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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 1545-0047

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 and its instructions is at www.irs.gov/form990.

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2014								
Open to Public								
Inspection								

Comparation	_	ror the	2014 Calendar year, or tax year beginning AUG 1, 2014 and	enaing L	JUN 30, 2013	
Summer and street (or P.0. bot if mails not delivered to street address) Room/suite E Telephone number 73.3 48.5 4.951 Stack 18.618 ST. MARX 'S LANE City or town, state or province, country, and 2P or foreign postal code G. coses receives 1	В	Check if applicable	C Name of organization		D Employer identific	cation number
Doing Dusiness as Number and street (or P.O. box if mail is not delivered to street address) Room/Suite E Telephone number 713-485-4951 3618 ST. MARY'S LANE T7079-3440 H(a) is this a group return 13618 ST. MARY'S LANE HOUSTON, TX 77079-3440 H(a) is this a group return 13618 ST. MARY'S LANE HOUSTON, TX 77079 H(b) keral subcontants received Ves No No No No No No No No		jchange	5392 WILCHESTER ELEMENTARY PTA CONGRES	SS		
Number and street (pt PL, ox * mains into delivered in Strein adures) Table Tabl	L	Jchange	Doing business as	74-6	086293	
City or town, state or province, country, and ZiP or foreign postal code Angelow		Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
City or town, state or province, country, and ZIP or foreign postal code MOUSTON, TX, 77079 - 3.440		Final return/	13618 ST. MARY'S LANE		713-	485-4951
Houston, Tx 77079 - 3440		termin-	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	552.387.
Name and address of perception 13618 ST. MARY S LANE, HOUSTON, TX 77079 1 1 1 1 1 1 1 1 1	Г	Amend				
13618 ST. MARY S LANE, HOUSTON, TX 77079 Tax-exempt status LX 5010(s) 100(s)	_	Applica			7 ' ' ' ' ' ' ' '	
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Website: ▶ WWW. WILCHESTERPTA. COM Hick Group exemption number New Form of organization: Corporation Trust X Association Other L Year of formation: 1967 M State of legial domcile: X Part Summary					- ' '	
Form of organization:	<u></u>	Tax-exe	empt status $X = 501(c)(3) = 501(c)(1) = 1000(c)$ (insert no.) $= 4947(a)(1) = 1000(c)$	or 527		•
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PROMOTE THE WELFARE OF CHILDREN AT HOME, AT SCHOOL, AND IN THE 2 Check this box b	P					
PROMOTE THE WELFARE OF CHILDREN AT HOME, AT SCHOOL, AND IN THE 2 Check this box b	-	1	Briefly describe the organization's mission or most significant activities THE I	WILCHI	STER PTA EX	ISTS TO
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HOUSTON, TX 77042 Phone no. (713) 278-5100	Us	e Only				
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432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2014)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2014) 5392 WILCHESTER ELEMENTARY PTA CONGRESS 74-6086293 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission THE WILCHESTER PTA EXISTS TO PROMOTE THE WELFARE OF CHILDREN AT HOME,
	AT SCHOOL, AND IN THE COMMUNITY THROUGH VARIOUS ACTIVITIES AND
	ENRICHMENT PROGRAMS.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code) (Expenses \$ 61,721. including grants of \$ 61,721.) (Revenue \$)
	EDUCATIONAL SUPPORT - PROVIDES STUDENTS AT WILCHESTER ELEMENTARY WITH
	CLASSROOM EQUIPMENT AND SUPPLIES TO ENHANCE THE STUDENTS LEARNING
	EXPERIENCE.
4b	(Code) (Expenses \$ 60,496. including grants of \$ 60,496.) (Revenue \$
	STAFF DEVELPOMENT INCLUDING MATH INTERVENTIONIST AND READING SPECIALIST
	- TO PROVIDE STUDENTS WITH ADDITIONAL SUPPORT IN MATH AND READING.
	(Code) (Expenses \$ 45,984 • including grants of \$ 45,984 •) (Revenue \$)
4c	(Code) (Expenses \$ 45,984. Including grants of \$ 45,984.) (Revenue \$) TECHNOLOGY PROGRAMS AND EQUIPMENT DESIGNED TO FURTHER ENHANCE LEARNING
	AT WILCHESTER ELEMENTARY.
	AT WILCHESTER ELEMENTARY.
4d	Other program services (Describe in Schedule O)
+4	CE 057 AE 050 33 147
40	(Expenses \$ 05,857 · including grants of \$ 45,859 ·) (Revenue \$ 33,147 ·)

Form **990** (2014)

