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SCANNED JAN 0 6 2010

990-EZ

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning August 1, 2008, and ending July 31, 2009								
B	Check if ap	oplicable Please C Name of organization	ployer identification number					
	Address c	I label or LYV (4/22/1 L /C/1901 L /AF	54	15	91074			
닖	Name cha	print or Number and street (or P O box, if mail_is not delivered to street address) Roo	om/suite E Teleph	one nu	mber /,			
片	Initial retui		(809		78-2400.			
H	Amended	Specific City or town state or chulator and ZIP + 4						
H		n pending linstructions. Midlethian VA 23/14 - 3200/	F Group Numb		W/A			
=					☑ Cash ☐ Accrual			
	- 000	a completed Schedule A (Form 990 or 990-EZ).	Other (specify)		- Casii - Accidai			
	Websit		H Check ► D		edule B (Form 990,			
		tation type (check only one) — 501(c) (3) ◀ (insert no) 4947(a)(1) or 527	990-EZ, or 990-		odule is (Form 330,			
		_						
		· 🔲 if the organization is not a section 509(a)(3) supporting organization and its gross receipts lired, but if the organization chooses to file a return, be sure to file a complete return.	are normally not i	nore th	an \$25,000 A return is			
		s 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000.000 or more, file Form 990 instead	d of Form 990-F7	▶ \$	99.622			
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (Se		·				
		3		. i	12 189			
	1	Contributions, gifts, grants, and similar amounts received.		1	26 771			
	2	Program service revenue including government fees and contracts		2	20, ///			
	3	Membership dues and assessments		3	3, 215			
	4	Investment income		4	<u> </u>			
	5a	Gross amount from sale of assets other than inventory 5a						
	b_	Less: cost or other basis and sales expenses		19637	_			
Ð	\ <u> </u>	Takin by toss from sale of assets other than inventory (Subtract line 5b from line 5a) (atta	ach schedule) .	5c				
Ē	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check	k here 🕨 🔲					
Revenue	1 4	Gross revenue (16) including \$ of contributions						
æ	181	reported on line 1) (2)	,052	Tex.				
	(S)	Less: direct expenses other than fundraising expenses 6b 26		İ				
	\ c ⁻	Net reported (loss) from special events and activities (Subtract line 6b from line	6a) ,	6c	18,561			
	7a	cross sales of inventory, less returns and allowances	2,307					
	b	Less: cost of goods sold	7.946	1210	1			
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	'	7c	18,561 4,361			
	8	Other revenue (describe >)	8				
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	•	9	59.185			
	10	Grants and similar amounts paid (attach schedule) See Schedule 4.1	١	10	30,827			
	11	Benefits paid to or for members		11	<u> </u>			
S	12	Salaries, other compensation, and employee benefits		12				
Ë	13	Professional fees and other payments to independent contractors		13				
Expenses	14	Occupancy, rent, utilities, and maintenance		14				
ŵ	15	Printing, publications, postage, and shipping. Other expenses (describe Schedule #2		15	-			
	16	Other expenses (describe > See Schedule #2)	16	21.912			
	17	Total expenses. Add lines 10 through 16	▶	17	52.739			
S	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	6.446			
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (mi	ist agree with	C				
As	'	end-of-year figure reported on prior year's return)	- 1	19	11.846			
e	20	Other changes in net assets or fund balances (attach explanation)	i	20				
Z	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	18.292			
Pa	Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ							
(See the instructions for Part II.) (A) Beginning of year (B) End of year								
22	Cash	n, savings, and investments	11846	22	18.292			
23		and buildings		23				
24	Other assets (describe >)							
25					18.292			
26			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	25 26				
27	Net	Il liabilities (describe ►) assets or fund balances (line 27 of column (B) must agree with line 21)	11. 84L	27	18.292			
_		y Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.	Cat No 10642I		Form 990-EZ (2008)			

Part III , Statement of Program Service Accor					Expenses
What is the organization's primary exempt purpose? Parent Teacher Association					uired for 501(c)(3)
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner					(4) organizations 4947(a)(1) trusts.
describe the services provided, the number of persons b	enefited, or other relevant info	rmation for each of	program title.		onal for others.)
28 Student Support Enrichmen			•	ŀ	· · · · · · · · · · · · · · · · · · ·
20 Student Support I Linker	4	ri pri iliyonayaray	-1- 1- 1-		
***************************************	***************************************		students		
(O		·			UE 295
	cludes foreign grants, check	here , .	<u>. ▶</u>	28a	45,395
29		· · · · · · · · · · · · · · · · · · ·		i I	
(Grants \$) If this amount inc	ludes foreign grants, check	here	. ▶ □	29a	
30					

