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Click on the question-mark icons to display help windows.

The information provided will enable you to file a mc complete return and reduce the chances the IRS has to contact you

- 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2016

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

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

| A For the 2016 catendary year, or fax year beginning Chart or degrees | Department of the Treasury Internal Revenue Service | | of the Treasury enue Service Information about Form 990-EZ and its instructions is at www.irs.gc | v/form990. | | Inspection | | | | |
|--|--|--------------|---|---------------------------------------|-------------|---------------------|--|--|--|--|
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| Number and street (or PO box, if mail is not delivered to street address) Room/Surfe Room/ | В | Check if an | pplicable C Name of organization ? | D Emp | loyer ide | entification number | | | | |
| Polar etarlemental | | Address C | change PTA Texas Congress, 10071 Fisher Elementary | 1 | 75 | 5-2933052 | | | | |
| First numbermutated City or town: state or province, country, and ZiP or toneign postal code F Group Exemption Prisco, TX 73035 F Group F Group Exemption | | Name cha | ange Number and street (or P O box, if mail is not delivered to street address) ? Room/su | irte E Tele | phone nu | ımber | | | | |
| Any process of the province | \square | initial retu | PO Box 5152 | l | 469 | 9-633-2600 | | | | |
| Received money Frisco, TX 75035 Number | 7 | | City or town, state or province, country, and ZIP or foreign postal code | F Gro | un Exer | notion | | | | |
| Q Accounting Method: | = | | IFrisco TX 75035 | • | | · | | | | |
| Website: fisherpta.org Fisherpta.org Frequired to attach Schedule B Tax-exempt status (check only one) Soticity Sotici | ₩. | | | | | | | | | |
| Tax-exempt status (check only one) | | | | | | | | | | |
| K Form of organization: | | | | 1 | | | | | | |
| 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 (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Pert II courts (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Pert II Check if the organization used Schedule O to respond to any question in this Part I | | | | 1 (101111) | | 12, 0, 000 11). | | | | |
| (Part II. column (B) below) are \$500,000 or more, file Form 980 instead of Form 980-EZ. Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) II | | | <u> </u> | f total assets | | | | | | |
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| Professional fees and other payments to indeper cent contractors | | 11 | Benefits paid to or for members | | | | | | | |
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| end-of-year figure reported on prior year's return) | set | 19 | | gree with | | | | | | |
| 20 Other changes in net assets or fund balances (explain in Schedule O) | Ass | 1 | end-of-year figure reported on prior year's return) | | 19 | 24852.82 | | | | |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | e | 20 | Other changes in net assets or fund balances (explain in Schedule O) | | 20 | | | | | |
| | z | 21 | | <u>.</u> | | 21327.55 | | | | |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 106421

Form 990-EZ (2016)

