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WENDE

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)

20**12**

Department of the Treasury

21

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

Open to Public

14

Form **990-EZ** (2012)

Cat. No 106421

OMB No. 1545-1150

Inspection at the end of the year may use this form. 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 1 B Check If applicable: C Name of organization D Employer identification number Seven Lakes Junior High PTA 45-495309 Addrèss change Name change Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Initial return 0026 Katu Gaston Rd Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Number ► 188 Application pending Cash ☐ Accrual Accounting Method: Other (specify) H Check ► Xif the organization is not www.slihpta.com required to attach Schedule B 527 (Form 990, 990-EZ, or 990-PF). f 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. 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) Check if the organization used Schedule O to respond to any question in this Part I. Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 Membership dues and assessments 3 3 4 Investment income Gross amount from sale of assets other than inventory 52 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 Revenue 6a Gross income from fundraising events (not including \$39. from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15.000) . . . Less: direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d Gross sales of inventory, less returns and allowances 7a Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7с 8 Other revenue (describe in Schedule O) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Grants and similar amounts paid (list in Schedule O) . ., -10 10 Benefits paid to or for members 11 11 12 Salaries, other compensation, and employee benefits . . . * 12 Professional fees and other payments to independent contractors INIAR 13 13 14 14 15 Printing, publications, postage, and shipping 15 16 16 17 Total expenses. Add lines 10 through 16 17 18 18 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 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

For Paperwork Reduction Act Notice, see the separate instructions.

