                                                                                     | <b>3b</b>  |    |
| <b>4a</b>  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                      | <b>4a</b>  | X  |
| <b>b</b>   | If "Yes," enter the name of the foreign country:<br>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.                                                                                           |            |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                                                           | <b>5a</b>  | X  |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                                                | <b>5b</b>  | X  |
| <b>c</b>   | If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? <b>N/A</b>                                                                                                                     | <b>5c</b>  |    |
| <b>6a</b>  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?                                                                                                     | <b>6a</b>  | X  |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <b>N/A</b>                                                                                                                        | <b>6b</b>  |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                                            |            |    |
| <b>a</b>   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?                                                                                                                                 | <b>7a</b>  | X  |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided? <b>N/A</b>                                                                                                                                                                      | <b>7b</b>  |    |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                                                            | <b>7c</b>  | X  |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year                                                                                                                                                                                                               | <b>7d</b>  |    |
| <b>e</b>   | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                                               | <b>7e</b>  | X  |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                                                    | <b>7f</b>  | X  |
| <b>g</b>   | For all contributions of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                                                                                      | <b>7g</b>  | X  |
| <b>h</b>   | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?                                                                                                                                                           | <b>7h</b>  | X  |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b><br>Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | <b>8</b>   | X  |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                                                |            |    |
| <b>a</b>   | Did the organization make any taxable distributions under section 4966?                                                                                                                                                                                                         | <b>9a</b>  | X  |
| <b>b</b>   | Did the organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                                                                          | <b>9b</b>  | X  |
| <b>10</b>  | <b>Section 501(c)(7) organizations. Enter:</b>                                                                                                                                                                                                                                  |            |    |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12                                                                                                                                                                                                        | <b>10a</b> |    |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                                                                                                                                                                                     | <b>10b</b> |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations. Enter:</b>                                                                                                                                                                                                                                 |            |    |
| <b>a</b>   | Gross income from members or shareholders                                                                                                                                                                                                                                       | <b>11a</b> |    |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)                                                                                                                                                    | <b>11b</b> |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                                               | <b>12a</b> | X  |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year                                                                                                                                                                                           | <b>12b</b> |    |

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

### Section A. Governing Body and Management

|                                                                                                                                                                                                                                        | Yes         | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----|
| <b>1a</b> Enter the number of voting members of the governing body. . . . .                                                                                                                                                            | <b>1a</b> 4 |    |
| <b>b</b> Enter the number of voting members that are independent . . . . .                                                                                                                                                             | <b>1b</b>   |    |
| <b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .                                               | <b>2</b>    | X  |
| <b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . . | <b>3</b>    | X  |
| <b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .                                                                                               | <b>4</b>    | X  |
| <b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .                                                                                                             | <b>5</b>    | X  |
| <b>6</b> Does the organization have members or stockholders? . . . . .                                                                                                                                                                 | <b>6</b>    | X  |
| <b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .                                                                                        | <b>7a</b>   | X  |
| <b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .                                                                                                             | <b>7b</b>   | X  |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                             |             |    |
| <b>a</b> The governing body? . . . . .                                                                                                                                                                                                 | <b>8a</b>   | X  |
| <b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .                                                                                                                                               | <b>8b</b>   | X  |
| <b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. . . . .         | <b>9a</b>   | X  |

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

|                                                                                                                                                                                                                                                                                                                       | Yes         | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----|
| <b>10a</b> Does the organization have local chapters, branches, or affiliates? . . . . .                                                                                                                                                                                                                              | <b>10a</b>  | X  |
| <b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . . N/A                                                                             | <b>10b</b>  |    |
| <b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .                                                                                                                                                                                | <b>11</b> X |    |
| <b>11a</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . . .                                                                                                                                                                                                      |             |    |
| <b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .                                                                                                                                                                                                         | <b>12a</b>  | X  |
| <b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . N/A                                                                                                                                                              | <b>12b</b>  |    |
| <b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . . N/A                                                                                                                                             | <b>12c</b>  |    |
| <b>13</b> Does the organization have a written whistleblower policy? . . . . .                                                                                                                                                                                                                                        | <b>13</b>   | X  |
| <b>14</b> Does the organization have a written document retention and destruction policy? . . . . .                                                                                                                                                                                                                   | <b>14</b>   | X  |
| <b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:                                                                                        |             |    |
| <b>a</b> The organization's CEO, Executive Director, or top management official? . . . . .                                                                                                                                                                                                                            | <b>15a</b>  | X  |
| <b>b</b> Other officers or key employees of the organization? . . . . .                                                                                                                                                                                                                                               | <b>15b</b>  | X  |
| If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) . . . . .                                                                                                                                                                                                                        |             |    |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .                                                                                                                                            | <b>16a</b>  | X  |
| <b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . N/A | <b>16b</b>  |    |

