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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 10-01-2013, and ending 07-31-2014

B Check if applicable

- Address change
Name change
Initial return
Terminated
Amended return
Application pending

C Name of organization PARENTS PLUS INC
Number and street (or P O box, if mail is not delivered to street address) Room/suite 728 N JAMES LOVELL
City or town, state or province, country, and ZIP or foreign postal code MILWAUKEE, WI 53233

D Employer identification number

20-2077792

E Telephone number

(414) 270-2974

F Group Exemption Number

G Accounting Method Cash Accrual Other (specify)

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: WWW.PARENTSPLUSWI.ORG

J Tax-exempt status (check only one) 501(c)(3) 501(c) (insert no) 4947(a)(1) or 527

K 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 \$ 0

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

Table with 21 rows and 3 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 0, total expenses is 0, and net assets at end of year is 0.

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	
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	1,949	24	0
25 Total assets	1,949	25	0
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	1,949	27	0

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 III

What is the organization's primary exempt purpose?
 TO SUPPORT THE DEVELOPMENT OF POSITIVE PARENTING SKILLS AND TO INCREASE PARENTAL INVOLVEMENT IN WISCONSIN SCHOOLS FOR THE PURPOSE OF IMPROVING STUDENT ACHIEVEMENT

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 PARENTS PLUS IS THE PARENTS AS TEACHERS STATE OFFICE FOR WISCONSIN, PROVIDING TRAINING, TECHNICAL ASSISTANCE AND SUPPORT TO APPROXIMATELY 50 HOME VISITING PROGRAMS STATEWIDE. PARENTS PLUS ALSO COORDINATES VOLUNTEERS IN SERVICE TO AMERICA (VISTA) PROJECT FOR MILWAUKEE PUBLIC SCHOOLS TO INCREASE FAMILY ENGAGEMENT AND PROVIDES LEADERSHIP AND EXPERTISE IN HOME VISITATION AND FAMILY ENGAGEMENT TO MANY STATE LEVEL INITIATIVES INCLUDING SEVERAL PROJECT TEAMS OF THE GOVERNOR'S EARLY CHILDHOOD ADVISORY COUNCIL. ADDITIONALLY, PARENTS PLUS PROVIDES PROFESSIONAL DEVELOPMENT TO TEACHERS AND SERVICE PROVIDERS ON A VARIETY OF TOPICS.
 (Grants \$ 0) If this amount includes foreign grants, check here

28a 0

29
 (Grants \$) If this amount includes foreign grants, check here

29a

30
 (Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (describe in Schedule O)
 (Grants \$) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32 0

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

(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-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

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 [X]

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
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 Yes No
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 Yes No
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 Yes No
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 Yes No
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 [X] 36 Yes No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions [X] 37a 0
b Did the organization file Form 1120-POL for this year? 37b Yes No
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 Yes No
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Yes No
39 Section 501(c)(7) organizations Enter 39a 39b
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 [X] 0, section 4912 [X] 0, section 4955 [X] 0
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 40b Yes No
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 40c 0
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d 0
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 Yes No
41 List the states with which a copy of this return is filed [X] WI
42a The organization's books are in care of [X] SUSAN RODRIGUEZ Telephone no [X] (414) 270-2974
Located at [X] 728 NORTH JAMES LOVELL STREET MILWAUKEE, WI ZIP + 4 [X] 53233
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 [X]
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 ? 42c Yes No
If "Yes," enter the name of the foreign country [X]
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041? Check here [X] 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 Yes No
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 Yes No
c Did the organization receive any payments for indoor tanning services during the year? 44c Yes No
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 Yes No
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a Yes No
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

Yes No

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 46 No

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

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 No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 No

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a No

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 "

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Row 1 contains '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 "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1 contains 'NONE'.

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.

Sign Here ***** Signature of officer ANDI ELLIOTT INTERIM EXECUTIVE DIRECTOR Type or print name and title 2014-08-05 Date

Paid Preparer Use Only Print/Type preparer's name DAVE GLOBIG Preparer's signature Date 2014-07-31 Check self-employed PTIN P01356041 Firm's name WIPFLI LLP Firm's EIN 39-0758449 Firm's address 10000 INNOVATION DRIVE SUITE 250 MILWAUKEE, WI 532264837 Phone no (414) 431-9300

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

Additional Data

Software ID:
Software Version:
EIN: 20-2077792
Name: PARENTS PLUS INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
PAMELA KLEIN PRESIDENT	1 00	0	0	0
SANDRA SAMSE TREASURER	1 00	0	0	0
SHEREE DALLAS-BRANCH VICE PRESIDENT	1 00	0	0	0
THOMAS BROPHY BOARD MEMBER	1 00	0	0	0
TIMOTHY CHAREK BOARD MEMBER	1 00	0	0	0
ANNE DELEO BOARD MEMBER	1 00	0	0	0
VALERIE GABRIEL BOARD MEMBER	1 00	0	0	0
DR STEPHEN HARGARTEN BOARD MEMBER	1 00	0	0	0
BRYAN HOUSE BOARD MEMBER	1 00	0	0	0
BETSY HOYLMAN BOARD MEMBER	1 00	0	0	0
SHARON JORDAN BOARD MEMBER	1 00	0	0	0
JIM LIETDTKE BOARD MEMBER	1 00	0	0	0

SCHEDULE A
(Form 990 or 990EZ)

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.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at**
www.irs.gov/form990.

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
PARENTS PLUS INC

Employer identification number
20-2077792

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?