P 15

| Pa | rt II Balance Sheets (see the instructions | | | | | _ |
|---|---|---|---|-------------------------------|--------------|--|
| | Check if the organization used Schedule | O to respond to a | ny question in this | Part II | | [|
| | | | | (A) Beginning of year | | (B) End of year |
| 22 | Cash, savings, and investments | | | 24852.82 | 22 | 21327.5 |
| 23 | Land and buildings | | | - | 23 | · · - · - · - · - · - · - · - · - · |
| 24 | Other assets (describe in Schedule O) | | | | 24 | |
| 25 | Total assets | | | 24852.82 | | 21327.5 |
| | | | | | 122 | |
| 26 | Total liabilities (describe in Schedule O) | (5) | | 04050.00 | 26 | 04007 5 |
| 27 | Net assets or fund balances (line 27 of column | | | 24852.82 | 27 | 21327.5 |
| Par | t III Statement of Program Service Accom | | | | ł | _ |
| | Check if the organization used Schedule | | | |]_ | Expenses |
| N hat | t is the organization's primary exempt purpose? | support students, to | eachers and parents | at Fisher Elem | | uired for section c)(3) and 501(c)(4) |
|)esc | cribe the organization's program service accompli | shments for each o | if its three largest n | rogram services | | nizations; optional fo |
| | neasured by expenses. In a clear and concise m | | | | othe | |
| | ons benefited, and other relevant information for ea | | , | , | | |
| 28 | Programs - provide Fisher Elem with quality, educat | | based programs tha | t enrich the learn | | |
| | experience for all students, teachers and parents of | | | | 1 | } |
| | | | | | 1 | |
| | /O / A | | | | | 11 220 1 |
| ? | | | ants, check here . | | 28a | 11,332.14 |
| 29 | Principal - Students will utilize enrichment materials | that supplement the | regular curriculum a | no spark interest | ł | 1 |
| | in all areas of learning. Provide programs, services | and materials for all | students that promot | e their growth as | 1 | 1 |
| | learners at Fisher Elementary | | | | ſ | } |
| | (Grants \$) If this amount | includes foreign gra | ants, check here . | 🕨 🔲 | 29a | 13,598.20 |
| 30 | Grants - Allocate monles raised to support and enha | ince teacher classroo | oms and supply tools | to not only better | | |
| | but to also support, all learning and every student a | t Fisher Elementary | | | Ì | 1 |
| | | | | | | ł |
| | (Create & | includes foreign en | | | - | 7865.74 |
| | | | ants, check here . | | 30a | 7000.7 |
| 31 | Other program services (describe in Schedule O) | | | | | |
| | | · · · · · · · · · | | | | j |
| | (Grants \$) If this amount | includes foreign gra | ants, check here | | 31a | |
| 32 | (Grants \$) If this amount Total program service expenses (add lines 28a | includes foreign grathrough 31a) | ants, check here . | 🕨 | 32 | L |
| | (Grants \$) If this amount Total program service expenses (add lines 28a tiv List of Officers, Directors, Trustees, and Key | includes foreign grathrough 31a) | ants, check here . | ▶ pensated—see the in | 32 | L |
| 32 | (Grants \$) If this amount Total program service expenses (add lines 28a | includes foreign grathrough 31a) | ants, check here . | ▶ pensated – see the in | 32 istruc | <u></u> |
| 32 | (Grants \$) If this amount Total program service expenses (add lines 28a tiv List of Officers, Directors, Trustees, and Key | includes foreign grathrough 31a) | nnts, check here n one even if not comp ny question in this (c) Reportable | pensated—see the in Part IV | 32 nstruc | tions for Part IV) |
| 32 | (Grants \$) If this amount Total program service expenses (add lines 28a tiv List of Officers, Directors, Trustees, and Key | includes foreign grathrough 31a) / Employees (list each of the control of | ants, check here hone even if not comp ny question in this | pensated—see the in Part IV | 32 nstruc | tions for Part IV) |
| 32 | (Grants \$) If this amount Total program service expenses (add lines 28a to 10 | includes foreign grathrough 31a) Employees (list each of the control of th | none even if not comp ny question in this (c) Reportable | pensated—see the in Part IV | 32 nstruc | tions for Part IV) |
| 32 Part | (Grants \$) If this amount Total program service expenses (add lines 28a to 10 | includes foreign grathrough 31a) / Employees (list each of the control of | none even if not company question in this compensation (Forms W-2/1099-MISC) | pensated – see the in Part IV | 32 nstruc | tions for Part IV) |
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| 32 Pari Jerry Presi | (Grants \$) If this amount Total program service expenses (add lines 28a to IV) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule 2 (a) Name and title 7 Campbell Ident | includes foreign grathrough 31a) Employees (list each of the control of the | none even if not company question in this compensation (Forms W-2/1099-MISC) | pensated – see the in Part IV | 32 nstruc | tions for Part IV) |
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| Part | Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V) Check if the organization used Schedule O to respond to any question in this | | | . [| - |
|-----------|---|------------|----------------|----------|-------|
| | | | Yes | | _ |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | 33 | | 1 | _ |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | 24 | | | - 12 |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | 34 | - | - | - |
| _ | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35a 35b | | 7 | - |
| c | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35c | | , | - |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | 36 | | ~ | E |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year? | 37b | | | . = |
| b 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | | | | |
| h | If "Yes," complete Schedule L, Part II and enter the total amount involved | 38a | | ~ | . = |
| 39 | Section 501(c)(7) organizations. Enter: | 1 | | | |
| а | Initiation fees and capital contributions included on line 9 | | | | |
| b | Gross receipts, included on line 9, for public use of club facilities | 1 | | | |
| l0a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ | | | | ı |
| b | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | 1 | ı |
| С | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | | | . = |
| d | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization | | | | |
| е | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | | , | |
| 11 | List the states with which a copy of this return is filed ▶ | | | | |
| 12a | The organization's books are in care of ▶ Telephone no. ▶ | | - - | | |
| _ | Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over | т | | | |
| b | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b | Yes | No 🗸 | |
| | If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | |
| C | At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶ | 42c | | ~ | |
| 13 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here | | . 1 | | |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | | Yes | No | |
| 4a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | | 168 | | |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be | 44a | | | |
| | completed instead of Form 990-EZ | 44b | | <u> </u> | |
| d d | Did the organization receive any payments for indoor tanning services during the year? | 44c | | | |
| _ | explanation in Schedule O | 44d | | ~ | |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | | |
| b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-F7 (see instructions) | 45. | | | |
| | Form 990-EZ (see instructions) | 45b | - 1 | V | |

