



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

OMB No 1545-1150

2013

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter Social Security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<b>A</b> For the 2013 calendar year, or tax year beginning	<b>JULY 1</b>	, 2013, and ending	<b>JUNE 30</b>	, 2014
<b>B</b> Check if applicable	<b>C</b> Name of organization			<b>D</b> Employer identification number
<input type="checkbox"/> Address change	<b>ILLINOIS CONGRESS OF PARENTS WAUBONSIE HS PTA</b>			36-4146279
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address)			<b>E</b> Telephone number
<input type="checkbox"/> Initial return				630-375 3110
<input type="checkbox"/> Terminated				
<input type="checkbox"/> Amended return				<b>F</b> Group Exemption Number ►
<input type="checkbox"/> Application pending	<b>2590 OGDEN AVENUE</b>			
City or town, state or province, country, and ZIP or foreign postal code				
<b>AURORA, IL - 60504-5900</b>				

<b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►	<b>H</b> Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
<b>I</b> Website: ►	

J Tax-exempt status (check only one) —  501(c)(3)  501(c) ( ) ◀ (insert no)  4947(a)(1) or  527K Form of organization:  Corporation  Trust  Association  Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$

**Part I 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 □

Revenue	1	4,437
1 Contributions, gifts, grants, and similar amounts received . . . . .	1	4,437
2 Program service revenue including government fees and contracts . . . . .	2	0
3 Membership dues and assessments . . . . .	3	12,699
4 Investment income . . . . .	4	0
5a Gross amount from sale of assets other than inventory . . . . .	5a	
b Less: cost or other basis and sales expenses . . . . .	5b	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	
6 Gaming and fundraising events		
a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a	
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b	30,816
c Less: direct expenses from gaming and fundraising events . . . . .	6c	9,740
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	21,076
7a Gross sales of inventory, less returns and allowances . . . . .	7a	
b Less: cost of goods sold . . . . .	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	
8 Other revenue (describe in Schedule O) . . . . .	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	38,212
Expenses	10	15,662
10 Grants and similar amounts paid (list in Schedule O) . . . . .	10	15,662
11 Benefits paid to or for members . . . . .	11	0
12 Salaries, other compensation, and employee benefits . . . . .	12	0
13 Professional fees and other payments to independent contractors . . . . .	13	0
14 Occupancy/rent, utilities, and maintenance . . . . .	14	0
15 Printing, publications, postage, and shipping . . . . .	15	300
16 Other expenses (describe in Schedule O) . . . . .	16	23,882
17 Total expenses. Add lines 10 through 16 ►	17	39,844
Net Assets	18	-1,632
18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	-1,632
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) . . . . .	19	21,291
20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	
21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21	21,291

SCANNED DEC 11 2014

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2013)

## Part II Balance Sheets (see the instructions for Part II)

**Check if the organization used Schedule O to respond to any question in this Part II .**

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments . . . . .	22,905	22	21,291
23 Land and buildings . . . . .		0	23
24 Other assets (describe in Schedule O) . . . . .		0	24
<b>25 Total assets . . . . .</b>	<b>22,905</b>	<b>25</b>	<b>21,291</b>
<b>26 Total liabilities (describe in Schedule O) . . . . .</b>		<b>0</b>	<b>26</b>
<b>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</b> . . . . .	<b>22,905</b>	<b>27</b>	<b>21,291</b>

**Part III Statement of Program Service Accomplishments (see the instructions for Part III)**

Check if the organization used Schedule O to respond to any question in this Part

## What is the organization's primary exempt purpose? **EDUCATIONAL ENRICHMENT**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

## Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28	<b>SCHOOL GIFT &amp; STAFF GRANTS - INCLUDES ITEMS TO AID INSTRUCTIONAL CAPABILITIES FOR 2,900+ STUDENTS AND PROVIDE INCENTIVES AND A COMFORTABLE ENVIRONMENT TO ENRICH THE STUDENTS EDUCATION</b> (Grants \$ 8,862) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	8,862
29	<b>SOCIAL EVENTS &amp; STAFF APPRECIATION - TEACHES &amp; STAFF MEMBERS WHO WORK WITH 2,900+ STUDENTS DAILY ARE PROVIDED WITH LUNCHEONS, DESERTS, AND OTHER EVENTS AS A SHOW OF SUPPORT &amp; ENRICHMENT</b> (Grants \$ 17,307) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	17,307
30	<b>SCHOLARSHIPS &amp; ASSEMBLIES - SCHOLARSHIPS ENRICH EDUCATION FOR OUR SCHOOL DISTRICT GRADUATES WHILE EDUCATIONAL ASSEMBLIES BENEFIT OUR 2900+ STUDENTS ATTENDING SCHOOL</b> (Grants \$ 6,500) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	6,500
31	Other program services (describe in Schedule O) . . . . . (Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	
32	<b>Total program service expenses (add lines 28a through 31a)</b> . . . . . ► <input type="checkbox"/>	32	

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

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

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

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)?  
 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 35a

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 35b

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

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a

b Did the organization file Form 1120-POL for this year? 37b

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?  
 b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations. Enter:  
 a Initiation fees and capital contributions included on line 9 39a

b Gross receipts, included on line 9, for public use of club facilities 39b

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ► 40b

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 reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40c

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 ► 40d

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► 40e

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 40f

41 List the states with which a copy of this return is filed ►

Telephone no. ► **630-8512748**

42a The organization's books are in care of ► **Fepi Paramarti**

Telephone no. ► **630-8512748**

Located at ► **2670 Cheshire Drive, Aurora IL**

ZIP + 4 ► **60504**

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: ►

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts**.

c At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . .

If "Yes," enter the name of the foreign country: ►

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 ► 43

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

c Did the organization receive any payments for indoor tanning services during the year? 44c

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

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a

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

	Yes	No
33	<input checked="" type="checkbox"/>	
34	<input checked="" type="checkbox"/>	
35a	<input checked="" type="checkbox"/>	
35b		
35c	<input checked="" type="checkbox"/>	
36	<input checked="" type="checkbox"/>	
37a		
37b	<input checked="" type="checkbox"/>	
38a	<input checked="" type="checkbox"/>	
38b		
39a		
39b		
40b	<input checked="" type="checkbox"/>	
40c		
40d		
40e	<input checked="" type="checkbox"/>	
40f		
42a	<input checked="" type="checkbox"/>	
42b		
42c	<input checked="" type="checkbox"/>	
43		
44a		
44b		
44c		
44d		
45a		
45b		

46. Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

**Part VI      Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

1

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	✓
b	If "Yes," was the related organization a section 527 organization?	49b	
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."		

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 business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 . . ►

**52** Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.  Yes  No

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.

<b>Sign Here</b>	► Signature of officer	Date			
	► Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►	Firm's EIN ►			
	Firm's address ►	Phone no.			

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

OMB No 1545-0047

**2013**

Open to Public  
Inspection

► Attach to Form 990 or Form 990-EZ.  
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

ILLINOIS CONGRESS OF PARENTS & TEACHERS - WAUBONSIE HIGH SCHOOL PTA

Employer identification number

36-4146279

**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—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)**.
  - 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 monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 <b>Total.</b> 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 <b>Public support.</b> Subtract line 5 from line 4. . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First five years.</b> 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 <b>stop here</b> ► <input type="checkbox"/>						

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

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14 . . . . .	15	%
16a <b>33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
b <b>33 1/3% support test—2012.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2013.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2012.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ► <input type="checkbox"/>		

**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 A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15,318	19,887	17,444	17,328	17,136	89,113
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 . . .	32,144	21,523	23,026	22,161	30,816	129,670
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . .	0	0	0	0	0	0
<b>6 Total.</b> Add lines 1 through 5 . . .	<b>47,462</b>	<b>41,410</b>	<b>40,470</b>	<b>39,489</b>	<b>47,952</b>	<b>216,783</b>
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	0	0	0	0
<b>b</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	0	0	0	0	0	0
<b>c</b> Add lines 7a and 7b . . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						<b>216,783</b>

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6 . . . . .	47,462	41,410	40,470	39,489	47,952	216,783
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .	0	0	0	0	0	0
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . .	0	0	0	0	0	0
<b>c</b> Add lines 10a and 10b . . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0	0	0	0	0	0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	<b>47,462</b>	<b>41,410</b>	<b>40,470</b>	<b>39,489</b>	<b>47,952</b>	<b>216,783</b>
<b>14 First five years.</b> 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 ► <input type="checkbox"/>						