Page 3

1

If Yes," complete Schedule A Schedule Schedule B, Schedule of Contributors 2 Schedule of Contributors 2 X X Schedule of Yes," complete Schedule C, Part I Section Soli(K)3) granizations engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II Section Soli(K)3) granizations. But 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 Section Soli(K)3) granizations as section 501(k)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-1991 If "Yes," complete Schedule C, Part II Similar Vives, "complete Schedule C, Part II Similar Vives," complete Schedule C, Part II Similar Vives, "complete Schedule D, Part I Similar Vives," complete Schedule D, Part II Similar Vives, "complete Schedule D, Part II Similar Vives," complete Schedule D, Part II Similar Vives, "complete Schedule D, Part II Similar Vives," complete Schedule D, Part II Similar Vives, "complete Schedule D, Part II Similar Vives," complete Schedule D, Part II Similar Vives, "complete Schedule D, Part II Similar Vives," complete Schedule D, Part II Similar Vives, "complete Schedule D, Part II Similar Vives, "complete Schedule D, Part II Similar Vives," complete Schedule D, Part II Similar Vives, "complete Schedule D, Part II Similar Vives, "complete Schedule D, Part II Similar Vives, "complete Schedule D, Part VI Similar Vives, "complete Schedule D, Part X Similar Vives, "complete Schedule D, Part X Similar Vives, "complete Schedule D,				Yes	No
3 M X Section SOI (c)(3) organization engage in direct or indirect political campagin activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule, P. Pert I Section SOI (c)(3) organizations. Did the organization engage in lobbying activities, or have a section SOI (h) election in effect during the tax year? If "Yes," complete Schedule, P. Pert II "Yes," complete Schedule C, Pert II Did to organization in a section SOI (h)(6), 501 (c)(6), 50	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
3 Did the organization reginge in direct or indirect political campaign activities on behalf of or in opposition to candidates for public offices (11 Ves.)* complete Schedule C, Part III 4 Section 501(x)(3) organizations. Did the organization range in lioblying activities, or have a section 501(ii) election in effect during the tax year? If 17 Ves. complete Schedule C, Part III 5 In the organization as ection 501(x)(4), 501(x)(5), or 501(x)(5),	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect duming the tax year? If "Yes," complete Schedule C, Part II is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III is Did the organization make any donor advessed funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts II "Yes," complete Schedule D, Part II is Did the organization receiver or hold a conservation easement, including assements to preserve open space, the environment, instruction are assert in cluding assements to preserve open space, the environment, instruction are assert in the complete Schedule D, Part III is Did the organization maintain collections of works of art, historical treasures, or other similar assets? II "Yes," complete Schedule D, Part III is Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? III "Yes," complete Schedule D, Part IV III the organization shared or any of the following questions is "Yes," then complete Schedule D, Part IV III the organization shared on any of the following questions is "Yes," then complete Schedule D, Part IV III the organization and any of the following questions is "Yes," then complete Schedule D, Part X III III X X as applicable. Did the organization report an amount for investments - other securities in Part X, line 10 It is system or of its total assets reported in Part X, line 16 If IVes," complete Schedule D, Part XIII X X III X X	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
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d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X	С				٠,,
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e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization bity for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12b Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? 15 Did the organization have aggregate revenues or expenses of more than \$1,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines to and 8a? If "Yes," complete Schedule G, Part II 17 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 18 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a X	d		11d	ľ	x
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21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17 if 17'es*, complete Schedule (, Parts i and ii) 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if 17'es*, complete Schedule I, Parts I and Iii 23 Did the organization naiver "vie* to Part IX is Schedule I, Parts I and Iii 24 Did the organization answer "vie* to Part IX is Schedule I, Parts I and Iii 25 Oschedule I or organization answer "vie* to Part IX is Schedule II. Parts I and Iii 26 Did the organization assisted after December 31, 2002? If "Yes," answer lines 24d through 24d and complete Schedule IX is the organization when an ascrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? 27 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 28 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 29 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 29 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 29 Did the organization area an ascrow account other than a refunding secrow at any time during the year? 29 Did the organization area and ascrow account of the third in ordinary tax is section 501(A)3, 501(A)4(A), and 501(A)290 organizations. Did the organization engage in an excess benefit transaction with a disqualified person any any area of the assistance to an officer, director, trustee, Part I is be organization report any amount on Part X, line 5, 6, or 22 for rocewables from or payables to any current or former officers, directors, trustees, expendige organization provide a grant or other assistance to an officer, director, trustee, and the properties of a pay to the payables to appraisable filter presends, organ	ш			Yes	
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23 Did the organization answer "Yes" to Part VII, Section A, Inic 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Unit the View of the Very Schedule J Unit was issued after December 31, 2002? If "Yes," answer intels 246 through 2/d and complete Schedule K If "No", go to line 258 248			22		х
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240 Dit the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule N. If Not." got to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? C Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Do the organization and a sin of behalf of "issuer for bonds outstanding at any time during the year? 4d Each of the confidence of the single process of the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization process. The single process of the organization process of the organization process. The single process of the organization provide a grant or other assistance to an officer, director, trustee, or disqualified persons? If "Yes," complete Schedule L, Part II 28 Was the organization and provide a grant or other assistance to an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A A current or former officer, director, trustee, or key employee for a family member thereof) was an officer, director, trustee, or key employee for a family member			1		ľ
slast day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a b) Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d) Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d) Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? d) Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? 25a Section 501(6)(3), 501(4)4), and 501(6)(29) organizations. Did the organization spage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I I b is the organization aware that it engaged in an excess benefit transaction with a disqualified person or payables to the properties Schedule L, Part I II 7b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, director, strustees, key employees, indisqualified persons? If "Yes," complete Schedule L, Part I II 7c Did the organization in provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV 1c A neithy of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 1c A neithy of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 1c A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 1c A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 1c A current or		Schedule J	_23		Х
Schedule K If *No*, go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization invest any proceeds of tax-exempt bonds outstanding at any time during the year to defease any tax-exempt bonds? d Did the organization act as an *ion behalf of *issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if *Yes,* complete Schedule L, Part I if *ion the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any ourrent or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If *Yes,* complete Schedule L, Part II is the programation provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of auranty to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If *Yes,* complete Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If *Yes,* complete Schedule L, Part IV instructions of a particles of the following parties (see Schedule L, Part IV instructions of the organization receive or indirect owner). If *Yes,* complete Schedule L, Part IV instructions	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
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Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	С				,,
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contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O			29		 ^ -
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Note. All Form 990 filers are required to complete Schedule O			37	-	<u> </u>
	38			y	
		Note. All Form 990 filers are required to complete Schedule O			(2014)