### Section C. Disclosure

**17** List the states with which a copy of this Form 990 is required to be filed ► FL

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website    ☐ Another's website    ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► SEE ATTACHMENT #4

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☒ Check this box if the organization did not compensate any current officer, director, or trustee.

| (A)<br>Name and Title               | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |          |               |         |              |                    |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-------------------------------------|-------------------------------|----------------------------------------|----------|---------------|---------|--------------|--------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                     |                               | INDIVIDUAL                             | DIRECTOR | INSTITUTIONAL | OFFICER | KEY EMPLOYEE | HIGHLY COMPENSATED | FORMER |                                                                      |                                                                           |                                                                                               |
| BETH DOSTAL<br>PRESIDENT            | 15.00                         |                                        |          |               | X       |              |                    |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| SONDRA ELWELL<br>1ST VICE PRESIDENT | 10.00                         |                                        |          |               | X       |              |                    |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| JANA SHEAR<br>2ND VICE PRESIDENT    | 10.00                         |                                        |          |               | X       |              |                    |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| CINDY POORE<br>TREASURER            | 15.00                         |                                        |          |               | X       |              |                    |        | 0                                                                    | 0                                                                         | 0                                                                                             |

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A)<br>Name and title | (B)<br>Average<br>hours<br>per<br>week | (C)<br>Position (check all that apply)         |                                      |                                 |                                 |                                                     |                                 |                                           | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|-----------------------|----------------------------------------|------------------------------------------------|--------------------------------------|---------------------------------|---------------------------------|-----------------------------------------------------|---------------------------------|-------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                       |                                        | I<br>N<br>D<br>I<br>V<br>I<br>D<br>U<br>A<br>L | D<br>I<br>R<br>E<br>C<br>T<br>O<br>R | T<br>R<br>U<br>S<br>T<br>E<br>E | O<br>F<br>F<br>I<br>C<br>E<br>R | K<br>E<br>Y<br>E<br>M<br>P<br>L<br>O<br>Y<br>E<br>E | H<br>I<br>G<br>H<br>E<br>S<br>T | C<br>O<br>M<br>P<br>L<br>O<br>Y<br>E<br>E |                                                                                     |                                                                                       |                                                                                                                    |
|                       |                                        |                                                |                                      |                                 |                                 |                                                     |                                 |                                           |                                                                                     |                                                                                       |                                                                                                                    |

**1b Total** ..... 0 0 0

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►

|                                                                                                                                                                                                                                             | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....                                        |     | X  |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual ..... |     | X  |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person .....                                     |     | X  |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