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

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
16 Public support percentage from 2012 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%
19a <b>33 1/3% support tests—2013.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
<b>b</b> <b>33 1/3% support tests—2012.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
20 <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

**Part IV** **Supplemental Information.** 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).

WAUBONSIE VALLEY HIGH SCHOOL PTA  
2013 FORM 990-EZ  
YEAR ENDING 6/30/2013  
FEIN 36-4146279

**SCHEDULE 1**

**PART 1, PAGE 1, LINE 1**

**CONTRIBUTIONS, GIFTS AND GRANTS**

**NOT OPEN FOR PUBLIC INSPECTION**

**0.00**

NO SINGLE CONTRIBUTOR GAVE \$5,000 OR MORE DURING THE YEAR

**SCHEDULE 2**

**PART 1, PAGE 1, LINE 6b and 6c**

	<b><u>GROSS</u></b>	<b><u>REVENUES</u></b>	<b><u>EXPENSES</u></b>
AUCTION	20,039		3,837
MARKET DAY	4,692		4,203
ESCRIP	1,330		0
WARRIOR ON THE RUN 5K	3,381		
STIPP T SHIRTS	1,374		1,700
<b>TOTAL LINE 6b AND 6c</b>	<b><u>30,816</u></b>		<b><u>9,740</u></b>

**SCHEDULE 3**

**PART 1, PAGE 1, LINE 10**

IPPC SCHOLARSHIP	300
SCHOOL GIFTS, STAFF GRANTS – EDUCATIONAL ENRICHMENT	8,862
SCHOLARSHIPS – EDUCATIONAL ENRICHMENT	6,500
<b>TOTAL LINE 10</b>	<b><u>15,662</u></b>

WAUBONSIE VALLEY HIGH SCHOOL PTA  
2013 FORM 990-EZ  
YEAR ENDING 6/30/2013  
FEIN 36-4146279

**SCHEDULE 4**

**PART 1, PAGE 1, LINE 16**

**OTHER EXPENSES**

	<b><u>EXPENSES</u></b>
DIRECTORY - Service	-600
LMC (One School/One Book) – Service	1,000
SCHOOL APPRECIATION – Educational Enrichment/Service	9,158
SCHOOL SOCIAL EVENTS - Educational Enrichment/Social	7,749
IPC DUES – Operations	60
IL PTA MEMBERSHIP DUES – Membership	5,696
INSURANCE – Operations	470
ADMINISTRATION EXPENSES – Operations	349
 <b>TOTAL LINE 16</b>	 <b><u>23,882</u></b>

**SCHEDULE 5**

**PART 2, LINE 26B**

**TOTAL LIABILITIES**

WAUBONSIE VALLEY HIGH SCHOOL PTA'S MEMBERSHIP 2014/15 DEPOSITED IN  
2013/14 (DEFERRED INCOME) \$ 17.50

**SCHEDULE 6**

**PART 3, LINE 30a**

**SCHOLARSHIP QUALIFICATIONS**

WAUBONSIE VALLEY HIGH SCHOOL PTA SCHOLARSHIPS ARE GIVEN TO STUDENTS  
THAT DEMONSTRATE THE BEST ACADEMIC RECORDS, ALONG WITH  
EXTRACURRICULAR ACTIVITIES

**Illinois Congress of Parents Waubonsie HS PTA**

**PTA Audit Report Form with Independent Accountant's Compilation Report**

**For the Year Ended June 30, 2014**



# VIOLET FINANCIAL SOLUTIONS, INC.

6 E Aldon Ct.  
Montgomery, IL 60538  
Phone: 630-862-5510

To Board of Directors  
Illinois Congress of Parents Waubonsie HS PTA  
2590 Ogden Avenue  
Aurora, IL 60504

## Independent Accountant's Compilation Report

I have compiled the PTA Audit Report Form of Illinois Congress of Parents Waubonsie HS PTA (a non-profit corporation) as of June 30, 2014, included in the accompanying prescribed form. I have not audited or reviewed the PTA Audit Report Form included in the accompanying prescribed form, and accordingly, do not express an opinion or provide any assurance about whether the PTA Audit Report Form is in accordance with the form prescribed by the Illinois PTA.

