

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



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)

201**2**

Open to Public

OMB No. 1545-1150

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). 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.

Inspection

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. A For the 2012 calendar year, or tax year beginning 2012, and ending 20 B Check if applicable. C Name of organization D Employer identification number 75-2933052 Address change PTA Texas Congress, 10071 Fisher Elementary Room/suite Number and street (or P O box, if mail is not delivered to street address) E Telephone number Name change Initial return 469-633-2600 PO Box 5152 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Number ▶ 1889 Application pending Frisco, TX 75035 H Check ► if the organization is not G Accounting Method: ✓ Cash ☐ Accrual Other (specify) required to attach Schedule B Website: ▶ **527** (Form 990, 990-EZ, or 990-PF).) ◀ (insert no.) ☐ 4947(a)(1) or J Tax-exempt status (check only one) - 7 501(c)(3) 501(c) (if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the 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 assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I . . . Contributions, gifts, grants, and similar amounts received 2,975 Program service revenue including government fees and contracts 2 2 3 3 2,726 4 4 5a Gross amount from sale of assets other than inventory 5a 5b Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 5c Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than 6a of contributions Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b 46,918 6c Less: direct expenses from gaming and fundraising events . . . Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract **6d** 18,862 Gross sales of inventory, less returns and allowances 7a 17,539 7a **7**b 12,178 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 5,361 8 Other revenue (describe in Schedule O) 8 17.136 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 9 47,060 10 Grants and similar amounts paid (list in Schedule O)-10 5,075 11 11 Salaries, other compensation, and employee benefits 12 12 Professional fees and other payments to independent contractors .? 13 13 14 Occupancy, rent, utilities, and maintenance . . . 14 1,021 15 15 Printing, publications, postage, and shipping . . . Other expenses (describe in Schedule O) . . . 16 16 34,484 17 Total expenses. Add lines 10 through 16 . 17 40,580 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 6,480 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on pnor year's return) 19 23,852 20 Other changes in net assets or fund balances (explain in Schedule O) . . . 20 Net assets or fund balances at end of year. Combine lines 18 through 20 21 21

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 106421

Form **990-EZ** (2012)

30,332

Page :	2
--------	---

Par		for Part II)		```		
	Check if the organization used Schedule	e O to respond to ar	ny question in this			<u> </u>
	•			(A) Beginning of year	——	(B) End of year
22	Cash, savings, and investments	· · · · · · · ·		23,852		30,332
23	Land and buildings		· · · · · · }		23	. –
24	Other assets (describe in Schedule O)			23,852	24	
25 26	Total assets			23,852	26	30,332
20 27	Net assets or fund balances (line 27 of colum		n line 21)	23,852		30,332
Par						
	Check if the organization used Schedule	•		•	/Rea	Expenses uired for section
What	t is the organization's primary exempt purpose?	To support students,	, parents and teache	rs.	501(c)(3) and 501(c)(4)
as m	cribe the organization's program service accomplineasured by expenses. In a clear and concise r	manner, describe the	f its three largest per services provide	orogram services, d, the number of	4947	nizations and section (a)(1) trusts; optional thers)
<u></u>	ons benefited, and other relevant information for e				ļ	
28	Student support/Enrichment/Parent Education & Inv	volvement				
	(Grants \$) If this amoun	t includes foreign gra	ints check here	▶ □	28a	40,580
29	(Glants \$) ii tiis anoun					40,380
23					İ	
	(Grants \$) If this amoun	t includes foreign gra	ints, check here .	🕨 🗆	29a	
30						
					}	
	(Out to the control of the control o	t includes foreign are	nto obsoleboro		30a	
24	(Grants \$) If this amount Other program services (describe in Schedule O)	t includes foreign gra		· · ·	Jua	
31		t includes foreign gra		▶ □	31a	
32		through 31a)		🕨	32	
Par	List of Officers, Directors, Trustees, and Ke	ey Employees List each	h one even if not con	pensated (see the in	struct	ions for Part IV)
	Check if the organization used Schedul	e O to respond to a				🗆
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-		0	Estimated amount of their compensation
LeeA	nn Gregory					
Pres	ident	15	-	0		
Susa	n Smith					
1st V		3		0	+	
2nd	e Gammon	5		o		
	Treadwell	<u> </u>				
3rd V		4		0		_
Kimt	perly Baker					
Secr	etary	2		0		
Melis	ssa Starnes					
Trea	surer	10	 	0		
					\dashv	
					ļ	
			<u> </u>		$\perp \!\!\! \perp$	
				 		