Par	Balance Sheets (see the instructions	for Part II)				· ·-···
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part II		🗆
	•			(A) Beginning of year	(B) End of year
22	Cash, savings, and investments		[9906	22	32,414
23	Land and buildings			Ø	23	<u> Ø</u>
24	•			<u> </u>	24	Ø
25				<i>Q</i>	25	9
26	· · · · · · · · · · · · · · · · · · ·	(7)			26	
					27	32,414
Pan	22 Cash, savings, and investments 23 Land and buildings. 24 Other assets (describe in Schedule O) 25 Total assets. 26 Total assets. 27 Total libilities (describe in Schedule O) 28 Net assets or fund balances (line 27 of column (B) must agree with line 21) 29 Check if the organization used Schedule O to respond to any question in this Part III 29 Check if the organization's primary exempt purpose? 29 Check if the organization's program service accomplishments for each of its three largest program services, in a clear and concise manner, describe the services provided, the number of response benefited, and other relevant information for each program title. 29 Crants \$ If this amount includes foreign grants, check here 20 29 Crants \$ If this amount includes foreign grants, check here 20 20 Carnts \$ If this amount includes foreign grants, check here 20 20 Carnts \$ If this amount includes foreign grants, check here 5 20 Carnts \$ If this amount includes foreign grants, check here 5 20 Carnts \$ If this amount includes foreign grants, check here 5 21 Carnts \$ If this amount includes foreign grants, check here 5 22 Carnts \$ If this amount includes foreign grants, check here 5 23 Check Carnts 5 If this amount includes foreign grants, check here 5 24 Carnts \$ If this amount includes foreign grants, check here 5 25 Carnts \$ If this amount includes foreign grants, check here 5 26 Carnts \$ If this amount includes foreign grants, check here 5 27 Carnts \$ If this amount includes foreign grants, check here 5 28 Carnts \$ If this amount includes foreign grants, check here 5 29 Carnts \$ If this amount includes foreign grants, check here 5 20 Carnts \$ If this amount includes foreign grants, check here 5 20 Carnts \$ If this amount includes foreign grants, check here 5 20 Carnts \$ If this amount includes foreign grants, check here 5 20 Carnts \$ If this amount includes foreign grants, chec			Expenses		
\A/b at					1 2	ured for section
)(3) and 501(c)(4) sizations and section
as m	easured by expenses. In a clear and concise m	nanner, describe the				(a)(1) trusts; optional
28	Grants to School - Se	e Schedi	ule O			
						7001
	Grants \$) If this amount	includes foreign gra	ints, check here .	▶ □	28a	30,210
29	Programo - See Sche	dule 0				
	<u> </u>					
						0770
					29a	21,10
30						
			stood thei	r duthes		
	and had contacts to acco	emplish th	organization	ovz wrzerou	00-	1/121
24		includes foreign gra	ints, check here .	<u> </u>	30a	1,901
31	, -	unaludes foreign are	nte check bere		31a	~
32					32	59 2 2 2
						ons for Part IVI
منبعب						
	•	1	(c) Reportable	(d) Health benefits,	Τ.	· · · · ·
	(a) Name and title	hours per week				Estimated amount of her compensation
		devoted to position				in componication
\mathcal{C}	xurtury Darao-Dresidud	30	<i>a</i> -C			A
			$ \varphi $	9		Ø
\mathcal{O}	reree Frank - 18+UP		z h			~
	membershen	10	$ \hspace{.1cm} \varphi \hspace{.1cm} $	φ		\mathscr{D}
W	1900 Whitemus - VP	26	EK	<i>AC</i>	\top	~
	J Volunteers	\mathcal{S}	φ	\mathcal{P}		
G	abriela Pino-UP	30	Ø			<i>K</i>
	Fundraising	3	P	φ		φ
_ W	imi Madrid - UP	20	K	<i>~</i>		~
	Programs	20	9	1 2	┷	
	olly Datuyler-Secretary	10	PS.	05	ĺ	Ø
		10	2			
	at Frank - Theosure	30	Ø	Ø		Ø
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Part				
·——	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
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	Yes	No V
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)			V
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)?	34 35a		V
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		χ
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		X
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions [37a] Did the organization file Form 1120-POL for this year?	37b		V
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	,	X
b 39	If "Yes," complete Schedule L, Part II and enter the total amount involved	; ,	, , , , , ,	3 4 5
a	Initiation fees and capital contributions included on line 9	· *.	1 - 1	3
ь 40а	Gross receipts, included on line 9, for public use of club facilities	, ,	24 ·	
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 did it engage in an excess benefit transaction in a prior year that has not been	*	1 pm	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
_	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		**************************************	7 52.0 7 52.0
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		Ż
41	List the states with which a copy of this return is filed ► Texas			
42a	The organization's books are in care of ▶ Megan Whittemore Telephone no. ▶ 25 Located at ▶ 25402 Colton Springs Dr. Katy TX ZIP + 4 ▶ 77	1-3°		-23
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)?	42b	Yes	No
	If "Yes," enter the name of the foreign country: 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		X
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		.	▶ □
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	Yes	No X
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		
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		X
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	 	×
45b	Did the organization have a controlled entity within the meaning of section \$12(b)(13)?	45b		X

Form **990-EZ** (2012)

							Yes	No			
46 t	Did the organization engage, directly or in candidates for public office? If "Yes," of the candidates for public office?	ndirectly, in political (complete Schedule C	campaign activities or C. Part I	n behalf of or	in opposit	tion 46					
Part V						1 40	<u> </u>	<u>_</u> С			
	All section 501(c)(3) organization	ns must answer que	estions 47-49b and	52, and cor	nplete th	e tables f	for lin	es			
	50 and 51 Check if the organization used Sc	hadula O to respon	d to any augetion in	thic Port VI							
	Officer if the organization used oc	riedule O to respon	u to arry question in	uiis Fait VI	· · · · ·	<u>· · · · · · · · · · · · · · · · · · · </u>	Yes	No			
	Did the organization engage in lobbying		section 501(h) election	on in effect d	uring the	tax	103	110			
У	ear? If "Yes," complete Schedule C, Part II										
	s the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E										
	Did the organization make any transfers to an exempt non-charitable related organization?										
	r "Yes," was the related organization a si Complete this table for the organization's			har than offic	 ora diroct	. 49b					
50 6	employees) who each received more than	n \$100,000 of compe	ensation from the orga	inization. If the	ere is non	e. enter "N	vone."	a ke			
	(a) 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-MISC)	(d) Health b	penefits, o employee and deferred	(e) Estimate	ed amou	unt of			
	X / a a			0011,00110		-					
	None,										
				-							
51 (Total number of other employees paid over complete this table for the organization \$100,000 of compensation from the organization for the organization from the organization fro	's five highest companization. If there is n	ensated independent one, enter "None."			·· -		tha			
(a) Na	ame and address of each independent contractor pa	aid more than \$100,000	(b) Type of ser	vice	(c)) Compensati	ion				
	None.										
	,										
											