| Part VIII                                      |                                                                                                                                | Statement of Revenue |               | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512, 513, or 514 |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------|----------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------|
| OTHER<br>CONTRIBUTIONS<br>SIMILAR<br>AMOUNTS   | 1a Federated campaigns                                                                                                         | 1a                   |               |                      |                                                    |                                         |                                                                           |
|                                                | b Membership dues                                                                                                              | 1b                   | 3415          |                      |                                                    |                                         |                                                                           |
|                                                | c Fundraising events                                                                                                           | 1c                   |               |                      |                                                    |                                         |                                                                           |
|                                                | d Related organizations                                                                                                        | 1d                   |               |                      |                                                    |                                         |                                                                           |
|                                                | e Government grants (contributions)                                                                                            | 1e                   |               |                      |                                                    |                                         |                                                                           |
|                                                | f All other contributions, gifts, grants, &<br>similar amounts not included above                                              | 1f                   | 500           |                      |                                                    |                                         |                                                                           |
|                                                | g Noncash contributions included in lines 1a-1f:                                                                               |                      | \$            |                      |                                                    |                                         |                                                                           |
| h Total. Add lines 1a-1f                       |                                                                                                                                |                      | 3915          |                      |                                                    |                                         |                                                                           |
| PROGRAM<br>SERVICE<br>REVENUE                  | Business Code                                                                                                                  |                      |               |                      |                                                    |                                         |                                                                           |
|                                                | 2a                                                                                                                             |                      |               |                      |                                                    |                                         |                                                                           |
|                                                | b                                                                                                                              |                      |               |                      |                                                    |                                         |                                                                           |
|                                                | c                                                                                                                              |                      |               |                      |                                                    |                                         |                                                                           |
|                                                | d                                                                                                                              |                      |               |                      |                                                    |                                         |                                                                           |
|                                                | e                                                                                                                              |                      |               |                      |                                                    |                                         |                                                                           |
|                                                | f All other program service revenue                                                                                            |                      |               |                      |                                                    |                                         |                                                                           |
| g Total. Add lines 2a-2f                       |                                                                                                                                |                      |               |                      |                                                    |                                         |                                                                           |
| OTHER<br>REVENUE                               | 3 Investment income (including dividends, interest, and<br>other similar amounts)                                              |                      |               | 376                  | 376                                                |                                         |                                                                           |
|                                                | 4 Income from investment of tax-exempt bond proceeds                                                                           |                      |               |                      |                                                    |                                         |                                                                           |
|                                                | 5 Royalties                                                                                                                    |                      |               |                      |                                                    |                                         |                                                                           |
|                                                | (i) Real                                                                                                                       |                      | (ii) Personal |                      |                                                    |                                         |                                                                           |
|                                                | 6a Gross Rents                                                                                                                 |                      |               |                      |                                                    |                                         |                                                                           |
|                                                | b Less: rental expenses                                                                                                        |                      |               |                      |                                                    |                                         |                                                                           |
|                                                | c Rental income or (loss)                                                                                                      |                      |               |                      |                                                    |                                         |                                                                           |
|                                                | d Net rental income or (loss)                                                                                                  |                      |               |                      |                                                    |                                         |                                                                           |
|                                                | (i) Securities                                                                                                                 |                      | (ii) Other    |                      |                                                    |                                         |                                                                           |
|                                                | 7a Gross amount from sales<br>of assets other than<br>inventory                                                                |                      |               |                      |                                                    |                                         |                                                                           |
|                                                | b Less: cost or other basis<br>and sales expenses                                                                              |                      |               |                      |                                                    |                                         |                                                                           |
|                                                | c Gain or (loss)                                                                                                               |                      |               |                      |                                                    |                                         |                                                                           |
|                                                | d Net gain or (loss)                                                                                                           |                      |               |                      |                                                    |                                         |                                                                           |
|                                                | 8a Gross income from fundraising<br>events (not including \$<br>of contributions reported on line 1c).<br>See Part IV, line 18 |                      | a             | 120823               |                                                    |                                         |                                                                           |
|                                                | b Less: direct expenses                                                                                                        | b                    | 58824         |                      |                                                    |                                         |                                                                           |
|                                                | c Net income or (loss) from fundraising events                                                                                 |                      | 61999         | 61999                |                                                    |                                         |                                                                           |
|                                                | 9a Gross income from gaming activities. See<br>Part IV, line 19                                                                |                      | a             |                      |                                                    |                                         |                                                                           |
|                                                | b Less: direct expenses                                                                                                        | b                    |               |                      |                                                    |                                         |                                                                           |
|                                                | c Net income or (loss) from gaming activities                                                                                  |                      |               |                      |                                                    |                                         |                                                                           |
|                                                | 10a Gross sales of inventory, less<br>returns and allowances                                                                   |                      | a             |                      |                                                    |                                         |                                                                           |
| b Less: cost of goods sold                     | b                                                                                                                              |                      |               |                      |                                                    |                                         |                                                                           |
| c Net income or (loss) from sales of inventory |                                                                                                                                |                      |               |                      |                                                    |                                         |                                                                           |
| Miscellaneous Revenue                          |                                                                                                                                | Business Code        |               |                      |                                                    |                                         |                                                                           |
| 11a                                            |                                                                                                                                |                      |               |                      |                                                    |                                         |                                                                           |
| b                                              |                                                                                                                                |                      |               |                      |                                                    |                                         |                                                                           |
| c                                              |                                                                                                                                |                      |               |                      |                                                    |                                         |                                                                           |
| d All other revenue                            |                                                                                                                                |                      |               |                      |                                                    |                                         |                                                                           |
| e Total. Add lines 11a-11d                     |                                                                                                                                |                      |               |                      |                                                    |                                         |                                                                           |
| 12 Total revenue. See instructions             |                                                                                                                                |                      | 66290         | 62375                |                                                    |                                         |                                                                           |

