



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



Form 990-EZ

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-1150

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

A For 2009 calendar year, or tax year beginning AUGUST 01, 2009, and ending JULY 31, 2010

B Check applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: PARENTS PLUS ORGANIZATION. D Employer identification number: 20-4221376. E Telephone number: (417) 455-6976. F Group Exemption Number.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting Method: [X] Cash [ ] Accrual Other (specify).

I Website: N/A. J Tax-exempt status (check only one): [X] 501(c)(3) (insert no) 4947(a)(1) or 527. H Check [X] if organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF).

K Check [X] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required but if the organization chooses to file a return be sure to file a complete return.

L Add lines 5b, 6b and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 12,010

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Table with columns for Revenue, Expenses, and Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Investment income; 5a Gross amount from sale of assets other than inventory; 5b Less cost or other basis and sales expenses; 5c Gain or (loss) from sale of assets other than inventory; 6 Special events and activities; 6a Gross revenue (not including \$ of contributions reported on line 1); 6b Less direct expenses other than fundraising expenses; 6c Net income or (loss) from special events and activities; 7a Gross sales of inventory, less returns and allowances; 7b Less cost of goods sold; 7c Gross profit or (loss) from sales of inventory; 8 Other revenue (describe See attachment #1); 9 Total revenue All lines 1, 2, 3, 4, 5c, 6c, 7c; 10 Grants and similar amounts paid (attach schedule); 11 Benefits paid to or for members; 12 Salaries, other compensation, and employee benefits; 13 Professional fees and other payments to independent contractors; 14 Occupancy rent, utilities, and maintenance; 15 Printing publications postage, and shipping; 16 Other expenses (describe See attachment #2); 17 Total expenses Add lines 10 through 16; 18 Excess or (deficit) for the year (Subtract line 17 from line 9); 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return); 20 Other changes in net assets or fund balances (attach explanation); 21 Net assets or fund balances at end of year Combine lines 18 through 20.

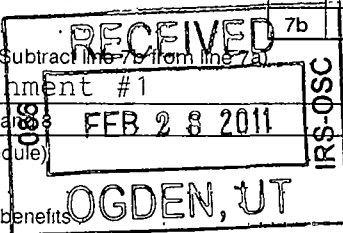
Part II Balance Sheets. If Total assets on line 25 column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

Table with columns (A) Beginning of year and (B) End of year. Rows include: 22 Cash savings and investments; 23 Land and buildings; 24 Other assets (describe); 25 Total assets; 26 Total liabilities (describe); 27 Net assets or fund balances (line 27 of column (B) must agree with line 21).

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions

Form 990-EZ (2009)

SCANNED MAR 8 2011



Handwritten mark '10' and 'P'.



**Part V Other Information** (Note the statement requirements in the instructions for Part V)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes' attach a detailed description of each activity		<input checked="" type="checkbox"/>
34	Were any changes made to the organizing or governing documents? If 'Yes' attach a conformed copy of the changes		<input checked="" type="checkbox"/>
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others) but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting and proxy tax requirements?		<input checked="" type="checkbox"/>
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		<input checked="" type="checkbox"/>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text" value="37a"/>		
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a	Did the organization borrow from or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		<input checked="" type="checkbox"/>
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved <input type="text" value="38b"/>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 <input type="text" value="39a"/>		
b	Gross receipts included on line 9, for public use of club facilities <input type="text" value="39b"/>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <input type="text"/> , section 4912 <input type="text"/> , section 4955 <input type="text"/>		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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		<input checked="" type="checkbox"/>
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text"/>		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="text"/>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed <input type="text" value="NONE"/>		
42a	The organization's books are in care of <input type="text" value="See attachment #5"/> Telephone no. <input type="text"/> Located at <input type="text"/> ZIP + 4 <input type="text"/>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	Yes	No
			<input checked="" type="checkbox"/>
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country <input type="text"/>		<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text" value="43"/>		
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>

**Part VI** Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

- |  | Yes | No |
|--|-----|----|
| 46 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  |
| 47 Did the organization engage in lobbying activities? If "Yes" complete Schedule C, Part II   |     | X  |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  |     | X  |
| 49a Did the organization make any transfers to an exempt non-charitable related organization?  |     | X  |
| b If "Yes," was the related organization a section 527 organization?   |     | X  |
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

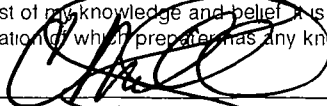
f Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_

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

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


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

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  1-31-11 Date

Carrie Milleson, treas. Type or print name and title

Paid Preparer's Use Only

Preparer's signature: 	Date: 1/31/2011	Check if self-employed: <input checked="" type="checkbox"/>	Preparer's identifying no. (See instr.): 717689
Firm's name (if yours is self-employed): H & R Block	EIN: 43-1564125	Phone no.:	
Address and ZIP+4: 106 E Main St Anderson, MO 64831			417-945-6464