Management is responsible for the preparation and fair presentation of the PTA Audit Report Form included in the form prescribed by the Illinois PTA and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the PTA Audit Report Form.

My responsibility is to conduct the compilation in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. The objective of a compilation is to assist the board of directors in presenting financial information in the form of the PTA Audit Report Form without undertaking to obtain or provide any assurance that there are no material modifications that should be made to the PTA Audit Report Form.

The PTA Audit Report Form included in the accompanying prescribed form is presented in accordance with the requirements of the Illinois PTA, and is not intended to be a presentation in accordance with accounting principles generally accepted in the United States of America.

The report is intended solely for the information and use of the board of directors of Illinois Congress of Parents Waubonsie HS PTA and the Illinois PTA and is not intended to be and should not be used by anyone other than these specified parties.

The Audit Committee of Illinois Congress of Parents Waubonsie HS PTA is still required to perform any audit requirements that are put into place by the Illinois PTA and sign the PTA Audit Report Form.

*Violet Financial Solutions*

Montgomery, IL  
September 5, 2014

**PTA Audit Report Form**  
**For the Year Ended June 30, 2014**

Name of PTA Unit Illinois Congress of Parents Waubonsie HS PTA  
 PTA District DuPage West Region, District #36

Balance on hand (date of last audit)	\$ 22,904.36
Receipts (from last audit to date of audit)	\$ 47,952.06
Deferred Receipts (membership fees for 2014-2015)	<u>17.50</u>
	<u>\$ 47,969.56</u>
<b>TOTAL CASH</b>	<b>\$ 70,873.92</b>
Disbursements (from last audit to date of audit)	(49,583.83)
<b>BALANCE ON HAND (date of audit)</b>	<b><u>\$ 21,290.09</u></b>
Latest Bank Statement Balance	\$ 20,983.58

**LIST OF OUTSTANDING CHECKS**

<u>Date</u>	<u>No.</u>	<u>Name</u>	<u>Amount</u>
5/7/2014	3258	Caitlin R. Fernandez	\$ (1,000.00)
5/9/2014	3271	Jesse White Secretary of State	(5.00)
6/25/2014	3281	Waubonsie Valley High School	(1,000.00)
6/25/2014	3278	Waubonsie Valley High School	(800.00)
6/25/2014	3282	Waubonsie Valley High School	(100.00)
6/25/2014	3279	Michael Luczynski	(99.00)
6/25/2014	3283	Jill York	(125.00)
Total Checks Outstanding			\$ (3,129.00)
Deposits in Transit (Credited by bank on July 1 2014) (Various checks from Kohls, market days, and others)			\$ 3,435.51
Balance in Checking Account			<u>\$ 21,290.09</u>

We have examined the books of the treasurer of Illinois Congress of Parents  
 Waubonsie HS PTA and find them to be:

correct  
 incomplete  
 substantially correct with the following adjustments:  
 incorrect

**AUDIT COMMITTEE MEMBER'S SIGNATURES**

See attached letter  
for signatures

Date audit completed

8/30/2014

See independent accountant's compilation report

**ILLINOIS CONGRESS OF PARENTS WAUBONSIE PTA**  
**Statement of Financial Position**

As of June 30, 2014

Jun 30, 14

**ASSETS**

**Current Assets**

**Checking/Savings**

1000. Cash and Bank	
1100. Oxford Bank	21,290.09
Total 1000. Cash and Bank	<u>21,290.09</u>
Total Checking/Savings	<u>21,290.09</u>

Total Current Assets

21,290.09

**TOTAL ASSETS**

21,290.09

**LIABILITIES & EQUITY**

**Liabilities**

**Current Liabilities**

Other Current Liabilities	
2901. Deferred Income (Unearned)	17.50
Total Other Current Liabilities	<u>17.50</u>
Total Current Liabilities	<u>17.50</u>

Total Liabilities

17.50

**Equity**

3000. Opening Balance Equity	9,748.32
3999. Unrestricted Net Assets	13,156.04
Net Income	-1,631.77
Total Equity	<u>21,272.59</u>