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

(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)

(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	
Total									

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.")	1,485,559	1,362,641	24,241			2,872,441
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	1,485,559	1,362,641	24,241			2,872,441
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						2,872,441

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	1,485,559	1,362,641	24,241			2,872,441
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)						2,872,441
12 Gross receipts from related activities, etc (see instructions)					12	44,880
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <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	100.000 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	100.000 %
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <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.")						
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

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						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business 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.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2013.** 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
- b 33 1/3% support tests—2012.** 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
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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).

Facts And Circumstances Test	
Return Reference	Explanation
PART IV	THE ORGANIZATION WAS TERMINATED AND THE ASSETS WERE TRANSFERRED TO COMMUNITY ADVOCATES OPERATIONS HAVE CEASED

**SCHEDULE N
(Form 990 or 990-EZ)**

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

OMB No 1545-0047

2013

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.

▶ Attach certified copies of any articles of dissolution, resolutions, or plans.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule N (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
PARENTS PLUS INC

Employer identification number

20-2077792

Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	TOSHIBA 2570 COPY MACHINE	07-31-2014		BOOK VALUE	39-1249426	COMMUNITY ADVOCATES INC 728 NORTH JAMES LOVELL ST MILWAUKEE, WI 53233	501(C)(3)
	ESTUDIO TOSHIBA COPIER	07-31-2014		BOOK VALUE	39-1249426	COMMUNITY ADVOCATES INC 728 NORTH JAMES LOVELL ST MILWAUKEE, WI 53233	501(C)(3)
	MILW COMPUTER	07-31-2014		BOOK VALUE	39-1249426	COMMUNITY ADVOCATES INC 728 NORTH JAMES LOVELL ST MILWAUKEE, WI 53233	501(C)(3)
	BROTHERS HL-2040 PRINTER	07-31-2014		BOOK VALUE	39-1249426	COMMUNITY ADVOCATES INC 728 NORTH JAMES LOVELL ST MILWAUKEE, WI 53233	501(C)(3)
	OFFICE FURNITURE	07-31-2014	262	BOOK VALUE	39-1249426	COMMUNITY ADVOCATES INC 728 NORTH JAMES LOVELL ST MILWAUKEE, WI 53233	501(C)(3)
	TELEPHONE SYSTEM	07-31-2014	1,686	BOOK VALUE	39-1249426	COMMUNITY ADVOCATES INC 728 NORTH JAMES LOVELL ST MILWAUKEE, WI 53233	501(C)(3)
	COMPUTER EQUIPMENT	07-31-2014		BOOK VALUE	39-1249426	COMMUNITY ADVOCATES INC 728 NORTH JAMES LOVELL ST MILWAUKEE, WI 53233	501(C)(3)
	COPY MACHINE	07-31-2014		BOOK VALUE	39-1249426	COMMUNITY ADVOCATES INC 728 NORTH JAMES LOVELL ST MILWAUKEE, WI 53233	501(C)(3)

2	Yes	No
2a Did or will any officer, director, trustee, or key employee of the organization become a director or trustee of a successor or transferee organization?	Yes	
2b Become an employee of, or independent contractor for, a successor or transferee organization?		No
2c Become a direct or indirect owner of a successor or transferee organization?		No
2d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?		No
e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III ▶		

Part III Supplemental Information. Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

Return Reference	Explanation
PART I, LINE 2E	PERSON(S) INVOLVED BOARD OF DIRECTORS
PART I, LINE 2E	EXPLANATION OF INVOLVEMENT THE BOARD OF DIRECTORS LISTED ARE BOARD MEMBERS OF COMMUNITY ADVOCATES

Schedule N (Form 990 or 990-EZ) (2013)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

2013

**Open to Public
Inspection**

Name of the organization
PARENTS PLUS INC

Employer identification number

20-2077792

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS	DESCRIPTION DISSOLUTION TRANSFER OF ASSETS TO AFFILIATED ORGANIZATION AMOUNT -1,949
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 1,949 END OF YEAR AMOUNT 0

TY 2013 Transfers Personal Benefits Contracts Declaration

Name: PARENTS PLUS INC

EIN: 20-2077792

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

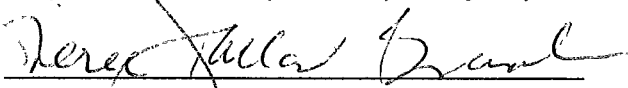
Plan of Dissolution and Distribution of Assets of Parents Plus Inc.

The Board of Directors of Parents Plus Inc., at a special meeting duly convened on the 23rd day of July, 2014, pursuant to notice given in accordance with the applicable law, having considered the advisability of voluntarily dissolving the agency, and it being the (majority or unanimous) opinion of the Board that dissolution is advisable and in the best interests of the agency, and the Board having adopted, by unanimous, majority vote, a plan for a voluntary dissolution of the agency, does hereby recommend to the members for approval that the agency be dissolved in accordance with the following plan:

1. There being no members of the agency, no vote of membership is required to approve this dissolution, and action of the Board of Directors is sufficient.
2. No approval of the dissolution of the agency is required by any government agency or officer.
3. The agency has equipment valued at less than \$2,000 as of September 30th, 2013.
4. The assets owned by the agency shall be distributed to Community Advocates with substantially a similar purpose, which qualifies as an exempt organization pursuant to section 501(c)(3) of the Internal Revenue Code.
5. The agency has no liabilities.

Certification

I, Sheree Dallas Branch, Secretary of Parents Plus, hereby certify under penalties of perjury that a special meeting of the Board of Directors of the agency was duly held at 5 p.m. on July 23, 2014 at 728 N. James Lovell Street, Milwaukee, WI 53233 and the within Plan of Dissolution was duly submitted and passed by a majority vote of the Directors.


(Signature)

Sheree Dallas Branch, Secretary – Parents Plus Board of Directors
Dated the 23 day of July, 2014