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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

2014

Open to Public Inspection

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.

A For the 2014 calendar year, or tax year beginning 07-01-2014, and ending 06-30-2015

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: FYLE PARENT GROUP
Number and street (or P O box, if mail is not delivered to street address) Room/suite: 133 VOLLMER PARKWAY
City or town, state or province, country, and ZIP or foreign postal code: ROCHESTER, NY 14623

D Employer identification number: 22-2677361
E Telephone number: (585) 233-2163
F Group Exemption Number

G Accounting Method: [X] Cash [ ] Accrual Other (specify)

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

I Website: NA

J Tax-exempt status (check only one): [ ] 501(c)(3) [X] 501(c)(4) (insert no ) [ ] 4947(a)(1) or [ ] 527

K Form of organization: [ ] Corporation [ ] Trust [X] 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. \$ 25,470

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 [X]

Table with 3 main sections: Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Includes sub-rows for detailed calculations like 5a-5c and 6a-6d.

**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 |
|--|-----------------------|-----------------|
| <b>22</b> Cash, savings, and investments . . . . .   | 6,380                 | <b>22</b> 8,433 |
| <b>23</b> Land and buildings . . . . .   |                       | <b>23</b>       |
| <b>24</b> Other assets (describe in Schedule O) . . . . .  |                       | <b>24</b>       |
| <b>25 Total assets</b> . . . . .   | 6,380                 | <b>25</b> 8,433 |
| <b>26 Total liabilities</b> (describe in Schedule O) . . . . .   |                       | <b>26</b>       |
| <b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . . | 6,380                 | <b>27</b> 8,433 |

**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

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose?  
ENHANCE 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

|  |            |       |
|--|------------|-------|
| <b>28</b> SCHOOL FIELD TRIPS, AFTER SCHOOL PROGRAMS<br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>  | <b>28a</b> | 1,385 |
| <b>29</b> READING PROGRAMS, ASSEMBLIES AND VARIOUS PROGRAMS TO PROMOTE SCHOOL UNITY<br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>                              | <b>29a</b> | 5,981 |
| <b>30</b> STAFF AND STUDENT APPRECIATION ALLOWS PARENTS TO RECOGNIZE OUTSTANDING ACHIEVEMENTS DURING SCHOOL YEAR<br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | <b>30a</b> | 950   |
| <b>31</b> Other program services (describe in Schedule O)<br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>  | <b>31a</b> |       |
| <b>32 Total program service expenses</b> (add lines 28a through 31a) <input type="checkbox"/>  | <b>32</b>  | 8,316 |

**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 |
|----------------------------------|--|--|---|--|
| MARY CORYELL<br>FIRST CHAIR      | 002 00   | 0  |   |  |
| HEATHER GODOWN<br>SECOND CHAIR   | 002 00   | 0  |   |  |
| BRIAN LEAVITT<br>TECHNICAL CHAIR | 002 00   | 0  |   |  |
| MIKE DINSMORE<br>TREASURER       | 002 00   | 0  |   |  |
| AMY TRAGER<br>SECRETARY          | 002 00   | 0  |   |  |
|                                  |  |  |   |  |
|                                  |  |  |   |  |
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|                                  |  |  |   |  |
|                                  |  |  |   |  |

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

Form 990-EZ (2014) questions 33-45b regarding organizational activities, financials, and compliance. Includes sections for political expenditures, Form 1120-POL, Section 501(c)(7) organizations, Section 501(c)(3) organizations, and foreign accounts.

|    |     |    |
|----|-----|----|
|    | Yes | No |
| 46 |     | 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 . . . . .

**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  |     |    |
| 48  |     |    |
| 49a |     |    |
| 49b |     |    |

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 . . . . .

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

b If "Yes," was the related organization a section 527 organization? . . . . .

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 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 \_\_\_\_\_ Date 2015-11-11  
 MIKE DINSMORE TREASURER  
 Type or print name and title \_\_\_\_\_

**Paid Preparer Use Only**  
 Print/Type preparer's name ROBERT ALLEN Preparer's signature \_\_\_\_\_ Date 2015-11-11 Check  if self-employed PTIN \_\_\_\_\_  
 Firm's name AFFORDABLE ACCOUNTING AND TAX SERVICE Firm's EIN \_\_\_\_\_  
 Firm's address 3045 EAST HENRIETTA RD Phone no (585) 359-1040  
 HENRIETTA, NY 14467

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

## TY 2014 Compensation Explanation

**Name:** FYLE PARENT GROUP

**EIN:** 22-2677361

**Software ID:** 14000292

**Software Version:** 14.4.1.0

| Person Name | Explanation |
|-------------|-------------|
|-------------|-------------|

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2014

Open to Public Inspection

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.

Attach to Form 990 or Form 990-EZ.

Information about Schedule G (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 FYLE PARENT GROUP

Employer identification number

22-2677361

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

Table with 6 columns: (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. Includes a Total row at the bottom.

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

NY

**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.

|   |  | (a) Event #1                           | (b) Event #2                      | (c) Other events           | (d) Total events              |
|---|--|--|-----------------------------------|----------------------------|-------------------------------|
|   |  | <u>FALL FUNDRAISER</u><br>(event type) | <u>BOOK FAIRS</u><br>(event type) | <u>1</u><br>(total number) | (add col (a) through col (c)) |
| <b>Revenue</b>  | <b>1</b> Gross receipts . . . . .  | 10,505                                 | 6,747                             | 8,212                      | 25,464                        |
|   | <b>2</b> Less Contributions . . . . .  |  |                                   |                            |                               |
|   | <b>3</b> Gross income (line 1 minus line 2) . . . . .                            | 10,505                                 | 6,747                             | 8,212                      | 25,464                        |
| <b>Direct Expenses</b>  | <b>4</b> Cash prizes . . . . .   |  |                                   |                            |                               |
|   | <b>5</b> Noncash prizes . . . . .  |  |                                   |                            |                               |
|   | <b>6</b> Rent/facility costs . . . . .   |  |                                   |                            |                               |
|   | <b>7</b> Food and beverages . . . . .  |  |                                   |                            |                               |
|   | <b>8</b> Entertainment . . . . .   |  |                                   |                            |                               |
|   | <b>9</b> Other direct expenses . . . . .   | 5,198                                  | 5,085                             | 4,319                      | 14,602                        |
|   | <b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶ |  |                                   |                            |                               |
| <b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶ |  |  |                                   |                            | 10,862                        |

**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.

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

**9** Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

**a** Is the organization licensed to conduct 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 conduct 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 activities conducted in

|                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |

**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 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).

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

**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 O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

**2014**

**Open to Public Inspection**

Name of the organization  
FYLE PARENT GROUP

**Employer identification number**

22-2677361

**990 Schedule O, Supplemental Information**

| Return Reference                             | Explanation   |
|--|---|
| Form 990-EZ, Part I, Line 16, Other Expenses | ADMINISTRATIVE 149                                  |
| Form 990-EZ, Part I, Line 16, Other Expenses | LEGAL AND ACCOUNTING FEES 350                       |
| Form 990-EZ, Part I, Line 16, Other Expenses | SCHOOL FIELD TRIPS, AFTER SCHOOL PROGRAMS 1,385     |
| Form 990-EZ, Part I, Line 16, Other Expenses | READING PROGRAMS, ASSEMBLIES, SCHOOL PROGRAMS 5,981 |
| Form 990-EZ, Part I, Line 16, Other Expenses | STAFF STUDENT APPRECIATION ACHIEVEMENT PROGRAMS 950 |