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## Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

2010

Open to Public Inspection

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

SCANNED DEC 1 0 2012

For Paperwork Reduction Act Notice, see the separate instructions.

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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 I	For the	2010 calendar year, or tax year beginning July 1 , 2010, and ending		June 3	0 , 20 11
В	Check of ap	pplicable C Name of organization	D Emp	loyer id	lentification number
	Address o	hange PTA Texas Congress 6066 Cypress Elementary		7	4-2469696
	Name cha	nge Number and street (or P.O box, if mail is not delivered to street address) Room/suite	E Tele	phone n	umber
=	Initial retu	1 2300 El Jaliuu Faikway	ŀ	51	12 570 5400
=	Terminate	City or town, state or country, and ZIP + 4	F Gro	up Exe	mption
=	Amended Applicatio	return n pending Cedar Park, Texas, 78613		nber I	•
_			H Check	<b>▶</b> □	if the organization is not
	Websit				ach Schedule B
		npt status (check only one) — ☐ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527			0-EZ, or 990-PF).
K	Check •	if the organization is not a section 509(a)(3) supporting organization and its gross receipts ar	e normally	not m	ore than \$50,000. A
	Form 99	30-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see inst	ructions). I	But if t	he organization chooses
	to file a	return, be sure to file a complete return.			
L	Add lines	5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass	ets (Part II,	1	
line	25, col	umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		<b>▶</b> \$	<b>i</b>
Р	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the	e instru	ctions	s for Part I.)
		Check if the organization used Schedule O to respond to any question in this Par	tl		🗹
	1	Contributions, gifts, grants, and similar amounts received		1	611.45
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	796.00
	4	Investment income		4	10.90
	5a	Gross amount from sale of assets other than inventory			
	Ь	Less: cost or other basis and sales expenses		1 1	
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) .		5c	
	6	Gaming and fundraising events			
	а	Gross income from garning (attach Schedule G if greater than			
9		\$15,000)			
Revenue	Ь	Gross income from fundraising events (not including \$ 611.45 of contributi	ons	1	
é		from fundraising events reported on line 1) (attach Schedule G if the			
_		sum of such gross income and contributions exceeds \$15,000)   6b	8014.90		
	C	Less: direct expenses from gaming and fundraising events 6c	7271.41	1	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and s	ubtract	1 1	
		line 6c)		6d	743.49
	7a	Gross sales of inventory, less returns and allowances	54525.80		
	Ь	Less: cost of goods sold	31357.35	1	
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	23168.45
	8	Other revenue (describe in Schedule O)		8	
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	a . ▶	9	25330.29
	10	Grants and similar amounts paid (list in Schedule O)  RECEIVED  C	<u> </u>	10	<del>- · </del>
	11	Tonomo para to or tor momboro	4 !!	11	
8	12	Salaries, other compensation, and employee benefits	1	12	······································
2	13	Professional fees and other payments to independent contactors OV. 1. 5. 2012	()	13	
Expenses	14	Occupancy, rent, utilities, and maintenance	紅	14	<u> </u>
ũ	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O)	٠. الم	16	23169.63
	17	Total expenses. Add lines 10 through 16	▶	17	23169.63
σ,	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	2160.66
set	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agr	ee with		
Asi		end-of-year figure reported on prior year's return)		19	11277.77
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
Ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20	•	21	13438 43

P

Cat No 106421

Form **990-EZ** (2010)



