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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 foundations)

OMB No. 1545-1150

2013

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning AUGUST 01, 2013, and ending JULY 31, 20 14

B Check if applicable:

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

C Name of organization: PARENTS PLUS ORGANIZATION

Number & street (or P.O. box, if mail is not delivered to street addr.): 2471 NEW BETHEL ROAD Room/suite: _____

City or town, state or province, country, and ZIP or foreign postal code: ANDERSON MO 64831

D Employer identification number: 20-4221376

E Telephone number: (417) 364-6093

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: N/A

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 \$ 20,452

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 Contributions, gifts, grants, and similar amounts received	1	2,370
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	3
	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 \$ <u>2,370</u> 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	18,079
c Less direct expenses from gaming and fundraising events	6c	7,777	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	10,302	
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	12,675	
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	46
	16 Other expenses (describe in Schedule O)	16	16,988
	17 Total expenses. Add lines 10 through 16	17	17,034
ASSETS	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-4,359
	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	16,439
	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	12,080

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2013)

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Handwritten marks: a large '4' and the number '17'.

SCANNED OCT 28 2014

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

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
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)		X
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)?		X
35b	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		X
35c	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		X
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
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a _____		
37b	b Did the organization file Form 1120-POL for this year?		X
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?		X
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b _____		
39	Section 501(c)(7) organizations. Enter		
39a	a Initiation fees and capital contributions included on line 9		
39b	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 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____		
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		X
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 <input type="checkbox"/> _____		
40d	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____		
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		X
41	List the states with which a copy of this return is filed <input type="checkbox"/> <u>MO</u>		
42a	The organization's books are in care of <input type="checkbox"/> <u>SEE ATTACHMENT #4</u> Telephone no. <input type="checkbox"/> _____ Located at <input type="checkbox"/> _____ ZIP + 4 <input type="checkbox"/> _____		
42b	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 <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42c	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 <input type="checkbox"/> _____		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 <input type="checkbox"/> 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		X
44b	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		X
44c	c Did the organization receive any payments for indoor tanning services during the year?		X
44d	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		N/A
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)		X

	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		X

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		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If "Yes," was the related organization a section 527 organization?		X

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"

(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
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
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: *Gina Hoth* Date: 10-7-14
 Type or print name and title: GINA HOTH SECRETARY/TREASURER

Paid Preparer Use Only
 Print/Type preparer's name: JEANETTE GOLDSTEIN Preparer's signature: *Jeanette Goldstein* Date: 10/7/14
 Firm's name: H AND R BLOCK Check if self-employed PTIN: P00142593
 Firm's address: 106 E MAIN Firm's EIN: 431504125 Phone no.: 417-845-6464

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

SCHEDULE A
(Form 990 or 990-EZ)

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

Department of the Treasury
Internal Revenue Service

▶ **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

Open to Public Inspection

Name of the organization PARENTS PLUS ORGANIZATION	Employer identification number 20-4221376
--	---

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?

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

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									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

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.")		600	1,467	1,820	2,370	6,257
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		600	1,467	1,820	2,370	6,257
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.						6,257

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		600	1,467	1,820	2,370	6,257
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	62	28	2	4	3	99
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)	11,948	13,146	14,347	21,133		60,574
11 Total support. Add lines 7 through 10						66,930
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. 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

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	9.35 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
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 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 checked="" type="checkbox"/>		

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2013

▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
PARENTS PLUS ORGANIZATION

Employer identification number
20-4221376

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		AKRANSAS N (event type)	REDBIRD/MU (event type)	3 (total number)	(add col. (a) through col. (c))
1	Gross receipts	654	3,365	16,430	20,449
2	Less Contributions			2,370	2,370
3	Gross income (line 1 minus line 2)	654	3,365	14,060	18,079
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	395	2,557	4,825
10	Direct expense summary. Add lines 4 through 9 in column (d)				7,777
11	Net income summary. Subtract line 10 from line 3, column (d)				10,302

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) thru col (c))
		1	Gross revenue		
DIRECT EXPENSES	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in

a	The organization's facility	13a	%
b	An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

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 990-EZ or to provide any additional information.

▶ 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.