			.								
			 								
d 1	otal number of other independent contra	actors each receiving	over \$100,000	<u> </u>							
	Did the organization complete Schedule	-	•	s and 4947(a)	(1)						
	nonexempt charitable trusts must attach					▶ XYes		No			
Under per	alties of penury, I declare that I have examined this ct, and complete. Declaration of preparer (other tha	retum, including accompar	nying schedules and statem	ents, and to the b	est of my kn	nowledge and	d belief,	it ıs			
	1 Abuno		or whompropered	The drift fallowing							
Sign	Signature of officer	?		Date							
Here	Wenniter 6	awne		3	16	114					
-	Type or print name and title	Demograda are et				, · -/					
Paid	Print/Type preparer's name	Preparer's signature	0	ate	Check	if PTIN					
Prepa	l — .		<u>. </u>	G	self-employ	yeu					
Use O	Firm's address >		-	Phon	s EIN ▶ e no.						
May the	IRS discuss this return with the prepare	r shown above? See	instructions	1		► ☐ Yes		No.			

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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 Employer identification number 45-4953007

Name	of the organization	Kes Ju	nior High	~ P~			•		dentification		17	
Par			rity Status (All orga			omplete	this par	rt.) See i	nstructio	ons.	•	
The c 1 2 3 4	organization is not A church, cont A school desc A hospital or a A medical rese	a private founda vention of churc ribed in section cooperative ho	ntion because it is: (Fo thes, or association of 170(b)(1)(A)(ii). (Attac spital service organiza on operated in conjunc	or lines 1 to churches ch Schedu ation desc	through 1 s describe ule E.) cribed in s	1, checked in sec	only one tion 170(170(b)(1)(box.) (b)(1)(A)(i (A)(iii).).		r the	
5	☐ An organization	=	the benefit of a colleg	ge or uni	versity ov	wned or	operated	by a go	vernment	tal unit d	escrib	ed in
6 7												
9	8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
10 11	An organization	on organized ar one or more pub	I operated exclusively nd operated exclusive licly supported organ describes the type of	ely for th nizations	e benefit described	t of, to p d in sect	perform tion 509(a	the funct a)(1) or se	tions of, ection 50	9(a)(2). S		
e f	other than fou or section 509 If the organiza	indation manage (a)(2).	II c Type II that the organization ers and other than one a written determination	is not core e or more	ntrolled d publicly	lirectly or support	r indirectl ed organ	y by one izations o	described	disqualifi I in section	ed pe on 509	rsons 9(a)(1) ng
9		17, 2006, has t	he organization acce	pted any	gift or co	ontributio	n from a	ny of the				
	(iii) below, (iii) A family m	the governing be ember of a pers	ndirectly controls, eitlody of the supported on described in (i) about a person described ir	organizat ove?	ion?		·			11g(i) 11g(ii) 11g(iii)		No
h	Provide the fo	llowing informat	ion about the support	ed organi	ization(s).							
(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col. (i) h	organization sted in your document?	the organ	ou notify nization in of your port?	organiza (i) organi	ls the tion in col. ized in the S.?	(vii) Amou	nt of mo	netary
				Yes	No	Yes	No	Yes	No			
(A)												
(B)												
(C)												
(D)												
(E)												
Tota												