Pai	Balance Sheets. (see the instructions Check if the organization used Schedule		stion in this Pa	rtll		🗖
			(A)	Beginning of year	(	(B) End of year
22	Cash, savings, and investments			112777.77	22	13438.43
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets				25	
26	Total liabilities (describe in Schedule O)				26	<del> </del>
27	Net assets or fund balances (line 27 of column				27	13438.43
Par					_	Expenses
	Check if the organization used Schedule	O to respond to any que	stion in this Pa	nt III		ured for section (3) and 501(c)(4)
	t is the organization's primary exempt purpose?  The what was achieved in carrying out the organization	'a avamet numacaa le a alaa	r and consise m	annar dagariba	organ	izations and section
	ervices provided, the number of persons benefited, and					(a)(1) trusts; optional hers.)
					101 01	
28	School & Teacher - Educational supplies and events needs through out the year.	provided to teachers to ben	ent the school a	na students		
	needs unough out the year.					
	(Grants \$ ) If this amount	includes foreign grants, ch	eck here	▶ □	28a	11072.79
29	School & Parent - Special events and programs which				2.00	11072.75
	involvement and benefit the school, family and com-	***************************************				
			•••			
	(Grants \$ ) If this amount	includes foreign grants, ch	eck here	▶ □	29a	9805.38
30	Programs which supply clothes, care and special pu					
	teachers and community.					
	(Grants \$ ) If this amount	includes foreign grants, ch	eck here	▶ 🗆	30a	2291.46
31	Other program services (describe in Schedule O)					
		includes foreign grants, ch			31a	
	Total program service expenses (add lines 28a				32	23169.63
	V III COMPANDINA TAMENTA IN					
Par	List of Officers, Directors, Trustees, and Key				nstruc	tions for Part IV.)
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	O to respond to any ques	stion in this Pa	rt IV		🗀
Par		O to respond to any ques  (b) Title and average hours per week	(c) Compensation (if not paid,	rt IV	ns to plans &	(e) Expense account and
	Check if the organization used Schedule  (a) Name and address  ifer Pone	O to respond to any ques (b) Title and average	stion in this Pa	rt IV	ns to plans &	(e) Expense
Jenn	Check if the organization used Schedule  (a) Name and address  ifer Pope	O to respond to any ques  (b) Title and average hours per week	(c) Compensation (if not paid,	rt IV	ns to plans &	(e) Expense account and
Jenn 2303	Check if the organization used Schedule  (a) Name and address  ifer Pope  Sharon Dr, Cedar Park, Texas, 78613	O to respond to any ques  (b) Title and average hours per week devoted to position  President - 5	(c) Compensation (if not paid,	rt IV	ns to plans &	(e) Expense account and
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Part	Other Information (Note the statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			. 🗆
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
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, explain in Schedule O why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
ь 36	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)?	35b 36		<b>√</b>
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions.   Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		<b>V</b>
ь 39	If "Yes," complete Schedule L, Part II and enter the total amount involved			
а	Initiation fees and capital contributions included on line 9			
ь 40а	Gross receipts, included on line 9, for public use of club facilities			
h	section 4911 ►; section 4912 ►; section 4955 ►; section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
b	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶  Located at ▶  ZIP + 4 ▶  At any time during the calendar year, did the organization have an interest in or a signature or other authority			
þ	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)?	42b	Yes	No.
	If "Yes," enter the name of the foreign country: ▶	420		<u>,                                    </u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		:	
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in Ileu of Form 1041 - Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year <b>\Delta 43</b>			
	·		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ			
	Did the organization receive any payments for indoor tanning services during the year?	44b 44c		<b>✓</b>
	explanation in Schedule O	44d		لـــــــــــــــــــــــــــــــــــــ

•		•	•							
Form 990	)-EZ (2	010)								Page 4
	•	y related organization a controlled er he organization receive any payment	•	•		•		45	Yes	No ✓
	mear	ning of section 512(b)(13)? If "Yes," 990-EZ (see instructions)	Form					45a		1
		he organization engage, directly or ir andidates for public office? If "Yes," (					or in opposition	46		1
Part V		Section 501(c)(3) organizations 501(c)(3) organizations and secti and 52, and complete the tables Check if the organization used Scl	on 494 for lin	47(a)(1) nonexempt cha les 50 and 51.	ritable	trusts must	answer question			b
									Yes	No
		he organization engage in lobbying a		•		-		47	ļ	<b>/</b>
		organization a school as described in			-		E	48		1
		he organization make any transfers to			_			49a		✓
		s," was the related organization a separation a separation is separation's						49b	<u></u>	
		oyees) who each received more than								
	<u>:</u> -	<u> </u>	. ψ ι σ σ,	(b) Title and average		Compensation	(d) Contributions to		Expen	
	(a) Na	ume and address of each employee paid more than \$100,000		hours per week devoted to position			employee benefit plans 8 deferred compensation	ac	count a r allowa	and
						·			_	
					<del> </del>					
					-					
f	Total	number of other employees paid over	er \$100	1,000				<u> </u>		
51	Com	plete this table for the organization',000 of compensation from the orga	s five	highest compensated ind	lepend	ent contracto	rs who each rec	eived	more	than
	Ψ100	(a) Name and address of each independent co			140110.	<del></del>	e of service	(c) Co	mpensa	ation
	-					<u>-</u>				
		number of other independent contra ne organization complete Schedule A		•		. ▶ ons and 4947	(a)(1)		-	
	none	xempt charitable trusts must attach a	a comp	oleted Schedule A	<u></u>	<u> </u>	<b>▶</b> [⁄	Yes		No
true, com	ect, an	of perjury, I declare that I have examined this r d complete Declaration of preparer (other than	officer)	citioning accompanying schedules is based on all information of whi	ch prepa	tements, and to t arer has any knov	ne best of my knowled riedge	ige and	Deliet,	, it is
Sign		· Jase Dur	re				11/12/	12		
Here		Signature of officer				D	ate			
		Jane Dunne, President								
	Щ,	Type or print name and title	Proces	rer's signature		Date	1	PTIN		
Paid Prepa	ırer	Pnnt/Type preparer's name	Гера	o organization of		Jaio	Check if self-employed			
Use C		Firm's name ▶				F	irm's EIN ▶			
	- 1									

Firm's address ►

May the IRS discuss this return with the preparer shown above? See instructions

▶ ☐ Yes ☐ No

Phone no.