Form 990 (2014) 5392 WILCHESTER ELEMENTARY PTA CONGRESS

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0		:	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	gamıng			
	(gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	[3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority of	over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country:				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction?	[5b		Х
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organiz	ation solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gift	fts			
	were not tax deductible?	į	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provi	ded to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require	d			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				_
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	Į.	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	1	7f_		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?	<u> </u>	8		
9	Sponsoring organizations maintaining donor advised funds.			_	
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter.				
а	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them)				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	}	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	}	13a		
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans [3b]				
	Enter the amount of reserves on hand [13c] Did the experience deviage the tax year?		14-	 	X
	Did the organization receive any payments for indoor tanning services during the tax year? If "You " how it filed a Form 720 to report those payments? If "No." provide an explanation in Schedule O		14a		
<u></u> _	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		<u>14b</u>	.000	(0044

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 8			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent [1b]		ĺ	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b]	Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		L
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13_		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		<u> </u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ TX			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	icial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	JENNIFER BRANNEN - 713-248-0554			
	13618 ST. MARY'S LANE, HOUSTON, TX 77079			

Form	aan	(2014)	

5392 WILCHESTER ELEMENTARY PTA CONGRESS

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Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid
 List all of the organization's current key employees, if any See instructions for definition of "key employee "
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order, individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees; and former such persons

X Check this box if neither the organization n	or any related	orga	anıza	ition	cor	nper	nsat	ted any current officer, o	director, or trustee	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	,,,	201.0	Pos	ition	than		Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	\vdash	cer an	dad	irecto	or/trus	tee)	from	from related	other
	(list any	ector					l	the	organizations	compensation
	hours for	- E	 **		•	ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		یو	Suedi		(W-2/1099-MISC)		organization and related
	organizations below	la El	ona.		ploye	S S	١.			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			i
(1) LEIGH FOWLER	1.00	=	트	5	ž	主志	7			
PRESIDENT		1		х				0.	0.	0.
(2) KARA MCAFEE	1.00		1			\vdash	╁			
VP OF PROGRAMS		1		x	1			0.	0.	0.
(3) MIMI HAMILTON	1.00		-			T				
VP BUDGET		1		х				0.	0.	0.
(4) NATALIE MANDERY	1.00	┢	<u> </u>							
VP WAYS AND MEANS		1		X				0.	0.	0.
(5) GRETCHEN MONTALBO	1.00	Г		Ħ		Т				
TREASURER		1		X	l			0.	0.	0.
(6) JENNIFER HALL	1.00		Γ							
SECRETARY				X				0.	0.	0.
(7) MEKA AREND	1.00									_
PARLIAMENTARIAN				X				0.	0.	0.
(8) JENNIFER FRANSON	1.00								_	_
VP OF COMMUNICATIONS				Х	ļ			0.	0.	0.
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	(A) Name and business address						
2	Total number of independent contractors (including but \$100,000 of compensation from the organization	it not limited to those	listed above) who received more than				

			Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII			
			-			Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts its	1 a	3	Federated campaigns	1a	17,132.	-			
iran			Membership dues	1b	821.				
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events	1c					
第三			Related organizations	1d					
S, E			Government grants (contributi	ons) 1e					
ΈΩ			All other contributions, gifts, grant	· —					
풀			similar amounts not included above	1 1					
음	ç	7	Noncash contributions included in lines	1a-1f \$					
3 g	<u> </u>	<u> </u>	Total. Add lines 1a-1f		•	17,953.			
					Business Code	5 004	. 5 204		-
<u>8</u>	2 a	_	DIRECTORY		611710	5,284.	5,284.		
Program Service Revenue	t		YEARBOOK		611710	1,710.	1,710.		
en S	•		SCHOOL SUPPLIES		611710	1,536.	1,536.		ļ
Tal Jev	•	d	COOKBOOKS		611710	18.	18.		
5 <u> </u>	•	е							
٠	ſ		All other program service reve	nue	L	0 540			
\rightarrow		9_	Total. Add lines 2a-2f			8,548.			-
	3		Investment income (including	dıvıdends, ınter	est, and	274			274.
}			other similar amounts)		P	274.			4/4.
	4		Income from investment of tax	x-exempt bond (proceeds -				-
ļ	5		Royalties		<u> </u>				
				(ı) Real	(ii) Personal				
	6 :	a	Gross rents						
			Less: rental expenses		 				
			Rental income or (loss)				-		
			Net rental income or (loss)	·	<u> </u>				
	7 :	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory				i		
	l	b	Less. cost or other basis						1
			and sales expenses						
			Gain or (loss)		ا ا				
			Net gain or (loss)						
ne	8	а	Gross income from fundraisin	- :					
evenue	l		including \$	of					
8			contributions reported on line	(IC) See	477,253.			l	
Other R	l ,	L	Part IV, line 18		132,003.				
ŏ			Less direct expenses Net income or (loss) from fund		, 132,003.	345,250.	İ		345,250.
			Gross income from gaming a			220,2000			
	9	d	Part IV, line 19		19,873.				
		h	Less direct expenses	· ·	1 F 4 C				1
	1		Net income or (loss) from gan		,,,	18,327.	18,327.		1
			Gross sales of inventory, less				<u> </u>		
		_	and allowances		28,486.				
	1	h	Less. cost of goods sold		22,214.				
			Net income or (loss) from sale		•	6,272.	6,272.		
		<u> </u>	Miscellaneous Revenu		Business Code				
	11	а							
		b							
	ı	c							
		d	All other revenue	-					
		е	Total. Add lines 11a-11d		•				
	12		Total revenue. See instructions.			396,624.	33,147.	C	345,524.
43200 11-07	09 '- 14							-	Form 990 (2014)

Secti	on 501(c)(3) and 501(c)(4) organizations must com			mplete column (A)	
	Check if Schedule O contains a respon	se or note to any line in (A)		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	24 252	014 060		
	and domestic governments. See Part IV, line 21	214,060.	214,060.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign			Ì	
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include		ĺ	ĺ	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	750		750.	
С	Accounting	750.		/30.	
d	, ,				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	25,955.	19,998.	5,957.	
	column (A) amount, list line 11g expenses on Sch O.)	25,955.	13,330.	5,357.	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings		· ·		
20	Interest Payments to affiliates				
21 22	Depreciation, depletion, and amortization	· · · · · · · · · · · · · · · · · · ·			
23	Insurance				
23 24	Other expenses, Itemize expenses not covered				
27	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)		:		·
а					
b					
C				-	
d					
	All other expenses	240 765	224 050	2 707	
25	Total functional expenses. Add lines 1 through 24e	240,765.	234,058.	6,707.	0.
26	Joint costs. Complete this line only if the organization			ſ	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	CONTRACTOR TO A LA COLOMBIO COD 08-2/ACC 060 720\	l l		·	

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 50,778. 25,192. 1 1 Cash - non-interest-bearing 300,210. 169,937. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 Notes and loans receivable, net 7 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 10c b Less accumulated depreciation 11 Investments - publicly traded securities 12 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 195,129. 350,988 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 17 Accounts payable and accrued expenses 18 18 Grants pavable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 0. 0. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 195,129. 348,988. 27 Unrestricted net assets 27 2,000. 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 350,988. <u>195,</u>129

350,988. Form 990 (2014)

33

34

195,129.

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form	990 (2014) 5392 WILCHESTER ELEMENTARY PTA CONGRESS	74-000	0493	Pag	<u>je 12</u>
	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Щ,
			20		. .
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,6	
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,7	
3	Revenue less expenses. Subtract line 2 from line 1	3		5,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19	5,1	<u> 29.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,		2 -		~ ~
	column (B))	10	35	9, 9	88.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			 1	<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other	 -	1 1		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O.			37
2a	·		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			;
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				X
b	Were the organization's financial statements audited by an independent accountant?		2b		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			i
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		1 1		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,	-		-
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sci				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit			_ X
	Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	uired audit	_		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000	(004.1)
			⊦orm	320 ((2014)