Part	II Support Schedule for Organiza	tions Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(v	i)
	(Complete only if you checked the						alify under
<u> </u>	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)	
	on A. Public Support	() 0000	71000	1 () 0040	(.0.0044	(1) 0040	
	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				1		
_	organization without charge						
4	Total. Add lines 1 through 3			 	<u></u>		
5	The portion of total contributions by			ŀ			
	each person (other than a governmental unit or publicly						
	supported organization) included on					<u> </u>	
	line 1 that exceeds 2% of the amount					ļ	
	shown on line 11, column (f)			<u> </u>			
6	Public support. Subtract line 5 from line 4.		<u> </u>	<u> </u>	L	<u> </u>	<u> </u>
	on B. Total Support	(-) 0000	(h) 0000	(a) 0010	(4) 0011	(-) 0010	49 Total
Calen 7	dar year (or fiscal year beginning in) Amounts from line 4	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
8	Gross income from interest, dividends,	·····			 		 _
v	payments received on securities loans,				1		
	rents, royalties and income from similar						
	sources						
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on		1	-			
10	Other income. Do not include gain or		<u> </u>		 		
10	loss from the sale of capital assets						
	(Explain in Part IV.)		1				
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	_			=		
<u> </u>	organization, check this box and stop he				· · · · ·		· · · P []
<u>Sect</u>	on C. Computation of Public Support			11 column (fl)		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	•		_			🕨 📋
b	331/3% support test-2011. If the organ					9 15 is 33½%	or more,
	check this box and stop here. The organ	•			_	· · ·	▶ 🛚
17a							
	10% or more, and if the organization me Part IV how the organization meets the "i						
	organization					· · · ·	> 🗆
b	10%-facts-and-circumstances test – 2	011. If the ora	anization did r	not check a bo	x on line 13, 10	6a. 16b. or 17a	
	15 is 10% or more, and if the organiza						
	Explain in Part IV how the organization n						
	supported organization						· · ▶ 🗆
18	Private foundation. If the organization d		box on line 13	3, 16a, 16b, 17	a, or 17b, chec	k this box and	see
	instructions						▶ ∏

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.)

Section	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.")				17.160	46,393	64,159
2	Gross receipts from admissions, merchandise sold or services performed, or facilities				•	·	•
	furnished in any activity that is related to the organization's tax-exempt purpose				12,099>	35,453	33,354
3	Gross receipts from activities that are not an unrelated trade or business under section 513		'		φ	Ø	Ø
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				Ø	Ø	Ø
5	The value of services or facilities furnished by a governmental unit to the organization without charge				Ø	Ø	Ø
6	Total. Add lines 1 through 5				15,667	81,846	97,513
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	<u> </u>			Ø	Ø	Ø
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				Ø	Ø	Ø
С	Add lines 7a and 7b				Ø	Ø	Ø
8	Public support (Subtract line 7c from line 6.)		· Land Age of the state of the	2 A A A A A A A A A A A A A A A A A A A			97,513
Secti	on B. Total Support	<u> </u>	1		and the same of th	12 7	
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6				15,667	81,846	97,513
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.				Ø	Ø	Ø
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				Ø	Ø	Ø
C	Add lines 10a and 10b				B	Ø	6
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				Ø	Ø	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				Ø	Ø	
13	Total support. (Add lines 9, 10c, 11, and 12.)				15,667	81.846	97,513
14	First five years. If the Form 990 is for the organization, check this box and stop he	-	n's first, secon		=		n 501(c)(3)
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2012 (line			13. column (fl)		15	%
16	Public support percentage from 2011 Sc		-			16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2012			y line 13, colu	mn (f))	17	%
18	Investment income percentage from 201	1 Schedule A,	Part III, line 17	· · · · ·		18	%
19a	331/3% support tests-2012. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2011. If the organi line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d			· ·			

Schedule A (Form 990 or 990-EZ) 2012						
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).					
		**				