		+	 	 	+	
					- 1	

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
	Dilui		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
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
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		1
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	Γ.		
b	Did the organization file Form 1120-POL for this year?	37b	<u> </u>	1
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 tax year covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:		İ	
а	Initiation fees and capital contributions included on line 9		Ì	
b	Gross receipts, included on line 9, for public use of club facilities	1	İ	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit		1	
	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	405		
_		40Ь	<u> </u>	-
С	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			
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	40e	•	1
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Melissa Starnes Telephone no. ▶	972-71	2-876	2
	Located at ► 1916 Chisholm Trail Frisco, TX ZIP + 4 ►		033	
ь	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: ▶	1		
	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 the U.S.?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. !	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			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	44b		1 ✓
C	Did the organization receive any payments for indoor tanning services during the year?	44c	<u>L. </u>	√
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		_	
	explanation in Schedule O	44d	<u> </u>	<u> </u>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<u> </u>	/
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		1

-orm 990	J-EZ (20	12)							rage -	
		e organization engage, directly or i					tion	Yes	No	
Part \		didates for public office? If "Yes," Section 501(c)(3) organization		, Part I			· 4	6	✓	
r all c	_ /	All section 501(c)(3) organization 50 and 51		estions 47-49b an	d 52, and	complete th	e tables	s for lin	es	
		Check if the organization used So	chedule O to respond	d to any question in	n this Part	VI			. 🗆	
								Yes	No	
	year?	ne organization engage in lobbying If "Yes," complete Schedule C, Pa	ntll				tax4	7	1	
		organization a school as described					. 4		1	
		e organization make any transfers		_					✓	
50	Comp	s," was the related organization a solete this table for the organization'	s five highest comper	nsated employees (other than		tors, trus			
	emplo	yees) who each received more that	n \$100,000 of compe	nsation from the or			e, enter	"None.	11	
	(a) l	Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribut benefit p	ealth benefits, tions to employee lans, and deferred mpensation		ated amo compensa		
			-			•	<u> </u>			
						· · · · · · · · · · · · · · · · · · ·				
							1			
				-						
			-							
51	Comp \$100,	number of other employees paid or plete this table for the organization 000 of compensation from the orgundary and address of each independent contractor p	n's five highest companization. If there is no	ensated independe		· · · · · · ·	receive		e than	
									<u>.</u>	
				-						
								·		
								···· <u></u>		
				-						
d		number of other independent conti	-		.▶		<u> </u>	,		
52		ne organization complete Schedule kempt charitable trusts must attach			ons and 49	47(a)(1)	► WY	es 🗌	No	
Under pe	enalties rect, and	of perjury, I declare that I have examined this d complete. Declaration of preparer (other the	s return, including accompar an officer) is based on all inf	nying schedules and state ormation of which prepar	ements, and the rer has any kr	to the best of my ki	nowledge	and belief	f, it is	
		IM A				9/26/	//3			
Sign Here	n Signature of officer Date						1 			
		Type or print name and title								
Paid	0 20-	Print/Type preparer's name	Preparer's signature		Date	Check self-emplo		N		
Preparent Use (1	Firm's name ▶				Firm's EIN ▶				
		Firm's address >	or chave chave? See	instructions	<u> </u>	Phone no.	<u></u>		NI-	
ıvıay th	ie ins	discuss this return with the prepare	el Pliomii adove (266	mistructions		• • • • •	- LJ Y	es 📙	No	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

PTA Texas Congress, 10071 Fisher Elementary Part 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ 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). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% 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 331/3% 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. c Type III-Functionally integrated **b** Type II **d** Type III–Non-functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and No (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? . 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of monetary in col (i) listed in your the organization in organization in col. (described on lines 1-9 support organization governing document? col. (i) of your (i) organized in the above or IRC section US? support? (see instructions)) Yes No Yes No Yes No (A) (B) (C) (D) (E) **Total**