SCHEDULE A

· (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

Empl

OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number

5392 WILCHESTER ELEMENTARY PTA CONGRESS 74-6086293 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g J Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported (u) EIN (III) Type of organization listed in your (described on lines 1-9 other support (see organization support (see governing document? above or IRC section Instructions) Instructions) Yes (see instructions))

Schedule A (Form 990 or 990-EZ) 2014 Part II Support Schedule for 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization'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	· ·	i				
	The portion of total contributions				<u> </u>		
Ŭ	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						
	ction B. Total Support		l	·	1		
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	(4) 2010	(5) 2011	(0) 2012	(4)20.0	(5) 2.5 1.7	(7.5.5.
	Gross income from interest,				<u> </u>		
Ü	dividends, payments received on						
	'''				1		
	securities loans, rents, royalties		}				
_	and income from similar sources				 		
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on		·	 		 	
10	Other income Do not include gain				1	1	
	or loss from the sale of capital						
	assets (Explain in Part VI)			1			
	Total support. Add lines 7 through 10			.1	L	12	<u></u>
	Gross receipts from related activities,	•	•		·		
13	First five years. If the Form 990 is for		s first, second, thi	ra, tourth, or titth t	tax year as a section	on 501(c)(3)	▶□
Sec	organization, check this box and storection C. Computation of Publ	ic Support Pe	ercentage	·-·			
_	Public support percentage for 2014 (column (fl)		14	%
			-	Column (i))		15	<u>/</u> 6
	Public support percentage from 2013 a 33 1/3% support test - 2014. If the c	-		on line 13 and line	14 is 33 1/3% or		
102					: 14 IS 33 1/370 OF	more, check this b	
	stop here. The organization qualifies 33 1/3% support test - 2013. If the organization are stopped to the stopped test - 2013 and the stopped test - 2013 are stopped to the stopped test - 2013 are stopped to the stopped test - 2013 are stopped to the stopped test - 2013 are stopped to the stopped test - 2013 are stopped to the stopped test - 2013 are stopped to the stopped test - 2013 are stopped to the stopped test - 2013 are stopped				d line 15 is 33 1/30	6 or more check	thus hov
	• •				u line 15 is 33 1/37	o of more, check	LI IIS DOX
	and stop here. The organization qual				10 16 16h	and line 14 is 100	/ az mara
178	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					art viriow the orga	mization
	meets the "facts-and-circumstances"					49	1004
ŀ	10% -facts-and-circumstances tes						
	more, and if the organization meets the						ie
	organization meets the "facts-and-circ		_				▶⊨
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 1	6a, 16b, 17a, or 17			
					Sch	equie a (Form 99	0 or 990-EZ) 2014

Schedute A (Form 990 or 990-EZ) 2014 5392 WILCHESTER ELEMENTARY PTA CONGRESS 74-6086293 Page 3 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

Sec	tion A. Public Support	elow, please comp	Diete Fart II)				
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and		1-7				
•	membership fees received (Do not						
	include any "unusual grants.")	75,031.	62,342.	67,977.	82,539.	17,132.	305,021.
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	259.217.	129,296.	388,708.	184,255.	538,170.	1,499,646.
•	• • •	ESS / EI / V	123,2301	3007.001	201,2001	000,1	
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf				- :		
5	The value of services or facilities						
	furnished by a governmental unit to	ı					
	the organization without charge			156 605	0.66 - 50.4	000	
6	Total. Add lines 1 through 5	334,248.	191,638.	456,685.	266,794.	555,302.	1,804,667.
7 a	Amounts included on lines 1, 2, and					44 -00	
	3 received from disqualified persons	20,230.	5,563.	22,337.	6,988.	14,588.	69,706.
t	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	15,905.					15,905.
	Add lines 7a and 7b	36,135.	5,563.	22,337.	6,988.	14,588.	85,611.
8	Public support (Subtract line 7c from line 6.)						1,719,056.
Se	ction B. Total Support						,, ,,
Cale	endar year (or fiscal year beginning in)	(a) 2010 334, 248.	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	334,248.	191,638.	456,685.	266,794.	555,302.	1,804,667.
10a	Gross income from interest,					Ì	ļ
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources	316.	470.	352.	240.	274.	1,652.
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975					1	
	Add lines 10a and 10b	316.	470.	352.	240.	274.	1,652.
	Net income from unrelated business						
	activities not included in line 10b,			1			
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital			İ			;
13	assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)	334,564.	192,108.	457,037.	267,034.	555,576.	1,806,319.
	First five years. If the Form 990 is fo						
	check this box and stop here	r the organization	3 11131, 0000110, 11111	a, roaran, or mar a	an you. 20 2 222	(-)(-) 9	▶□
Se	ction C. Computation of Publ	lic Support Pe	ercentage				
	Public support percentage for 2014 (column (fl)	······	15	95.17 %
16	Public support percentage from 2013					16	94.66 %
_	ction D. Computation of Inve						
17						17	.09 %
18	Investment income percentage for					18	.14 %
	a 33 1/3% support tests - 2014. If the			on line 14, and line	e 15 is more than :		
19	more than 33 1/3%, check this box a						→ X
	b 33 1/3% support tests - 2013. If the						· ·
	line 18 is not more than 33 1/3%, chi						
20	Private foundation. If the organization						
20	riivate iouituation. It the organizatio	on did not check a	. <u> </u>	a, or roo, oricon t	Don and dod in		00 or 000 EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 5392 WILCHESTER ELEMENTARY PTA CONGRESS 74-6086293 Page 4 Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)			
Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		<u> </u>
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		├──
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			1
	(b) and (c) below	3a		\vdash
þ	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			:
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	0.5		- 1
	organization made the determination	3b		├─
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)	ا م		
4-	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	4a		,
h.	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign		 	\vdash
b	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	ľ		'
	despite being controlled or supervised by or in connection with its supported organizations	4b		
_	Did the organization support any foreign supported organization that does not have an IRS determination			\vdash
·	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	į	1	;
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c	ļ	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN	ł	ł	
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,		1	,
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already		_	
	designated in the organization's organizing document?	5b		<u> </u>
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	<u> </u>	<u> </u>
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			1
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class			,
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also] ,
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	ĺ	ľ	
	Part VI.	66	├ ─-	├
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			1
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent	l _		-
_	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7	 	├
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?		1	ļ
•	If "Yes," complete Part I of Schedule L (Form 990)	8		├──
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in part VI.	9a	1	ļ
h	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which	<u> </u>	 	
	the supporting organization had an interest? If "Yes," provide detail in part VI.	9b		
^	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit	- 	 	
·	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	90		1
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)	1	T	\vdash
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting		ł	ł
	organizations)? If "Yes," answer (b) below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings)