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury

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

Open to Public

Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

Inspection **Employer identification number** -4953

Explanation of Amended lines to 990-EZ
Line 1: Original preparer double added Chack Writing Donation
Compaign amount of \$15,365, included \$4,513 in sales that
were accounted for in 2011-2012 FY, and incorrectly accounted
for type in start-up cook surplus.
Line 3: Original preparer double added membership income for
FY 2012-2013 of \$ 198000, and included \$474 in
membership saled that were accounted for in 2011-212 Fy.
Line Lod: Original preparer transposed 2 numbers from Lob when
writing on line led.
Line 7a: Origina preparer included \$2400 in 7a that was actually
a donation that he accounted for in Lino 1.
Line 7c: Correction based on charge to Line 7a
Live 9: Correction based on changes to Lines 1,3,6d+7c
Live 16: Original preparer did not include \$17 in bourced check fors
Lino 17: Correction based on change to Live 16
Line 18: Correction based on charge to Line 9+17
Line 21: Correction based on change to Live 18
Line 27: Correction based on change to Line 21
Line 27: Correction based on Change to Lino 22
Line 29a: Correction based on Change to Line 16
Live 30a: Original preparer transposed numbers in cents fordollar
Line 32: Correction based on change to Line 29a + 30a

Seven Lakes Junior High PTA	Employer identification number $45-4953 \neq 97$
Explanation of Amended Lines to Schedu	le A
Line (e) Correction based on change to L	ines 1, 3, Led of 990E
line 1 (f) Correction based on change to L	
Line 2(e) Correction based on change to L	
Line 2(f) Correction based on charge to 1	
Line Lo(e) Correction based on change to L	
Live 6(4) Correction based on change to	
Live 8(f) Correction based on charge to	
Live E(c) Correction based on change to	
Line 9(t) Correction bused on charge to	Line 9(e) ar Shedk
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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 45-495209 #10: Scuca Likes Costs Conver ar Kat Greer 90 4 Cybin

	ule O (Form 990 or 990-EZ) (2012)			····		Employee Identific	Page Z
Name	of the organization Sc 6'CA	Lakes 50	in in High	171		Employer Identific	53097
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Suppli	ment to 9	90-EZ Amei	nded Retur	n for 2012			
Comp	arison of C	Original Ret	urn and An	nended Return			
Organiz	ation: Seven	Lakes Junior I	ligh PTA	EIN: 45-	1953097		
<u> </u>			III.				
		Original	Amended			Original	Amended
Part	Line No	Return	Return	Part	Line No	Return	Return
1	1	\$59,709	\$39,392	11	22a	\$9,906	\$9,906
	2	\$5,020	\$5,020		22b	\$55,207	\$32,414
	3	\$6,091	\$3,637		23a	\$0	\$0
	4	\$0	\$0		23b	\$0	\$0
	5a	\$0	\$0		24a	\$0	\$0 \$0 \$0
	5b	\$0	\$0		24b	\$0	\$0
	5c	\$0	\$0		25a	\$0	\$0
	6a	\$0	\$0		25b	\$0	\$0
	6b	\$3,364	\$3,364		26a	\$0	\$0
	6c	\$0	\$0		26b	\$0	\$0
	6d	\$3,344	\$3,364		27a	\$9,906	\$9,906
	7a	\$111,918	\$111,894		27b	\$55,207	\$32,414
	7b	\$81,461	\$81,461				
	7c	\$30,457	\$30,433	Part			
	8	\$0	\$0	III	28a	\$30,210	\$30,210
	9	\$104,621	\$81,846		29a	\$28,794	\$27,707
	10	\$30,210	\$30,210		30a	\$1,455	\$1,421
	11	\$0	\$0		31a	\$0	\$0
	12	\$0	\$0		32	\$60,459	\$59,338
	13	\$0	\$0				
	14	\$0	\$0				
	15	\$316	\$316				
	16	\$28,794	\$28,812				
	17	\$59,320					
	18	\$45,301		l			
	19	\$9,906	\$9,906				
	20	\$0					
	21	\$55,207	\$32,414				