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization PARENTS PLUS ORGANIZATION	Employer identification number 20-4221376
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OTHER EXPENSES

ATM FEES \$3
MEMBERSHIP RENEWAL FEE \$45
RENEW FEDERAL TAX ID \$850
OFFICE SUPPLIES \$ 3
RED RIBBON WEEK BALLOONS \$186
RED RIBBON WEEK STICKERS AND RIBBONS \$142
READING STORE SUPPLIES AND PRIZES \$397
READNG WEEK FOOD \$78
3RD AND 4TH GRADE READING NUGHT FOOD \$248
4TH GRADE MISSOURI NIGHT FOOD AND DRINKS \$258
FAMILY NIGHT FOOD AND SUPPLIES \$320
BOX TOP PARTIES FOOD \$180
DRUG FREE WEEK CANDY AND SUPPLIES \$31
DARE GRADUATION PARTY \$126
TEACHER CONFERENCE MEALS \$248
TEACHER APPRECIATION WEEK MEALS/GIFT CARD \$1153
TEACHER RETIREMENT PARTY \$360
TINTING SCHOOL CAFETERIAS WINDOWS \$1300
BUYING DIE CASTS FOR TEACHERS \$636
IMPROVING PARKING LOTS \$7500
POWER WASHER PURCHASED FOR JANITORS \$389
MONIES GIVEN TO TEACHERS FOR CLASSROOM \$2535
TOTAL OTHER EXPENSES \$16988

FORM 990 PROGRAM SERVICE ACCOMPLISHMENTS FORM 990EZ PAGE 3 PART III
WE PROVIDED A NUMBER OF SERVICES FOR OUR SCHOOL AND STUDENT POPULATION TH
YEAR. FOR THE ELEMENTARY SCHOOL WE TINTED THE SCHOOL CAFETERIA WINDOWS AT
COST OF \$1300. WE PURCHASED DIE CASTS THE TEACHERS FOR \$636. WE IMPROVED
THE SCHOOLS PARKING LOTS FOR \$7500 TOTAL EXPENSE. WE PURCHASED A POWER WA
TO BE USED BY THE JANITORS FOR \$389. AND WE GAVE MONIES TO THE TEACHERS F
TO BUY ITEMS FOR THEIR CLASSROOMS OF \$2535.

IN ADDITION TO THE ABOVE, WE DID THE FOLLOWING FOR THE STUDENTS:

1. WE PURCHASED BALLOONS AND STICKERS FOR RED RIBBON WEEK. THIS WEEK PROM
STUDENT INVOLVEMENT, COMMUNITY PRIDE. THEY HAD WEAR DIFFERENT THINGS EACH
2. WE PURCHASED SUPPLIES AND PRIZES FOR THE READING STORE AT THE SCHOOL.
ENCOURAGES THE CHILDREN TO READ.
3. WE PROVIDED FOOD FOR READING WEEK, 3RD AND 4TH GRADE READING NIGHTS,
AND 4TH GRADE MISSOURI NIGHT. THE 3RD AND 4TH GRADE READING NIGHT WE PROV
FOOD FOR 100 PEOPLE; THE 4TH GRADE MISSOURI NIGHT WE FED 70 PEOPLE.
4. WE PROVIDED 400 MEALS FOR FAMILY NIGHT AT THE ELEMENTARY SCHOOL.
5. WE PURCHASE FOOD AND SUPPLIES FOR DRUG FREE WEEK AND DARE GRADUATION.
THESE PROGRAMS ENTICE CHILDREN TO STAY DRUG FREE.
6. WE ALSO PROVIDE FOOD AND GIFTS FOR TEACHER APPRECIATION WEEK, TEACHER
CONFERENCES AND TEACHER RETIREMENT PARTY.

990 PRIMARY EXEMPT PURPOSE

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 2, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2013, or tax period beginning	08-01	, and ending	07-31-2014.
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Name of Organization PARENTS PLUS ORGANIZATION	Employer Identification Number 20-4221376
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Primary Purpose
OUR ORGANIZATION'S PRIMARY PURPOSE IS TO AID STUDENTS OF THE ELEMENTARY SCHOOL BY PROVIDING SUPPORT FOR THEIR EDUCATIONAL NEEDS AND TO PROMOTE OPEN COMMUNICATION BETWEEN THE ADMINISTRATION TEACHERS AND PARENTS. OUR ORGANIZATION WILL ALSO ASSIST IN PROVIDING MATERIALS SERVICES AND/OR ACTIVITIES FOR THE STUDENTS WITH THE TEACHER AND ADMINISTRATIVE APPROVAL WHICH WILL ADD TO THE ACADEMIC PHYSICAL AND SOCIAL GROWTH OF OUR STUDENTS.