	dule A (Form 990 or 990 EZ) 2014 5392 WILCHESTER ELEMENTARY PTA CONGRESS /4-60	8049	3 P	age 5
Pai	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		-
	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in part VI.	11c		<u> </u>
Sec	tion B. Type I Supporting Organizations		Γ.,	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	'		-
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	<u> </u>	
2	Did the organization operate for the benefit of any supported organization other than the supported		ļ	1
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			1
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1	<u> </u>	
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax	į		
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	***		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	<u> </u>	├
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	 	├
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's		l	l
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3	<u> </u>	<u> </u>
Sec	ction E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see Instructions):			
а				
b				
С		tructions		T
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		İ	İ
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify	1		
	those supported organizations and explain how these activities directly furthered their exempt purposes,		l	
	how the organization was responsive to those supported organizations, and how the organization determined			l
	that these activities constituted substantially all of its activities	2a	-	\vdash
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		1	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in part VI the	1		
	reasons for the organization's position that its supported organization(s) would have engaged in these			-
	activities but for the organization's involvement	2b	 	├─
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а		_		}
	trustees of each of the supported organizations? Provide details in Part VI.	3a	 	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	1	-	
	of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3b		

	dule A (Form 990 or 990-EZ) 2014 5392 WILCHESTER ELEMENT			4-6086293 Page 6
Pai	Typo in iton various and integration cooka/(c) cupporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			ictions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6]
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year).			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c	·	
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6_	Multiply line 5 by 035	6		<u> </u>
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	177		
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly-integrat	ed Type III supporting org	anization (see

instructions)

Schedule A (Form 990 or 990-EZ) 2014 5392 WILCHESTER ELEMENTARY PTA CONGRESS 74-6086293 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2014 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (ii) (iii) **Excess Distributions** Underdistributions Distributable Section E - Distribution Allocations (see instructions) Pre-2014 Amount for 2014 Distributable amount for 2014 from Section C, line 6 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2014 b С d e From 2013 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2014 from Section D, line 7 a Applied to underdistributions of prior years b Applied to 2014 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) Excess distributions carryover to 2015. Add lines 3) and 4c 8 Breakdown of line 7: b d Excess from 2013 e Excess from 2014

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 5392 WILCHESTER ELEMENTARY PTA CONGRESS 74-6086293 Page (Part VI) 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)
PART III, SHORT YEAR EXPLANATION:
THE ORGANIZATION HAD PREVIOUSLY USED A TAX YEAR ENDING ON 07/31.
BEGINNING WITH THE CURRENT TAX YEAR AND MOVING FORWARD, THE
ORGANIZATION WILL USE A TAX YEAR ENDING ON 06/30 TO COINCIDE WITH THE
NATURAL OPERATING CYCLE OF THE ORGANIZATION.