| • | 0-EZ (20 | 010) | | | | | | P | age 4 |
|--|------------------------------------|--|---|---|---|--|---------------|---------------|-------------|
| 40 | Did + | he organization engage, directly or i | indirectly in political o | rampaign activities on | bobolf of o | in onoosi | *: | Yes | No |
| 46 | to car | ndidates for public office? If "Yes," | complete Schedule C | . Part I | Denail of O | in opposi | l l | 1 1 | |
| art ' | | Section 501(c)(3) organization | | , | | | 46 | ئـــــا | |
| | | All section 501(c)(3) organization | | estions 47-49b and | 52, and co | mplete th | e tables t | for line | 20 |
| | | 50 and 51. | 420 | | o_, a | | o tubios i | | ~ |
| | | Check if the organization used So | chedule O to respond | d to any question in t | his Part VI | | | | л |
| | | | | · · · · · · · · · · · · · · · · · · · | | | <u> </u> | Yes | No |
| 47 | Did tl | he organization engage in lobbying | activities or have a | section 501(h) election | n in effect o | during the | tax | 1.03 | 140 |
| | | If "Yes," complete Schedule C, Pa | | | | | . 47 | | v |
| 48 | is the | organization a school as described | in section 170(b)(1)(A)(| ii)? If "Yes." complete | Schedule E | | | 1-1 | |
| 49a | | ne organization make any transfers | | | | | | + | J |
| b | | es," was the related organization a s | - | <u> </u> | | | . 49b | + | <u> </u> |
| 50 | | plete this table for the organization's | | | | ers, direct | | | d kev |
| | emple | oyees) who each received more tha | n \$100,000 of compe | nsation from the orga | nızation. If th | ere is non | e, enter "N | Vone." | |
| | <u>`</u> | | (b) Average | (c) Reportable | (d) Health | benefits, | | | |
| | (a) | Name and title of each employee | hours per week | compensation | contributions | | (e) Estimate | | |
| | | | devoted to position | (Forms W-2/1099-MISC) | benefit plans, compen | | other con | ripensati | on |
| one | | | | | | - | | | |
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| | | 1 | \$400,000 | | 1 | | | | |
| | | number of other employees paid ov | | | | | | | |
| 51 | (Comr | | | | | | | | |
| | \$100 | plete this table for the organization | i's five nignest compe anization. If there is no | ensated independent | contractors | who each | received | more | than |
| | \$100, | ,000 of compensation from the organization | anization. If there is no | ensated independent one, enter "None." | contractors | who each | received | more | than |
| | \$100, | ,000 of compensation from the organization Name and business address of each indepen | anization. If there is no | ensated independent one, enter "None." (b) Type of serv | | | Compensati | | than |
| one | \$100, | ,000 of compensation from the orga | anization. If there is no | one, enter "None." | | | | | than |
| one | \$100, | ,000 of compensation from the orga | anization. If there is no | one, enter "None." | | | | | than |
| one | \$100, | ,000 of compensation from the orga | anization. If there is no | one, enter "None." | | | | | than |
| one | \$100, | ,000 of compensation from the orga | anization. If there is no | one, enter "None." | | | | | than |
| one | \$100, | ,000 of compensation from the orga | anization. If there is no | one, enter "None." | | | | | than |
| one | \$100, | ,000 of compensation from the orga | anization. If there is no | one, enter "None." | | | | | than |
| one | \$100, | ,000 of compensation from the orga | anization. If there is no | one, enter "None." | | | | | than |
| one | \$100, | ,000 of compensation from the orga | anization. If there is no | one, enter "None." | | | | | than |
| one | \$100, | ,000 of compensation from the orga | anization. If there is no | one, enter "None." | | | | | than |
| one | \$100, | ,000 of compensation from the orga | anization. If there is no | one, enter "None." | | | | | than |
| | \$100, (a) | ,000 of compensation from the organization and business address of each indepen | anization. If there is no | (b) Type of serv | | | | | than |
| | \$100, (a) | ,000 of compensation from the organization and business address of each independent control of the control of t | anization. If there is no dent contractor actors each receiving | (b) Type of serv | nce | (c) | Compensati | | than |
| d | \$100, (a) Total | Name and business address of each independent contrible organization complete Scheduling | anization. If there is no dent contractor actors each receiving | (b) Type of serv | nce | (c) | Compensati | on | |
| d 52 | Total Did t comp | Name and business address of each independent control or an independen | anization. If there is not dent contractor actors each receiving ule A? Note: All se | over \$100,000 | nizations m | ust attach | Compensati | on N | lo |
| d 52 | Total Did t compensities | Name and business address of each independent contribute organization complete Schedule A | anization. If there is not dent contractor actors each receiving ule A? Note: All serveturn, including accompan | over \$100,000 ection 501(c)(3) organizations substitute and statements and statements and statements are substituted as and statements are substituted as a statement and substituted as a statement as a st | nizations m | ust attach | Compensati | on N | lo |