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

Public Charity Status and Public Support

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

2009

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions

Open to Public  
Inspection

Name of the organization: PARENTS PLUS ORGANIZATION  
Employer identification number: 20-4221376

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

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

- 1  A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii) (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv) (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III--Functionally integrated
  - d  Type III--Other
- e  By checking this box I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization check this box
- g Since August 17, 2006 has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)			200	650		850
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3			200	650		850
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						850

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4			200	650		850
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			412	123	62	597
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)			15,065	12,924	11,948	39,937
11 <b>Total support.</b> Add lines 7 through 10						41,384
12 Gross receipts from related activities, etc. (see instructions)					12	

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	2.05 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%

16a **33 1/3 % support test -- 2009.** If the organization did not check the box on line 13 and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.

b **33 1/3 % support test -- 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.

17a **10%-facts-and-circumstances test -- 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

b **10%-facts-and-circumstances test -- 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

**SCHEDULE OF OTHER REVENUE**

Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 8

Open to Public Inspection	For calendar year 2009 or tax period beginning	08-01-2009, and ending	07-31-2010.
Name of Organization PARENTS PLUS ORGANIZATION		Employer Identification Number 20-4221376	

Description of Other Revenue	Amount
BOX TOPS	1,952
CARNIVAL	8,171
DANCE	1,064
RAFFLE TICKETS	718
TYSON LABELS	43
<b>Total</b>	
	11,948

## SCHEDULE OF OTHER EXPENSES

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 16

Open to Public Inspection	.	For calendar year 2009 or tax period beginning	08-01-2009, and ending	07-31-2010.
Name of Organization			Employer Identification Number	
PARENTS PLUS ORGANIZATION			20-4221376	

Description of Other Expenses	Amount
READING STORE	1,546
BOX TOPS	302
CARNIVAL	1,333
DANCE	123
DARE GRADUATION	157
DOG TAGS	972
LOOSE CHANGE	7
MISCELLANEOUS	11,734
MILK FUND	400
4TH GRADE NIGHT	210
READING COUNTS	64
REDBIRD READIN	110
TEACHER APPRECIATION	1,235
MEMBERSHIPS	105
<b>Total</b>	<b>18,298</b>

PRIMARY EXEMPT PURPOSE

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

Open to Public Inspection	For calendar year 2009 or tax period beginning 08-01, and ending 07-31-2010.
Name of Organization PARENTS PLUS ORGANIZATION	Employer Identification Number 20-4221376

Primary Purpose

OUR ORGANIZATION'S PRIMARY PURPOSE IS TO AID STUDENTS OF THE ELEMENTARY SCHOOL BY PROVIDING SUPPORT FOR THEIR EDUCATIONAL NEEDS AND TO PROMOTE OPEN COMMUNICATION BETWEEN THE ADMINISTRATION, TEACHERS AND PARENTS. OUR ORGANIZATION WILL ALSO ASSIST IN PROVIDING MATERIALS, SERVICES AND/OR ACTIVITIES FOR THE STUDENTS, WITH THE TEACHER AND ADMINISTRATIVE APPROVAL, WHICH WILL ADD TO THE ACADAMIC, PHYSICAL AND SOCIAL GROWTH OF OUR STUDENTS

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

Attachment 4: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2009 or tax period beginning 08-01-2009, and ending 07-31-2010.
---------------------------	---

Name of Organization <b>PARENTS PLUS ORGANIZATION</b>	Employer Identification Number <b>20-4221376</b>
--	---

(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont to Employee Ben Plans & Def Comp	(E) Expense Account & Other Allowances
MANDY HARMON P O BOX 822 Anderson, MO 64831	PRESIDENT	0	0	0
THERESA COX 84 JESSI LANE Anderson, MO 64831	VICE PRESIDENT	0	0	0
CARRIE MILLESON 2351 SCHLESSMAN ROAD Pineville, MO 64856	TREASURER	0	0	0
JULIE CHAPPIE 131 RIVERVIEW Anderson, MO 64831	SECRETARY	0	0	0

BOOKS ARE IN CARE OF

Attachment 5 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2009 or tax period beginning	08-01	and ending	07-31-2010
Name of Organization				Employer Identification Number
PARENTS PLUS ORGANIZATION				20-4221376
Part V - Line 42a				

Individual Name CARRIE MILLESON  
or  
Business Name

Street Address \_\_\_\_\_  
\_\_\_\_\_

U S Address  
Zip code 64831 City Anderson State MO

Foreign Address  
City \_\_\_\_\_

Province or State \_\_\_\_\_

Country \_\_\_\_\_

Postal code \_\_\_\_\_

Phone Number (417) 455-6976

Fax Number \_\_\_\_\_