**Part IX** Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

|                                                                                                                                                                                                                             | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21                                                                                                                             | 65954                 | 65954                           |                                        |                             |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22                                                                                                                                               |                       |                                 |                                        |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16                                                                                                  |                       |                                 |                                        |                             |
| 4 Benefits paid to or for members                                                                                                                                                                                           |                       |                                 |                                        |                             |
| 5 Compensation of current officers, directors, trustees, and key employees                                                                                                                                                  |                       |                                 |                                        |                             |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)                                                                             |                       |                                 |                                        |                             |
| 7 Other salaries and wages                                                                                                                                                                                                  |                       |                                 |                                        |                             |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)                                                                                                                             |                       |                                 |                                        |                             |
| 9 Other employee benefits                                                                                                                                                                                                   |                       |                                 |                                        |                             |
| 10 Payroll taxes                                                                                                                                                                                                            |                       |                                 |                                        |                             |
| 11 Fees for services (non-employees):                                                                                                                                                                                       |                       |                                 |                                        |                             |
| a Management                                                                                                                                                                                                                |                       |                                 |                                        |                             |
| b Legal                                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| c Accounting                                                                                                                                                                                                                |                       |                                 |                                        |                             |
| d Lobbying                                                                                                                                                                                                                  |                       |                                 |                                        |                             |
| e Professional fundraising services. See Part IV, line 17                                                                                                                                                                   |                       |                                 |                                        |                             |
| f Investment management fees                                                                                                                                                                                                |                       |                                 |                                        |                             |
| g Other                                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| 12 Advertising and promotion                                                                                                                                                                                                |                       |                                 |                                        |                             |
| 13 Office expenses                                                                                                                                                                                                          |                       |                                 |                                        |                             |
| 14 Information technology                                                                                                                                                                                                   |                       |                                 |                                        |                             |
| 15 Royalties                                                                                                                                                                                                                |                       |                                 |                                        |                             |
| 16 Occupancy                                                                                                                                                                                                                | 2152                  |                                 | 2152                                   |                             |
| 17 Travel                                                                                                                                                                                                                   |                       |                                 |                                        |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials                                                                                                                           |                       |                                 |                                        |                             |
| 19 Conferences, conventions, and meetings                                                                                                                                                                                   | 1121                  | 1121                            |                                        |                             |
| 20 Interest                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| 21 Payments to affiliates                                                                                                                                                                                                   |                       |                                 |                                        |                             |
| 22 Depreciation, depletion, and amortization                                                                                                                                                                                |                       |                                 |                                        |                             |
| 23 Insurance                                                                                                                                                                                                                | 280                   |                                 | 280                                    |                             |
| 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)                                                    |                       |                                 |                                        |                             |
| a                                                                                                                                                                                                                           |                       |                                 |                                        |                             |
| b                                                                                                                                                                                                                           |                       |                                 |                                        |                             |
| c                                                                                                                                                                                                                           |                       |                                 |                                        |                             |
| d                                                                                                                                                                                                                           |                       |                                 |                                        |                             |
| e                                                                                                                                                                                                                           |                       |                                 |                                        |                             |
| f All other expenses                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| 25 Total functional expenses. Add lines 1 through 24f                                                                                                                                                                       | 69507                 | 67075                           | 2432                                   |                             |
| 26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation |                       |                                 |                                        |                             |