| d 52 | Total Did t compensities | Name and business address of each independent control or an independen | anization. If there is not dent contractor actors each receiving ule A? Note: All serveturn, including accompan | over \$100,000 ection 501(c)(3) organizations substitute and statements and statements and statements are substituted as and statements are substituted as a statement and substituted as a statement as a st | nizations m | ust attach | Compensati | on N | lo |
| d d 552 | Total Did t compensities | Name and business address of each independent and business address of each independent control to the organization complete Scheduleted Schedule A | anization. If there is not dent contractor actors each receiving ule A? Note: All serveturn, including accompan | over \$100,000 ection 501(c)(3) organizations substitute and statements and statements and statements are substituted as and statements are substituted as a statement and substituted as a statement as a st | nizations m | ust attach best of my kn | Compensati | on N | lo |
| d 52 nder prie, cor | Total Did t compensities | Name and business address of each independent and business address of each independent control of the organization complete Scheduleted Sc | anization. If there is not dent contractor actors each receiving ule A? Note: All serveturn, including accompan | over \$100,000 ection 501(c)(3) organizations substitute and statements and statements and statements are substituted as and statements are substituted as a statement and substituted as a statement as a st | nizations m | ust attach best of my kn | Compensati | on N | lo |
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| d 52 nder prie, cor | Total Did t compensities | Name and business address of each independent and business address of each independent control of the organization complete Scheduleted Sc | anization. If there is not dent contractor dent contractor actors each receiving ule A? Note: All second actors actors accompany in officer) is based on all info | over \$100,000 ection 501(c)(3) organization of which preparer is | nizations ments, and to the has any knowled | ust attach best of my kn | a Yes | on N | lo |
| d 52 nder po Je, cor | Total Did t compensities rect, and | Name and business address of each independent and business address of each independent control of the organization complete Scheduleted Schedule A | anization. If there is not dent contractor actors each receiving ule A? Note: All serveturn, including accompan | over \$100,000 ection 501(c)(3) organizations substitute and statements and statements and statements are substituted as and statements are substituted as a statement and substituted as a statement as a st | nizations ments, and to the has any knowled | ust attach best of my kn | Compensati | on N | lo |
| d 552 Inder pue, cor iign lere | Total Did t compensities rect, and | Name and business address of each independent controller organization complete Scheduled Scheduled A | anization. If there is not dent contractor dent contractor actors each receiving ule A? Note: All second actors actors accompany in officer) is based on all info | over \$100,000 ection 501(c)(3) organization of which preparer is | nizations ments, and to the has any knowled | ust attach best of my kn | a PTIN PTIN | on N | lo |
| d 52 nderpe, cor | Total Did t compensities rect, and | Name and business address of each independent controller organization complete Scheduled Scheduled A | anization. If there is not dent contractor dent contractor actors each receiving ule A? Note: All second actors actors accompany in officer) is based on all info | over \$100,000 ection 501(c)(3) organization of which preparer is | nizations m ents, and to the has any knowled | ust attach best of my kn | a PTIN PTIN | on N | lo |
| d 52 nder pp.e, cor | Total Did t compensities rect, and | Name and business address of each independent controller of other independent controller organization complete Scheduleted Sch | anization. If there is not dent contractor dent contractor actors each receiving ule A? Note: All second actors actors accompany in officer) is based on all info | over \$100,000 ection 501(c)(3) organization of which preparer is | nizations m ants, and to the has any knowled Date | ust attach best of my kn lge Check □ self-employ s EIN ▶ | a PTIN PTIN | on N | lo |
| d s2 der pe e, cor | Total Did t compensities rect, and | Name and business address of each independent contribution of the organization complete. Scheduled Schedule A | anization. If there is not dent contractor actors each receiving ule A? Note: All services and information officer) is based on all information. | over \$100,000 | nizations m ants, and to the has any knowled Date | ust attach best of my kn lge Check self-employ | a PTIN PTIN | □ N belief, r | do |