Part							
	(Complete only if you checked th						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, p	lease comple	ete Part III.)	
	on A. Public Support					r	T := = : : : : : : : : : : : : : : : : :
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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.						
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						<u> </u>
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part 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	-			•		
O4	organization, check this box and stop he			· · · · ·		• • • •	· · · > 🗆
	on C. Computation of Public Support Public Support percentage for 2012 (line			1 column (f)		14	<u></u> %
14 15	Public support percentage from 2011 Sci		-			15	
16a	331/3% support test—2012. If the organi box and stop here. The organization qua	zation did not	check the box	on line 13, and		3% or more,	
b	331/3% support test—2011. If the organ check this box and stop here. The organ					e 15 is 33¹&% 	
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part IV how the organization meets the "forganization	ets the "facts facts-and-circ	-and-circumsta umstances" tes	inces" test, chost. The organiz	eck this box ar ation qualifies	nd stop here. as a publicly	Explain in supported
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part IV how the organization in supported organization	tion meets the	e "facts-and-ci	ircumstances" tances" test. T	test, check ti	his box and s	stop here.
18	Private foundation. If the organization d	id not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	d see

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 tes	sts listed belo	w, please co	mplete Part I	l.)	
<u>Section</u>	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	3,291	3,502	2,935	2,131	2,726	14,585
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities		İ			1	
	furnished in any activity that is related to the organization's tax-exempt purpose	114,234	92,185	94,268	82,856	84,568	468,111
3	Gross receipts from activities that are not an	114,234	92,103	34,200	62,630	84,308	400,111
U	unrelated trade or business under section 513						
							· · · · · · · · · · · · · · · · · · ·
4							
	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						
6	Total. Add lines 1 through 5	117,525	95,687	97,203	84,987	87,294	482,696
7a	Amounts included on lines 1, 2, and 3				i		
	received from disqualified persons .						
b	Amounts included on lines 2 and 3		1				
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						482,696
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	117,525	95,687	97,203	84,987	87,294	482,696
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,			į			
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						· · · · · · · · · · · · · · · · · · ·
	section 511 taxes) from businesses					1	
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business		1			· · · · · · · · · · · · · · · · · · ·	
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
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.)						482,696
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	
	organization, check this box and stop he	-			-		
Secti	on C. Computation of Public Suppor				 		
15	Public support percentage for 2012 (line 8			3, column (f))		15	100 %
16	Public support percentage from 2011 Sch	nedule A, Part I	II, line 15 .			16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2012 (/ line 13, colun	nn (f))	17	%
18	Investment income percentage from 2011					18	%
19a	331/3% support tests-2012. If the organ					ore than 331/39	
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2011. If the organiz	ation did not cl	heck a box on l	ine 14 or line 1	9a, and line 16	is more than 3	
-	line 18 is not more than 331/2%, check this I						
20	Private foundation. If the organization di	d not check a l	box on line 14,	19a, or 19b, c	heck this box	and see instruc	

Schedule A (Form 990 or 990-EZ) 2012 Page 4					
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).				
•		,			
	······································				
	······································				

Simplemental Information to John Quillar Quillar

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

ZW 1 Z Open to Public Inspection

Employer identification number

Internal Revenue Service Name of the organization

Department of the Treasury ▶ Attach to Form 990 or 990-EZ.

75-2933052 PTA Texas Congress, 10071 Fisher Elementary Part 1, Line 8 Other Revenue \$17,136 Business Partners (Kroger, Target) \$3,270 Community Liason \$2,010 Boxtops for Education \$2,494 Party Funds \$6,359 Healthy Lifestyles \$815 Watch Dogs \$242 Flu clinic \$150 Board t-shirts \$304 Directory \$1,435 Miscellaneous \$57 Part 1, Line 10 Grants & Similar Amounts Paid \$5,075 Frisco Education Foundation \$5,000 FISD Council Dues \$75 Part 1, Line 16 Total Other Expenses \$34,484 Administrative \$346 Insurance & Bonding \$555 Board t-shirts \$299 Business Partners \$191 Technology \$1,895 Community Liason \$2,073 Directory \$1,301 Environmental \$375 Field Day \$2,527 Healthy Lifestyles \$933 Historian \$202 Hospitality \$3,762 Credit Card Processing Fees \$567 Membership \$541 Principal List (Subscriptions, Math Manipulatives & Playground Equipment) \$7,062 Publicity \$78 Programs \$3,295 Party Fund \$5,632 Safety \$432 SAGE \$86 Leadership Training \$716 Volunteer Coordinator \$91 Watch dogs \$643 Website \$845 Ways & Means \$37