**Part X** Balance Sheet

|                                                                                                    |                                                                                                                                                                               | (A)<br>Beginning of year |            | (B)<br>End of year |
|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------|--------------------|
| <b>A<br/>S<br/>S<br/>E<br/>T<br/>S</b>                                                             | 1 Cash -- non-interest bearing .....                                                                                                                                          | 18,444                   | 1          | 15,227             |
|                                                                                                    | 2 Savings and temporary cash investments .....                                                                                                                                |                          | 2          |                    |
|                                                                                                    | 3 Pledges and grants receivable, net .....                                                                                                                                    |                          | 3          |                    |
|                                                                                                    | 4 Accounts receivable, net .....                                                                                                                                              |                          | 4          |                    |
|                                                                                                    | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....                   |                          | 5          |                    |
|                                                                                                    | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....      |                          | 6          |                    |
|                                                                                                    | 7 Notes and loans receivable, net .....                                                                                                                                       |                          | 7          |                    |
|                                                                                                    | 8 Inventories for sale or use .....                                                                                                                                           |                          | 8          |                    |
|                                                                                                    | 9 Prepaid expenses and deferred charges .....                                                                                                                                 |                          | 9          |                    |
|                                                                                                    | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. .... <b>10a</b>                                                                      |                          |            |                    |
|                                                                                                    | b Less: accumulated depreciation .....                                                                                                                                        | <b>10b</b>               | <b>10c</b> |                    |
|                                                                                                    | 11 Investments -- publicly traded securities .....                                                                                                                            |                          | 11         |                    |
|                                                                                                    | 12 Investments -- other securities. See Part IV, line 11 .....                                                                                                                |                          | 12         |                    |
|                                                                                                    | 13 Investments -- program-related. See Part IV, line 11 .....                                                                                                                 |                          | 13         |                    |
|                                                                                                    | 14 Intangible assets .....                                                                                                                                                    |                          | 14         |                    |
|                                                                                                    | 15 Other assets. See Part IV, line 11 .....                                                                                                                                   |                          | 15         |                    |
| 16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....                          | 18,444                                                                                                                                                                        | 16                       | 15,227     |                    |
| <b>L<br/>I<br/>A<br/>B<br/>I<br/>L<br/>I<br/>T<br/>I<br/>E<br/>S</b>                               | 17 Accounts payable and accrued expenses .....                                                                                                                                |                          | 17         |                    |
|                                                                                                    | 18 Grants payable .....                                                                                                                                                       |                          | 18         |                    |
|                                                                                                    | 19 Deferred revenue .....                                                                                                                                                     |                          | 19         |                    |
|                                                                                                    | 20 Tax-exempt bond liabilities .....                                                                                                                                          |                          | 20         |                    |
|                                                                                                    | 21 Escrow or custodial account liability. Complete Part IV of Schedule D. ....                                                                                                |                          | 21         |                    |
|                                                                                                    | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. .... |                          | 22         |                    |
|                                                                                                    | 23 Secured mortgages and notes payable to unrelated third parties .....                                                                                                       |                          | 23         |                    |
|                                                                                                    | 24 Unsecured notes and loans payable to unrelated third parties. ....                                                                                                         |                          | 24         |                    |
|                                                                                                    | 25 Other liabilities. Complete Part X of Schedule D. ....                                                                                                                     |                          | 25         |                    |
| 26 <b>Total liabilities.</b> Add lines 17 through 25 .....                                         | 0                                                                                                                                                                             | 26                       | 0          |                    |
| <b>N<br/>E<br/>T<br/>A<br/>S<br/>S<br/>E<br/>T<br/>B<br/>A<br/>L<br/>A<br/>N<br/>C<br/>E<br/>S</b> | <b>Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>                                         |                          |            |                    |
|                                                                                                    | 27 Unrestricted net assets .....                                                                                                                                              |                          | 27         |                    |
|                                                                                                    | 28 Temporarily restricted net assets .....                                                                                                                                    |                          | 28         |                    |
|                                                                                                    | 29 Permanently restricted net assets .....                                                                                                                                    |                          | 29         |                    |
|                                                                                                    | <b>Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>                                            |                          |            |                    |
|                                                                                                    | 30 Capital stock or trust principal, or current funds .....                                                                                                                   | 18,444                   | 30         | 15,227             |
|                                                                                                    | 31 Paid-in or capital surplus, or land, building, or equipment fund .....                                                                                                     |                          | 31         |                    |
|                                                                                                    | 32 Retained earnings, endowment, accumulated income, or other funds .....                                                                                                     |                          | 32         |                    |
| 33 <b>Total net assets or fund balances</b> .....                                                  | 18,444                                                                                                                                                                        | 33                       | 15,227     |                    |
| 34 <b>Total liabilities and net assets/fund balances</b> .....                                     | 18,444                                                                                                                                                                        | 34                       | 15,227     |                    |

**Part XI** Financial Statements and Reporting

- 1** Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? ..... **2a**
- b** Were the organization's financial statements audited by an independent accountant? ..... **2b**
- c** If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? ..... **2c** N/A  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? ..... **3a**
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits ..... **3b** N/A

Yes No

X

X

X

X

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**Department of the Treasury**  
**Internal Revenue Service**

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

2009

**Open to Public Inspection**

PTA FL CONGRESS, HEATHROW ELEMENTARY PTA

59-3082781

## 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.

- e ☐ Solicitation of non-government grants**

- f Solicitation of government grants**

- g ☒ Special fundraising events**

- d** In-person solicitations

- 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 of individual<br>or entity (fundraiser) | (II) Activity | (III) Did fundraiser<br>have custody<br>or control of<br>contributions? |    | (IV) Gross receipts<br>from activity | (V) Amount paid to<br>(or retained by) fund-<br>raiser listed in col. (I) | (VI) Amount paid to<br>(or retained by)<br>organization |
|--------------------------------------------------|---------------|-------------------------------------------------------------------------|----|--------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------|
|                                                  |               | Yes                                                                     | No |                                      |                                                                           |                                                         |
|                                                  |               |                                                                         |    |                                      |                                                                           |                                                         |
| <b>Total</b> .....                               |               |                                                                         |    |                                      |                                                                           |                                                         |