SCHEDULE A (Form 990 or 990-EZ)

*Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► 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.

OMB No. 1545-0047

Open to Public Inspection

| | e of the organization Texas Congress, 10071 Fisher Elemo | entary | | | | Employer identification 75-29 | on number 933052 |
|--------|--|--|---|--|---------------------------------------|---|---|
| | rt I Reason for Public Cha | | organizations must | comple | ete this r | | |
| | organization is not a private founda | | | | | | 0110. |
| 1 | A church, convention of church | | • | - | • | • | |
| 2 | A school described in section | | | | | | |
| 3 | A hospital or a cooperative ho | spital service or | ganization described i | n sectio i | n 170(b)(| 1)(A)(iii). | |
| 4 | A medical research organization hospital's name, city, and state | | onjunction with a hos | pital desc | cribed in | section 170(b)(1)(A) | (iii). Enter the |
| 5 | An organization operated for section 170(b)(1)(A)(iv). (Com | | college or university | owned o | or operate | ed by a governmen | tal unit described i |
| 6 | A federal, state, or local gover | nment or govern | mental unit described | i in secti | on 170(b |)(1)(A)(v). | |
| 7 | An organization that normally described in section 170(b)(1) | | | port from | a gover | mmental unit or fror | n the general publi |
| 8 | A community trust described i | - | | | | | |
| 9 | An agricultural research organ or university or a non-land-grauniversity: | ınt college of agı | riculture (see instruction | ons). Ente | er the nar | ne, city, and state o | f the college or |
| 10 | receipts from activities related support from gross investmen acquired by the organization a | to its exempt fu t income and un after June 30, 19 | inctions—subject to c irelated business taxa 75. See section 509(a | ertain ex ble incon a)(2). (Co | ceptions, ne (less s mplete Pa | and (2) no more that ection 511 tax) from art III.) | in 331/3% of its |
| 11 | | • | • | - | | | |
| 12 | An organization organized and | | | | | | |
| | of one or more publicly support Check the box in lines 12a thro | | | | | | |
| а | Type I. A supporting organ the supported organization supporting organization. Y | n(s) the power to | regularly appoint or e | lect a ma | jority of t | | |
| b | Type II. A supporting organization(s). You must | the supporting o | organization vested in | the same | | | |
| C | Type III functionally integ its supported organization(| | | | | | ally integrated with, |
| d | Type III non-functionally in that is not functionally interrequirement (see instructional see instruction) | grated. The orga | inization generally mu | st satisfy | a distribi | ution requirement ar | |
| e | Check this box if the organ functionally integrated, or | ization received Type III non-fund | a written determination | on from ti | he IRS th organizat | at it is a Type I, Typo ion. | e II, Type III |
| f g | | | oorted organization(s) | | | | |
| | (i) Name of supported organization | | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) is the disted in you | organization ur governing ment? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | |] | Yes | No | 1 | |
| (A) | | | | | | | |
| (B) | | _ | | | | | |
| (C) | | | | | | | |
| (D) | | | | | | | |
| (E) | | | | | | | |
| Tota | | l | | | | | |