**TOTAL LIABILITIES & EQUITY**

21,290.09

## ILLINOIS CONGRESS OF PARENTS WAUBONSIE PTA

## Statement of Activities

July 2013 through June 2014

	<u>Jul '13 - Jun 14</u>
5788. NSF Fees	<u>21.41</u>
Total 5700. Operations	<u>1,479.38</u>
 Total Expense	 <u>49,583.83</u>
 Net Income	 <u>-1,631.77</u>

## ILLINOIS CONGRESS OF PARENTS WAUBONSIE PTA

## Statement of Activities

July 2013 through June 2014

Jul '13 - Jun 14

## 5300. Educational Enrichment

## 5301. Scholarship

5301.01 Scholarship (5 x \$1000)	5,500.00
5301.02. Scholarship L/Y	1,000.00
<b>Total 5301. Scholarship</b>	<b>6,500.00</b>
5305. Staff Grants (Fall Grant)	3,862.02
5306. Spring Grants	5,000.00
<b>Total 5300. Educational Enrichment</b>	<b>15,362.02</b>

## 5400. Social

5401. Back to School Dessert	917.48
5403. Teacher Apprc. Lunch	2,480.16
5404. Senior Sailabration	2,000.00
5405. Hospitality	300.74
5406. Spring Confc. Snacks	250.74
5407. Baccalaureate	400.00
5408. Green & Gold	400.00
5409. Career Fair	1,000.00
5411. Stipp T Shirt Expe	1,700.00
<b>Total 5400. Social</b>	<b>9,449.12</b>

## 5500. Service

5501. Directory	-600.32
5502. LMC(One School/One Book)	1,000.00
5503. Building Improvement	6,000.00
5504. Secretary Thank you Gifts	125.00
5505. Graduation Signs	2,298.40
5506. Partnership (New Program)	734.97
<b>Total 5500. Service</b>	<b>9,558.05</b>

## 5700. Operations

5701. IPPC Dues	60.00
5702. IPPC Scholarships	300.00
5705. Insurance AIM	470.00
5708. Annual Report State IL	15.00
5709. Supplies	
5709.01. Offc. Supplies/Postage	119.54
5709.02. Check Books	43.43
<b>Total 5709. Supplies</b>	<b>162.97</b>
5710. Printing and Copying	100.00
5711. PTA Administration	200.00
5712. Conventions	150.00

## Statement of Activities

July 2013 through June 2014

Jul '13 - Jun 14

## Income

<b>4100. Membership Dues</b>	
4101. Family Memberships	9,419.32
4102. Single PTA Memberships	2,670.00
4103. Teacher PTA Memberships	610.00
4104. Membership Donation	4,437.00
<b>Total 4100. Membership Dues</b>	<b>17,136.32</b>
 <b>4200. Auction</b>	
4202. Auction Donation Income	1,500.00
4203. Auction Raffle\games	2,136.81
4204. Auction Silent/Live Inc.	10,388.00
4206. Auction Ticket Sales	5,214.00
4207. Auction Wine Raffle	800.00
<b>Total 4200. Auction</b>	<b>20,038.81</b>
 <b>4400. Warriors on the Run 5K</b>	<b>3,380.42</b>
<b>4700. Market Day (Ways&amp;Means)</b>	<b>4,692.46</b>
<b>4800. Escip Income</b>	<b>1,330 05</b>
<b>4900. Other Income</b>	
4902. Stipp T Shirt Sales	1,374.00
<b>Total 4900. Other Income</b>	<b>1,374.00</b>
 <b>Total Income</b>	<b>47,952.06</b>

## Expense

<b>5100. Ways And Means</b>	
5101. Auction Expenses	
5101.01. Venue	2,465.76
5101.02. Decorations	75.03
5101.03. Auction Items	1,296.48
5101. Auction Expenses - Other	0.00
<b>Total 5101. Auction Expenses</b>	<b>3,837.27</b>
 5102. Market Day	
5102.02. Youth and Government	3,704.85
5102.03 Poms	422.70
5102.04 Cheers	74.94
<b>Total 5102. Market Day</b>	<b>4,202.49</b>
 <b>Total 5100. Ways And Means</b>	<b>8,039.76</b>
 <b>5200. Membership</b>	
5201. PTA IL State/NationalDue	5,695.50
<b>Total 5200. Membership</b>	<b>5,695.50</b>