SCHEDULE G

·(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Inspection Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspection | Inspect

5392 WI	<u>LCHESTER ELEMENTAR</u>	RY P	TA	CONGRESS	<u> 74-6086</u>	293
Part I Fundraising Activities required to complete this part	. Complete if the organization answert	ered "Y	es" to	Form 990, Part IV, I	ine 17 Form 990-EZ	filers are not
a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written key employees listed in Form 990, F b If "Yes," list the ten highest paid ind compensated at least \$5,000 by the	e Solicita f Solicita g X Special or oral agreement with any individua Part VII) or entity in connection with p	tion of tion of I fundra I (include profess	non-g gover using ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees or X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have cr or con contribu	ustody trol of	(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
BOOSTER ENTERPRISES - 10400	ORGANIZE FUN RUN	Yes	No			
OLD ALABAMA ROAD CONNECT, STE	FUNDRAISER		х	92,136.	40,636.	51,500.
		-				
		-				
		-				
		<u> </u>		00.176	40.626	54 500
Total 3 List all states in which the organizati or licensing	on is registered or licensed to solicit	contrib	oution	92,136. s or has been notifie	40,636. d it is exempt from r	

Sch Pa	edu I rt	Fundraising Events. Complete if the of fundraising event contributions and grants.	he organization answered	d "Yes" to Form 990, Part	IV, line 18, or reported	more than \$15,000
e	-		(a) Event #1 AUCTION (event type)	(b) Event #2 BOOSTERTHON (event type)	(c) Other events 2 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	316,244.	95,136.	65,873.	477,253.
	2	Less Contributions				
	3	Gross income (line 1 minus line 2)	316,244.	95,136.	65,873.	477,253.
	4	Cash prizes				
Ø	5	Noncash prizes	2,279.			2,279.
pense	6	Rent/facility costs	25,621.			25,621.
Direct Expenses	7	Food and beverages			11,959.	11,959.
	8	Entertainment Other direct expenses	3,487.	43,721.	20,697.	3,487. 88,657.
	10		gh 9 in column (d)		>	132,003.
	11	Net income summary. Subtract line 10 from	line 3, column (d)			345,250.
Pa	art	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a	answered "Yes" to Form	1990, Part IV, line 19, or r	reported more than	
Revenue		\$13,000 0117 0111 990-L2, mile 02	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c)
Rev	1	Gross revenue			19,873.	10 073
					15,075	19,873.
es	2	Cash prizes			15,075.	19,873.
expenses	3	Cash prizes Noncash prizes			776.	776.
Direct Expenses		·				
Direct Expenses		Noncash prizes			776.	776.
ect	3	Noncash prizes Rent/facility costs	Yes% No	Yes%No	776.	776.
ect	3 4 5	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	□ No	——————————————————————————————————————	776. 770. X Yes 100.00 %	776.
ect	3 4 5	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	No gh 5 in column (d)	——————————————————————————————————————	776. 770. X Yes 100.00 % No	
Direct	3 4 5 6 7 8	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add lines 2 through the prize through	No gh 5 in column (d) 7 from line 1, column (d)	No No	776. 770. X Yes 100.00 % No	776.
6 Direct	3 4 5 6 7 8	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add lines 2 through	mo gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities	No No	776. 770. X Yes 100.00 % No	776.
. 6 Direct	3 4 5 6 7 8 Er a ls b lf	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add lines 2 through the gaming income summary Subtract line after the state(s) in which the organization conditions.	no gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities activities in each of these RAFFLE DURIN	TX e states? NG THE ANNUAL	776. 770. X Yes 100.00 % No	776. 770. 1,546. 18,327.

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Yes X No

b If "Yes," explain: _

Schedule G (Form 990 or 990-EZ) 2014 5392 WILCHESTER ELEMENTARY PTA CONGRESS 74-	<u>6086293</u>	Page 3
Does the organization conduct gaming activities with nonmembers?	Yes	X 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	X No
13 Indicate the percentage of gaming activity conducted in	ممما	
a The organization's facility).00 <u>%</u>
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 ► PART OF PTA TREASURERS BOOKS		
Address ► 13618 ST MARY'S LANE - HOUSTON, TX 77079		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	X 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	X 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 ▶ \$		
Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), and Part III, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	lines 9, 9b, 1	0b, 15b,
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	RS:	
(I) NAME OF FUNDRAISER: BOOSTER ENTERPRISES		
(I) ADDRESS OF FUNDRAISER:		
10400 OLD ALABAMA ROAD CONNECT, STE 400, ALPHARETTA, GA 30022		

Schedule G (Form 990 or 990-EZ) 2014

432083 08-28-14

Schedule 6	3 (Form 990 or 990-EZ)	5392	WILCHESTER	ELEMENTARY	PTA	CONGRESS	74-6086293	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)					
	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
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SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete If the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