990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2013, or tax period beginning	08-01-2013, and ending	07-31-2014.
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Name of Organization PARENTS PLUS ORGANIZATION	Employer Identification Number 20-4221376
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Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses
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Exempt Purpose Achievements

WE SPONSORED OUR ANNUAL CARNIVAL FOR OUR STUDENT POPULATION AND THEIR FAMILIES. WE RAISED \$13636 OF MONIES AND EXPENDED \$1031. WE ALSO HELD 3 FUNDRAISERS IN WHICH WE MADE \$4272 AND SPENT \$2424. WE ALSO MADE \$2823 FROM BOX TOPS AND MISCELLANEOUS INCOME OF \$402. WITH THE ABOVE PROCEEDS WE WERE ABLE TO DO THE FOLLOWING: WE WERE ABLE TO PURCHASE AN ELECTRONIC SIGN FOR OUTSIDE OF THE ELEMENTARY SCHOOL. THIS COST US \$5193. WE ALSO WERE ABLE TO REPAIR THE ICE MACHINE IN THE ELEMENTARY SCHOOL FOR \$595. WE ABLE TO GIVE THE TEACHERS A TOTAL OF \$2693 TO THE TEACHERS FOR THEM TO SPEND ON THEIR CLASSROOMS. WE PURCHASED BOOKS FOR THE ACCELAERATED READING PROGRAM AS WELL AS CONDUCTING THE AWARD PARTIES. WE WERE ABLE TO PAY FOR A DRUG FREE COUNSELOR AS WELL AS CONDUCTING THE DARE STUDENT GRADUATION PARTY AND OTHER VARIOUS PARTIES FOR THE ELEMENTARY SCHOOL. WE FINALLY HAD A TEACHER APPRECIATION DINNER.

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC INSPECTION For calendar year 2013, or tax period beginning 08-01-2013, and ending 07-31-2014.

Name of Organization: PARENTS PLUS ORGANIZATION
 Employer Identification Number: 20-4221376

(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont. to employee ben. plans & def. comp	(E) Expense account & other compensation
ASHLEY CORCORAN PRESIDENT		0	0	0
FAIQA KAMRAN VICE PRESIDENT		0	0	0
GINA HOTH SECRETARY/ TREASURER		0	0	0

990 BOOKS ARE IN CARE OF

ATTACHMENT 4 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC INSPECTION	For calendar year 2013, or tax period beginning	08-01	, and ending	07-31-2014.
Name of Organization PARENTS PLUS ORGANIZATION			Employer Identification Number 20-4221376	

Part V - Line 42a

Individual Name
or
Business Name

GINA HOTH

Street Address

2471 NEW BETHEL ROAD

U.S. Address

Zip code 64831 City ANDERSON State MO

Foreign Address

City

Province or State

Country

Postal code

Phone Number (417) 364-6093

Fax Number

2013 DETAIL STATEMENTS

PARENTS PLUS ORGANIZATION
20-4221376

STATEMENT #1 - GROSS RECEIPTS (SCH G, PART II LINE C-1)

VALENTINE BALLOON AND CANDY SALES.....	825
FALL MUMS SALES.....	3,908
CARNIVAL-LOOSE CHANGE WARS.....	525
CARNIVAL-DONATIONS.....	2,370
CARNIVAL-TEACHER BOOTHS.....	2,535
MISC FOOD SALES.....	128
CARNIVAL RECEIPTS.....	6,139

TOTAL CARRIED TO SCH G, PART II LINE C-1..... 16,430

STATEMENT #2 - OTHER DIRECT EXPENSES (SCH G, PART II LINE A-7A)

COST OF TICKETS.....	395
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TOTAL CARRIED TO SCH G, PART II LINE A-7A..... 395

STATEMENT #3 - OTHER DIRECT EXPENSES (SCH G, PART II LINE B-7A)

COST OF APPAREL.....	2,314
FLYERS-ADVERTISING.....	243

TOTAL CARRIED TO SCH G, PART II LINE B-7A..... 2,557

STATEMENT #4 - OTHER DIRECT EXPENSES (SCH G, PART II LINE C-7A)

COST OF BALLOONS-VALENTINE.....	289
COST OF CANDY-VALENTINE.....	103
COST OF MUMS-FALL MUM SALE.....	2,646
CUSTODIANS-CARNIVAL.....	494
POSTAGE-CARNIVAL.....	47
COST OF PENS-CARNIVAL.....	157
COST OF SALES-CARNIVAL.....	941
CARNIVAL SUPPLIES.....	148

TOTAL CARRIED TO SCH G, PART II LINE C-7A..... 4,825