| Schedu | ule A (Form 990 or 990-EZ) 2016 | | | | | | Page 2 |
|------------|--|-----------------------------------|-----------------|----------------------------------|-----------------|-----------------|------------------------|
| Par | Complete only if you checked the Part III. If the organization fails to | ne box on lin | e 5, 7, or 8 of | Part I or if th | e organizatio | n failed to qu | |
| Sect | ion A. Public Support | | | | | oto : dat iii.j | |
| | ndar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | L | L | L | L | <u> </u> | L |
| | ion B. Total Support | (~) 2012 | (h) 2012 | (-) 2014 | (4) 2015 | (-) 0010 | (5 T-1-1 |
| Caler 7 | ndar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, etc. | | | | | 12 | |
| 13 | First five years. If the Form 990 is for the organization, check this box and stop here. | re | <u> </u> | | | | |
| 14 | ion C. Computation of Public Suppor Public support percentage for 2016 (line 6 | | | 1 column (fl) | | 14 | |
| 15 16a | Public support percentage from 2015 Sch 331/3% support test—2016. If the organi | nedule A, Part | II, line 14 . | | | 15 | % check this |
| | box and stop here. The organization qua | lifies as a pub | licly supported | organization | | | ▶ 🗆 |
| b | 331/3% support test—2015. If the organithis box and stop here. The organization | | | | | | • |
| 17a | 10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization | ets the "facts facts-and-circ | -and-circumst | ances" test, chest. The organi | neck this box a | and stop here. | Explain in |
| b | 10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization | ition meets the neets the "fac | e "facts-and- | circumstances' stances" test. | ' test, check ' | this box and s | a, and line stop here. |
| 18 | Private foundation. If the organization di | | | | , or 17b, chec | k this box and | see |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Section | on A. Public Support | | | | | | |
|-----------|--|------------------|-----------------|-------------------|-----------------|-------------------|--------------------|
| Calen | dar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 2726 | 2703 | 2041 | 2062 | 1628 | 11160 |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 84568 | 59219 | 89486 | 83199 | 75079 | 391551 |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 7a | Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons . | 87294 | 61922 | 91527 | 85261 | 76707 | 402711 |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| с 8 | Add lines 7a and 7b | | | | | | |
| Secti | on B. Total Support | | | | | | |
| Calen | dar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 9 10a | Amounts from line 6 | 87294 | 61922 | 91527 | 85261 | 76707 | 402711 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| 11 | Add lines 10a and 10b | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | 87294 | 61922 | 91527 | 85261 | 76707 | 402711 |
| 14 | First five years. If the Form 990 is for the organization, check this box and stop he | | | d, third, fourth | - | | n 501(c)(3) ▶ □ |
| Secti | on C. Computation of Public Suppor | | | | | | |
| 15 | Public support percentage for 2016 (line 8 | | • | | | 15 | 100 % |
| 16 | Public support percentage from 2015 Sch | | | | · · · · · | 16 | <u>%</u> |
| | on D. Computation of Investment In | | | C 40! | (0) | 1 4= 1 | |
| 17 | Investment income percentage for 2016 (| | | | | 17 | <u>%</u> |
| 18 19a | investment income percentage from 2015 331/3% support tests—2016. If the organ | | • | | | 18 ore than 331a% | % and line |
| 190 | 17 is not more than 331/3%, check this box | | | | | | |
| b | 331/3% support tests—2015. If the organiz line 18 is not more than 331/3%, check this l | ation did not cl | heck a box on | line 14 or line 1 | 9a, and line 16 | is more than 3 | 3¹/3%, and |
| 20 | Private foundation. If the organization di | _ | _ | | • | • • | _ |

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

Open to Public Inspection

Employer identification number

| PIA lexas Congress, 100/1 Fisher Elementary | /5-2933052 |
|--|---------------------------------------|
| Part 1, Line 8 - Other Revenue = \$5,555.21; Box Tops - \$1,420.30, Food Truck - \$2,024, Store Rewards - | \$2,110.91 |
| Part 1, Line 10 - Grants = \$10,510.92; Frisco Education Fund - \$2500, Council Dues - \$75, New School F | PTA start up - \$70.18, |
| Teacher Scholarships - \$7,865.74 | |
| Part 1, Line 16 - Other Expenses = \$44,143.39; Liability Insurance - \$595, Leadership Conference - \$431 | 1.88, |
| School Enrichment - \$3,760.70, Business Partners - \$1,682.49, Cultural Arts - \$212.25, I | Environment - \$247, |
| Healthy Lifestyles - \$524.58, Hospitality - \$3,131.07, Membership - \$900.58, Principal - \$ | 13,598.20, Programs - \$11,332.14 |
| Class Parties - \$4706.55, Publicity - \$186.34, Treasurer - \$361.01, Volunteer Coordinato | r - \$159.02, Watch Dogs - \$1,231.33 |
| Ways & Means - \$1,083.25 | |
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