Open to Public

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service	► Informati	on about Schedule I	(Form 990) and its	instructions is a	t www.irs.gov/form9	90	Inspection
Name of the organization 5392 WILC	HESTER EL	EMENTARY PI	A CONGRES	S			Employer identification number 74-6086293
Part I General Information on Grants a	and Assistance			· · · · · ·			
1 Does the organization maintain records	to substantiate the	amount of the grant	s or assistance, the	grantees' eligibilit	y for the grants or as	sistance, and the selec	
criteria used to award the grants or assi	stance?						Yes X No
2 Describe in Part IV the organization's pr						<u> </u>	
Part II Grants and Other Assistance to	Domestic Organi	zations and Domest	c Governments C	complete if the org	anızatıon answered "	Yes" to Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000 Part II can	be duplicated if addr	tional space is need		(f) Method of	·	
Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
						T	CLASSROOM SUPPORT,
WILCHESTER ELEMENTARY							ENRICHMENT PROGRAMS,
13618 ST. MARY'S LANE							STAPP DEVELOPMENT, SCHOOL
HOUSTON, TX 77079	74-6001379	<u></u>	214,060.	0,		<u> </u>	EQUIPMENT, YEARBOOKS,
							1
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	1		1	l			
			1				
2 Enter total number of section 501(c)(3)	and government of	roanizations listed in t	he line 1 table				-
3 Enter total number of other organization	-	-					<u> </u>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2014)

432101 10-15-14

hedule (Form 990) (2014) 5392 WILCHESTER ELEMENTARY PTA CONGRESS					74-6086293	Page 2
Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed				90, Part IV, line 22		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non cash	assistance
						<u> </u>
	 					
Part IV Supplemental Information. Provide the information re	quired in Part I, Is	ne 2, Part III, colum	in (b), and any other a	additional information		
PART I, LINE 2:		·			<u> </u>	
ALL PROCEEDS DERIVED ARE FOR THE	PURPOSE C	F ENHANCI	NG THE STUD	ENTS LEARNING		
EXPERIENCE AT WILCHESTER ELEMENTA	RY.					
PART II, LINE 1, COLUMN (H):			<u>, ,</u>			
NAME OF ORGANIZATION OR GOVERNMEN	T: WILCH	ESTER ELEM	ENTARY			
(H) PURPOSE OF GRANT OR ASSISTANCE	E: CLASSE	ROOM SUPPO	RT, ENRICHM	MENT		
PROGRAMS, STAFF DEVELOPMENT, SCHO	OL EQUIPM	MENT, YEAR	BOOKS, DIRE	ECTORIES,		
ETC.			·			
432102 10-15-14					Schedule I (Fo	rm 990) (2014

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.

OMB No 1545-0047 Open to Public

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

Inspection

Name of the organization

5392 WILCHESTER ELEMENTARY PTA CONGRESS

Employer identification number 74-6086293

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: COMMUNITY THROUGH VARIOUS ACTIVITIES AND ENRICHMENT PROGRAMS.
COMMUNITY THROUGH VARIOUS ACTIVITIES AND ENRICHMENT PROGRAMS.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
AWARDS, STAFF DEVELOPMENT, STUDENT SERVICES SUPPORT AND OTHER PROGRAM
SERVICE RELATED EXPENSES DESIGNED TO FURTHER ENHANCE LEARNING AT
WILCHESTER ELEMENTARY.
EXPENSES \$ 65,857. INCLUDING GRANTS OF \$ 45,859. REVENUE \$ 33,147.
FORM 990, PART VI, SECTION B, LINE 11:
THE OFFICERS OF THE WILCHESTER PTA WILL REVIEW THE FORM 990 AFTER THE PA
PREPARER COMPLETES THE INITIAL DRAFT OF THE RETURN.
FORM 990, PART VI, SECTION C, LINE 19:
ALL GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO T
PUBLIC UPON REQUESTS
FORM 990, PART IX, LINE 11G, OTHER FEES:
BANK AND CREDIT CARD FEES:
PROGRAM SERVICE EXPENSES
MANAGEMENT AND GENERAL EXPENSES 4,1
FUNDRAISING EXPENSES
TOTAL EXPENSES 4,1
INSURANCE:
PROGRAM SERVICE EXPENSES

Schedule O (Form 990 or 990-EZ) (2014) Name of the organization	Page 2 Employer identification number
5392 WILCHESTER ELEMENTARY PTA CONGRESS	74-6086293
MANAGEMENT AND GENERAL EXPENSES	280.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	280.
SUPPLIES & OFFICE OPERATIONS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,448.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,448.
COUNCIL DUES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	50.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	50.
EVENT EXPENSE:	
PROGRAM SERVICE EXPENSES	16,110.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	16,110.
DIRECTORY:	
PROGRAM SERVICE EXPENSES	2,773.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,773.
432212 08-27-14	chedule O (Form 990 or 990-EZ) (2014)

Schedulè O (Form 990 or 990-EZ) (2014) Name of the organization	Page 2 Employer identification number
5392 WILCHESTER ELEMENTARY PTA CONGRESS	74-6086293
SCHOOL SUPPLIES:	
PROGRAM SERVICE EXPENSES	1,115.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,115.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	25,955.

Schedule O (Form 990 or 990-EZ) (2014)