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

|                                                                        |                                                                      | (a) Event #1<br>BOOSTERTHON<br>(event type) | (b) Event #2<br>FAMILY FUN<br>(event type) | (c) Other events<br>3<br>(total number) | (d) Total events<br>(Add col. (a) through<br>col. (c)) |
|------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------|--------------------------------------------|-----------------------------------------|--------------------------------------------------------|
|                                                                        |                                                                      |                                             |                                            |                                         |                                                        |
| R<br>E<br>V<br>E<br>N<br>U<br>E                                        | 1 Gross receipts .....                                               | 68,040                                      | 17,194                                     | 35,589                                  | 120,823                                                |
|                                                                        | 2 Less: Charitable contributions .....                               |                                             |                                            |                                         |                                                        |
|                                                                        | 3 Gross income (line 1 minus line 2) .....                           | 68,040                                      | 17,194                                     | 35,589                                  | 120,823                                                |
| D<br>I<br>R<br>E<br>C<br>T<br><br>E<br>X<br>P<br>E<br>N<br>S<br>E<br>S | 4 Cash prizes .....                                                  |                                             |                                            |                                         |                                                        |
|                                                                        | 5 Noncash prizes .....                                               |                                             |                                            |                                         |                                                        |
|                                                                        | 6 Rent/facility costs .....                                          |                                             |                                            |                                         |                                                        |
|                                                                        | 7 Food and beverages .....                                           |                                             |                                            |                                         |                                                        |
|                                                                        | 8 Entertainment .....                                                |                                             |                                            |                                         |                                                        |
|                                                                        | 9 Other direct expenses .....                                        | 38,150                                      | 3,501                                      | 17,173                                  | 58,824                                                 |
|                                                                        | 10 Direct expense summary. Add lines 4 through 9 in column (d) ..... |                                             |                                            |                                         | ( 58,824 )                                             |
|                                                                        | 11 Net income summary. Combine line 3, column (d), and line 10 ..... |                                             |                                            |                                         | 61,999                                                 |

**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.

|                                                                        |                                                                         | (a) Bingo                                                                      | (b) Pull tabs/instant<br>bingo/progressive bingo                               | (c) Other gaming                                                               | (d) Total gaming (add<br>col. (a) thru col. (c)) |
|------------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------|
|                                                                        |                                                                         |                                                                                |                                                                                |                                                                                |                                                  |
| R<br>E<br>V<br>E<br>N<br>U<br>E                                        | 1 Gross revenue .....                                                   |                                                                                |                                                                                |                                                                                |                                                  |
| D<br>I<br>R<br>E<br>C<br>T<br><br>E<br>X<br>P<br>E<br>N<br>S<br>E<br>S | 2 Cash prizes .....                                                     |                                                                                |                                                                                |                                                                                |                                                  |
|                                                                        | 3 Noncash prizes .....                                                  |                                                                                |                                                                                |                                                                                |                                                  |
|                                                                        | 4 Rent/facility costs .....                                             |                                                                                |                                                                                |                                                                                |                                                  |
|                                                                        | 5 Other direct expenses .....                                           |                                                                                |                                                                                |                                                                                |                                                  |
|                                                                        | 6 Volunteer labor .....                                                 | <input type="checkbox"/> Yes _____ %<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input checked="" type="checkbox"/> No |                                                  |
|                                                                        | 7 Direct expense summary. Add lines 2 through 5 in column (d) .....     |                                                                                |                                                                                |                                                                                | ( )                                              |
|                                                                        | 8 Net gaming income summary. Combine line 1, column d, and line 7 ..... |                                                                                |                                                                                |                                                                                |                                                  |

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? .....

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

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .....

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

11 Does the organization operate 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? .....

|     | Yes | No |
|-----|-----|----|
| 9a  |     | X  |
| 10a |     | X  |
| 11  |     | X  |
| 12  |     | X  |

**13** Indicate the percentage of gaming activity operated in:

- |                                            |            |   |
|--------------------------------------------|------------|---|
| <b>a</b> The organization's facility ..... | <b>13a</b> | % |
| <b>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 ► SEE ATTACHMENT #5

Address ► \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? .....**15a**

X

- 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? .....