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

### **Public Charity Status and Public Support**

OMB No. 1545-0047 2010

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

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

		Congress 60	66 Cypress Elem	entary				- 1'	Linployer R	74-24	69696
Pa				rity Status (All orga	nization	s must c	complete	this pa	rt.) See i		
				ation because it is: (Fo						nou doud	
1	-			hes, or association of				-		n.	
2		•		170(b)(1)(A)(ii). (Attac					(-)(·)4·3(·	<b>,</b> -	
3				spital service organiza		•	section '	170(b)(1)(	(A)(iii).		
4	□ A	medical rese	•	on operated in conjun						0(b)(1)(A)(	(iii). Enter the
5	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 7											
8	ΠА	community	trust described i	n <b>section 170(b)(1)(A</b>	)(vi). (Cor	mplete Pa	art II.)				
9	✓ Are	n organizatio eceipts from upport from	on that normally activities related gross investme	receives: (1) more that d to its exempt funct ant income and unre fter June 30, 1975. So	an 33¹/₃% tions—su lated bus	6 of its si bject to o siness ta	upport fro certain ex xable inc	xceptions come (les	s, and (2) ss sectio	no more	than 331/3% of its
10	☐ Aı	n organizatio	n organized and	l operated exclusively	to test fo	or public s	safety. Se	ee <b>sectio</b>	n 509(a)(	(4).	
11 e	pi 50 a ⊞ B	urposes of on the common of th	ne or more publick the box that of the box that of the box, I certify	that the organization	nizations supportir Typis not co	described og organia oe III-Fund ontrolled o	d in sect zation an ctionally lirectly o	ion 509(a d comple integrater indirecti	a)(1) or se ete lines 1 d ly by one	ection 509 1e throug d [ or more o	9(a)(2). See section in 11h.  Type III-Other disqualified persons
		ther than fou r section 509	_	ers and other than on	e or more	e publicly	support	ed organi	izations o	described	in section 509(a)(1)
f			ation received a check this box	written determination			that it is	a Type	I, Type	II, or Typ	e III supporting
g		ince August blowing pers		he organization accep	pted any	gift or co	ontnbutio	n from a	iny of the	•	
	(i)			ndirectly controls, eithody of the supported							Yes No
	(ii)	i) A family m	ember of a perso	on described in (i) abo	ove?						11g(ii)
	(ii	ii) A 35% cor	trolled entity of	a person described in	i (i) or (ii) a	above? .					11g(iii)
ħ			_	on about the support							<u></u>
(1)		of supported nization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col. (i) lis	organization sted in your document?	(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col. (i) organized in the US?		(vii) Amount of support
					Yes	No	Yes	No	Yes	No	
(A)											
(B)											
(C)											
(D)											
(E)	_						·				
Tota											

	(Complete only if you checked the Part III. If the organization fails to						alify under
Secti	on A. Public Support						<del></del>
	dar year (or fiscal year beginning in) ▶	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		ı				
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶ │	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			:			
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10			_			
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the organization, check this box and stop her						
Secti	on C. Computation of Public Support	t Percentag	<u></u>	<del></del>	<del></del>	<del></del>	<u> </u>
14	Public support percentage for 2010 (line 6	6. column (f) di	vided by line 1	1, column (f))		14	%
15	Public support percentage from 2009 Sch					15	%
16a	331/3% support test-2010. If the organiz						
	box and stop here. The organization qual	•		-			
b	331x3% support test—2009. If the organicheck this box and stop here. The organic					15 is 33½%	
17a	•	•	• •	•			
	10%-facts-and-circumstances test—2010. 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—20 15 is 10% or more, and if the organization means the organization of the organization or organization.	ion meets the eets the "facts	facts-and-circumst	rcumstances" tances" test. T	test, check th he organizatio	is box and stending and all the state of the	and line op here. publicly
10	supported organization						
18	instructions						