(Grants \$) If this amount inc	cludes foreign grants, check	hara	N	30a	
	idado lorcigii granto, crieck	nere		Jua	
· · · · · · · · · · · · · · · · · · ·	cludes foreign grants, check			24-	
32 Total program service expenses (add lines 28a	through 21a	nere	<u> </u>	31a	1- 205
				32	45,395
Part IV List of Officers, Directors, Trustees, and Key					
(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit		(e) Expense account and
-	devoted to position	enter -0)	deferred comper	sation	other allowances
]				
					
				7	
Angie Steele					
1202 Cedar Crossing Terrace	President 8 hrs	-0-	-0-		- 0 -
Midlothian, VA 23114	772314274		<u> </u>		
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Ania / dall			 		
Angie Vardell	1 - 0 - 1 1 11	-0-	-0-	ļ	-0-
807 Dawnwood Road Midlothion, VA 23/14	Vice President 4hs	- 0	-0-		
Midlothian, VA 23114					
<u> </u>					
Terri Fuller	- 11	_			
1401 Water Lity Court Midlethian, VA 23114	Treasurer - 4hrs	-0-	- 0 -		- 0 -
Midlothian VA 23114					
	.]				
Eun Tucker					
Midlethian, VA 23114	Secretary - 1hr	-0-	- 0-		- 0 -
M: II-han MARZIII			 		
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Par	t V • Other Information (Note the statement requirements in the instructions for Part VI.)		
			Yes No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	-
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		7 m 503
þ	Did the organization file Form 1120-POL for this year?	37b	
	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 unpaid at the start of the period covered by this return? If "Yes " complete Schedule I. Part II and enter the total amount involved	38a	
39 39	Too, our plate controlled and their the total amount involved		
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9	1887 - 1	
	Gross receipts, included on line 9, for public use of club facilities		
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶		
b	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction		
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule		
	L, Part I	40b	5 A S S S S S S S S S S S S S S S S S S
	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	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	
41	List the states with which a copy of this return is filed	\ 701	1/0/
	The books are in care of ► Terri Fuller Located at ► 1401 Water Lily Court, Midlothian, VA Telephone no. ► (804) ZIP + 4 ►	2311	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes No
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. ▶□
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	Yes No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	
		000	E7 (0000)

F	age	4

Form 990-EZ (2008)							
Part VI - Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.							
	Did the organization 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 I					46	Yes No
 47 Did 48 Is the control of the c	the organization engage in lobbying activities he organization operating a school as describe the organization make any transfers to an exercise," was the related organization(s) a section mplete this table for the five highest compensation received more than \$100,000 of compensations.	? If "Yes," complete ed in section 170(b)(empt non-charitable 527 organization? ated employees (other	Schedule C, P. 1)(A)(ii)? If "Yes, related organiz er than officers,	" complete ation?	e Schedule E trustees and key	47 48 49a 49b employ	vees) who
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position			(d) Contributions to mployee benefit plans & deferred compensation	accou	opense ant and lowances
	/ V	ONE					
51 Cor	mber of other employees paid over \$100,000 mplete this table for the five highest compensation from the organization. If there is no	ated independent co	ntractors who	each receiv	ved more than \$1	00,000	of
	(a) Name and address of each independent contractor	paid more than \$100,000		(b) Type	of service	(c) Comp	ensation
	7	VONE					
Total number of other independent contractors each receiving over \$100,000 Under penalties of penjury, I declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign							
Here	Signature of officer Tesci Fulle Type or print name and title	Treasurer		Dat	te /	<i>'</i>	· · · · · · · · · · · · · · · · · · ·
Paid Preparer's	Firm's name (or yours		s	Check if elf- employed ► [EIN	Preparer's Identifying	Number (Se	e instructions)
Use Only	if self-employed), address, and ZIP + 4				one no ► ()		
May the	IRS discuss this return with the preparer show	vn above? See instru	ections	· · · · · · · · ·	<u></u> ►	<u> </u>	■ No EZ (2008)

Evergreen Elementary School PTA 54-1591074

Schedule 1 Grants - Line #10

Evergreen Elementary School Grants	6,722
Evergreen Elementary School Resource Grants	5,738
Evergreen Elementary Grade Level Grants	4,500
Evergreen Elementary School Teacher Grants	5,572
Evergreen Elementary School After School Enrichm	8,295
- -	30,827

Evergreen Elementary School PTA 54-1591074

Schedule 2 Other Expenses - Line #16

Program supplies	14,568
Office supplies and expenses	3,985
Bank fees	89
Insurance	270
Dues	1,560
Teacher Websites	1,440
	21,912