**17a**

X

- 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 ► \$ \_\_\_\_\_

**Department of the Treasury  
Internal Revenue Service**

Name of the organization

PTA FL CONGRESS, HEATHROW ELEMENTARY PTA

|               |                                                     |
|---------------|-----------------------------------------------------|
| <b>Part I</b> | <b>General Information on Grants and Assistance</b> |
|---------------|-----------------------------------------------------|

Employer Identification number

59-3082781

☒ Yes ☐ No

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

**2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.**

| Part II | Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to |
|---------|-----------------------------------------------------------------------------------------------------------------------------------|
|---------|-----------------------------------------------------------------------------------------------------------------------------------|

Form 990. Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and

**Schedule 1-1 (Form 990) if additional space is needed**

[illegible]

| 2 | Enter total number of section 501(c)(3) and government organizations |
|---|----------------------------------------------------------------------|
|---|----------------------------------------------------------------------|

**3 Enter total number of other organizations**

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule I (Form 990) 2009

PTA FL CONGRESS, HEATHROW 59-3082781

## Part III

**Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|
|                                 |                          |                          |                                   |                                                       |                                        |

**Part IV**

**Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.



**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**

► Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

PTA FL CONGRESS, HEATHROW ELEMENTARY PTA

Employer identification number

59-3082781

| Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)                                                                                                                                                                                                                                                               |         |                               |                                        |                                   |                                                       |                                        |                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------------------|----------------------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| (a) Name and address of organization or government                                                                                                                                                                                                                                                                                                                                                       | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant               | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| SCHOOL ADOPTION<br>HEATHROW ELEMENTARY SCHOOL<br>5715 MARKHAM WOODS ROAD<br>LAKE MARY FL 32746<br>SUPER SCIENTIST<br>HEATHROW ELEMENTARY SCHOOL<br>5715 MARKHAM WOODS ROAD<br>LAKE MARY FL 32746<br>TEACHER APP WEEK<br>HEATHROW ELEMENTARY SCHOOL<br>5715 MARKHAM WOODS ROAD<br>LAKE MARY FL 32746<br>VETERAN'S LUNCHEON<br>HEATHROW ELEMENTARY SCHOOL<br>5715 MARKHAM WOODS ROAD<br>LAKE MARY FL 32746 |         |                               | 11<br><br><br>34<br><br>306<br><br>331 |                                   |                                                       |                                        |                                    |

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

► Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

PTA FL CONGRESS, HEATHROW ELEMENTARY PTA

Employer identification number

59-3082781

**PART VI:**

LINE 11 - REVIEW FORM 990 AND PROVIDE ANY FEEDBACK,  
QUESTIONS, AND/OR CHANGES

LINE 19 - AVAILABLE UPON REQUEST

## PRIMARY EXEMPT PURPOSE

ATTACHMENT 1: FORM 990 PAGE 1, PART I

|                                                                  |                                                                              |
|------------------------------------------------------------------|------------------------------------------------------------------------------|
| OPEN TO PUBLIC<br>INSPECTION                                     | For calendar year 2009 or tax period beginning 07-01, and ending 06-30-2010. |
| Name of Organization<br>PTA FL CONGRESS, HEATHROW ELEMENTARY PTA | Employer Identification Number<br>59-3082781                                 |

### Primary Purpose

PARENT-TEACHER ASSOCIATION THAT ENCOURAGES INTERACTION BETWEEN PARENTS AND TEACHERS BY PROVIDING OPPORTUNITIES FOR PARTICIPATION IN PROJECTS AND PROGRAMS OF BOTH AN EDUCATIONAL AND SOCIAL NATURE, FOSTER UNITY, AND PROVIDE FUNDING TO SUPPORT PROJECTS AND PROGRAMS THAT PROMOTE THE GOALS OF THE PTA.

## PRIMARY EXEMPT PURPOSE

ATTACHMENT 2: FORM 990 PAGE 2, PART III

|                                                                  |                                                                              |
|------------------------------------------------------------------|------------------------------------------------------------------------------|
| OPEN TO PUBLIC<br>INSPECTION                                     | For calendar year 2009 or tax period beginning 07-01, and ending 06-30-2010. |
| Name of Organization<br>PTA FL CONGRESS, HEATHROW ELEMENTARY PTA | Employer Identification Number<br>59-3082781                                 |

### Primary Purpose

PARENT-TEACHER ASSOCIATION THAT ENCOURAGES INTERACTION BETWEEN PARENTS AND TEACHERS BY PROVIDING OPPORTUNITIES FOR PARTICIPATION IN PROJECTS AND PROGRAMS OF BOTH AN EDUCATIONAL AND SOCIAL NATURE, FOSTER UNITY, AND PROVIDE FUNDING TO SUPPORT PROJECTS AND PROGRAMS THAT PROMOTE THE GOALS OF THE PTA.

## PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 3: FORM 990 PAGE 2, PART III

|                                                                  |                                                                                    |                                              |                               |
|------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------|
| OPEN TO PUBLIC<br>INSPECTION                                     | For calendar year 2009, or tax period beginning 07-01-2009, and ending 06-30-2010. |                                              |                               |
| Name of Organization<br>PTA FL CONGRESS, HEATHROW ELEMENTARY PTA |                                                                                    | Employer Identification Number<br>59-3082781 |                               |
| Part III - Statement of Program Service Accomplishments          |                                                                                    |                                              |                               |
| Code:                                                            | Expenses:                                                                          | 1,121                                        | including Grants of: Revenue: |
| Exempt Purpose Achievements                                      |                                                                                    |                                              |                               |
| PTA LEADERSHIP STRENGTHENED BY ATTENDING CONFERENCES.            |                                                                                    |                                              |                               |

### PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 3: FORM 990 PAGE 2, PART III

|                                                                  |                                                                                    |                                              |                               |
|------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------|
| OPEN TO PUBLIC<br>INSPECTION                                     | For calendar year 2009, or tax period beginning 07-01-2009, and ending 06-30-2010. |                                              |                               |
| Name of Organization<br>PTA FL CONGRESS, HEATHROW ELEMENTARY PTA |                                                                                    | Employer Identification Number<br>59-3082781 |                               |
| Part III - Statement of Program Service Accomplishments          |                                                                                    |                                              |                               |
| Code:                                                            | Expenses:                                                                          | 53,521                                       | including Grants of: Revenue: |
| Exempt Purpose Achievements                                      |                                                                                    |                                              |                               |

PTA FUNDS USED TO ENHANCE STUDENTS EDUCATIONAL AND SOCIAL EXPERIENCE BY PURCHASING GIFTS FOR SCHOOL. GIFTS INCLUDED BOOKS, EDUCATIONAL SUPPORT SUPPLIES, TECHNOLOGY, AND VARIOUS TEACHING AIDS.

## PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 3: FORM 990 PAGE 2, PART III

|                                                                  |                                                                                    |                                              |                               |
|------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------|
| OPEN TO PUBLIC<br>INSPECTION                                     | For calendar year 2009, or tax period beginning 07-01-2009, and ending 06-30-2010. |                                              |                               |
| Name of Organization<br>PTA FL CONGRESS, HEATHROW ELEMENTARY PTA |                                                                                    | Employer Identification Number<br>59-3082781 |                               |
| Part III - Statement of Program Service Accomplishments          |                                                                                    |                                              |                               |
| Code:                                                            | Expenses:                                                                          | 12,433                                       | including Grants of: Revenue: |
| Exempt Purpose Achievements                                      |                                                                                    |                                              |                               |

COMMUNITY OUTREACH PROGRAMS TO PARENTS, TEACHERS, AND STUDENTS THAT INCLUDE CHARITABLE ENDEAVORS AND HOLIDAY DINNERS TO FAMILIES IN NEED.

BOOKS ARE IN CARE OF

ATTACHMENT 4: FORM 990 PAGE 6, PART VI, SECTION C, LINE 20

|                                                                  |                                                                              |
|------------------------------------------------------------------|------------------------------------------------------------------------------|
| OPEN TO PUBLIC<br>INSPECTION                                     | For calendar year 2009 or tax period beginning 07-01, and ending 06-30-2010. |
| Name of Organization<br>PTA FL CONGRESS, HEATHROW ELEMENTARY PTA | Employer Identification Number<br>59-3082781                                 |
| Part VI - Line 91a                                               |                                                                              |

Individual Name .....

or

Business Name:

HEATHROW ELEMENTARY SCHOOL

ATTN: CINDY POORE

Street Address ..... 5715 MARKHAM WOODS ROAD

U.S. Address:

Zip code 32746

City LAKE MARY

State FL

or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number ..... (407) 320-6850

Fax Number .....

# GAMING/SPECIAL EVENTS BOOKS AND RECORDS

ATTACHMENT 5: SCH G PAGE 3, PART III, LINE 14

|                                                                  |                                                                                   |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| OPEN TO PUBLIC<br>INSPECTION                                     | For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010. |
| Name of Organization<br>PTA FL CONGRESS, HEATHROW ELEMENTARY PTA | Employer Identification Number<br>59-3082781                                      |
| Part III - Line 14                                               |                                                                                   |

Individual Name ..... CINDY POORE

or

Business Name:

HEATHROW ELEMENTARY SCHOOL

ATTN: CINDY POORE

Street Address ..... 5715 MARKHAM WOODS ROAD

U.S. Address:

Zip code 32746

City LAKE MARY

State FL

or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....