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

				7.			<del></del>
	on A. Public Support	()0000	a) 0007	( ) 0000	( D 0000	( ) 0040	
_	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
1	Gifts, grants, contributions, and membership fees	707	1503	984	1264	1408	5866
2	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the	66811	70806	65525	56671	62541	322354
_	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
_	•						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
•	-	67518	72309	66509	57935	62040	220220
6 7a	<b>Total.</b> Add lines 1 through 5	6/316	72309	00303	3/933	63949	328220
	received from disqualified persons .						
ь	Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						•
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						· · · · · · · · · · · · · · · · · · ·
	line 6.)						328220
Secti	on B. Total Support	•					
Calen	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	67518	72309	66509	57935	63949	328220
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,	53	59	60	16	11	199
	royalties and income from similar sources .						
b							
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	53	59	60	16	11	199
11	Net income from unrelated business		J				
	activities not included in line 10b, whether or not the business is regularly carried on	1	j			ļ	
40	<b>3</b> ,						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part IV.)						•
13	Total support. (Add lines 9, 10c, 11,			_	· · · · ·		
	and 12.)	67571	72368	66569	57951	63960	328419
14	First five years. If the Form 990 is for the	e organization	's first, second	d third fourth	or fifth tax ve	ear as a section	501(c)(3)
	organization, check this box and stop he				•		
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2010 (line 8	3, column (f) div	vided by line 1	3, column (f))		15	99 %
16	Public support percentage from 2009 Sch	nedule A, Part I	II, line 15 .			16	99 %
Secti	on D. Computation of Investment Inc						
17	Investment income percentage for 2010 (					17	0 %
18	Investment income percentage from 2009					18	0 %
19a	331/3% support tests-2010. If the organi						
	17 is not more than 331/3%, check this box					_	
b	331/3% support tests—2009. If the organiz						
	line 18 is not more than 331/3%, check this t		_	-		•	
20	Private foundation. If the organization die	d not check a t	oox on line 14,	19a, or 19b, c	heck this box	and see instruc	tions > \

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10;	Page
	Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
•••••		

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

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

OMB No 1545-0047 2010

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

PTA Texas Congress 6066 Cypress Elementary

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

► Attach to Form 990 or 990-EZ.

Inspection

**Employer identification number** 

74-2469696

Part 1 line 3 - Adjusted to 796.00, amount of 56.75 included incorrectly, should have been -56.75
Part 1 line 4 - Adjusted to 10.90, amount not previously entered
Part 1 line 6a - Adjusted to 0.00, amount previously entered in wrong line
Part 1 line 6b - Adjusted to 8014.90 amount previously entered incorrectly in line 6a
Part 1 line 6c - Adjusted to 7271.41 amount previously entered incorrectly in line 6b
Part 1 line 6d - Adjusted to 743.49 amount previously entered incorrectly in line 6c
Part 1 line 9 - Adjusted to 25330.29 due to above errors
Part 1 line 16 - Adjusted to 23169.63 amount of 3078.40 already included in line 6c
Part 1 line 18 - Adjusted to 2160.66 due to above errors
Part 1 line 21 - Adjusted to 13438.43 due to above errors
Part II line 22 - Adjusted to 13438.43 due to above errors
Part II line 27 - Adjusted to 13438.43 due to above errors
rait in inc 27 - Adjusted to 1990.93 due to above entits
Part III line 29a - Adjusted to 9805.38 amount of 3078.40 already included in line 6c
Part III line 30 - details not previously entered
Part III line 30a - Adjusted to 2291.46 amount not previously entered
Part III line 32 - Adjusted to 23169.63 due to above errors
Schedule A
Part III section A line 1e - Adjusted to 1408 incorrect amount previously entered
Part III section A line 1f - Adjusted to 5866 due to above error
Part III section A line 6c - Adjusted to 66509 incorrect amount previously entered
Part III section A line 6d - Adjusted to 57935 incorrect amount previously entered
Part III section A line 6e - Adjusted to 63949 incorrect amount previously entered
Part III section A line 6f - Adjusted to 328220 due to above errors

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization	Employer identification number
PTA Texas Congress 6066 Cypress Elementary	74-2469696
Part III section B line 9c - Adjusted to 66509 due to above errors	
Part III section B line 9d - Adjusted to 57935 due to above errors	
Part III section B line 9e - Adjusted to 63949 due to above errors	
Part III Section B line 3e - Adjusted to 03343 due to above errors	
Part III section B line 9f - Adjusted to 328220 due to above errors	
	······
Part III section B line 13c - Adjusted to 66569 due to above errors	
Part III section B line 13d - Adjusted to 57951 due to above errors	
Part III section B line 13e - Adjusted to 63960 due to above errors	
Part III section B line 13f - Adjusted to 328419 due to above errors	
Tar in Section Danie 131 - Adjusted to 320413 and to above cirols	
	•
	•••••••••••••••••••••••••••••••••••••••
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