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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2010**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$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.

A For the 2010 calendar year, or tax year beginning July 1, 2010, and ending June 30, 20 11

B Check if applicable:

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

C Name of organization
Martha Reid Elementary PTA

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
500 Country Club Dr.

City or town, state or country, and ZIP + 4
Arlington, Tx 76002

D Employer identification number
20-1064824

E Telephone number
817-299-6960

F Group Exemption Number ► **1889**

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ► _____

I Website: ► **www.marthareidpta.com**

J Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

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

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **39,240.40**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
 Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	9,612.99
	2	Program service revenue including government fees and contracts	2	0.00
	3	Membership dues and assessments	3	748.00
	4	Investment income	4	0.00
	5a	Gross amount from sale of assets other than inventory 5a	0.00	
	b	Less: cost or other basis and sales expenses 5b	0.00	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c	0.00	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a	0.00	
b	Gross income from fundraising events (not including \$ 9,612.99 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b	12,785.10		
c	Less: direct expenses from gaming and fundraising events 6c	5,738.80		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d	7,046.30		
7a	Gross sales of inventory less returns and allowances 7a	45,906.91		
b	Less: cost of goods sold 7b	24,074.70		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c	21,832.21		
8	Other revenue (describe in Schedule O) 8	.90		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9	39,240.40		
Expenses	10	Grants and similar amounts paid (list in Schedule O) 10	1,583.78	
	11	Benefits paid to or for members 11	0.00	
	12	Salaries, other compensation, and employee benefits 12	0.00	
	13	Professional fees and other payments to independent contractors 13	0.00	
	14	Occupancy, rent, utilities, and maintenance 14	564.30	
	15	Printing, publications, postage, and shipping 15	0.00	
	16	Other expenses (describe in Schedule O) 16	31,148.91	
17	Total expenses. Add lines 10 through 16 17	33,296.99		
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) 18	5,943.41	
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19	8,756.70	
	20	Other changes in net assets or fund balances (explain in Schedule O) 20	0.00	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 21	14,700.11	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2010)

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Part II **Balance Sheets.** (see the instructions for Part II.)
Check if the organization used Schedule O to respond to any question in this Part II ☐

Check if the organization used Schedule O to respond to any question in this Part II ☐

Part III	Statement of Program Service Accomplishments (see the instructions for Part III.)	Expenses
	Check if the organization used Schedule O to respond to any question in this Part III <input checked="" type="checkbox"/>	(Required for section

Check if the organization used Schedule O to respond to any question in this Part III ☒ (Required for section

Check if the organization used Schedule O to respond to any question in this Part III ☒ (Required for section

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	28a	15,296.56
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(Grants \$) If this amount includes foreign grants, check here ☐ **29a** 13,368.52

(Grants \$) If this amount includes foreign grants, check here ☐ 30a 5,572.81

32	Total program service expenses (add lines 28a through 31a)	32	34,237.89
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Check if the organization used Schedule O to respond to any question in this Part IV ☒

Check if the organization used Schedule O to respond to any question in this Part IV ☒

Form **990-EZ** (2010)

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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, explain in Schedule O why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a _____		
b Did the organization file Form 1120-POL for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b _____		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a _____		
b Gross receipts, included on line 9, for public use of club facilities 39b _____		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed. ▶ <u>Texas</u>		
42a The organization's books are in care of ▶ <u>Martha Reid Elementary PTA</u> Telephone no. ▶ <u>817-299-6069</u> Located at ▶ <u>500 Country Club Dr., Arlington, Tx</u> ZIP + 4 ▶ <u>76002</u>		
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)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ▶ _____		
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 _____		<input type="checkbox"/>
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<input type="checkbox"/>	<input checked="" type="checkbox"/>

- 45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
- a** Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)
- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
45		<input checked="" type="checkbox"/>
45a		<input checked="" type="checkbox"/>
46		<input checked="" type="checkbox"/>

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a** Did the organization make any transfers to an exempt non-charitable related organization?
- b** If "Yes," was the related organization a section 527 organization?
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
47		<input checked="" type="checkbox"/>
48		<input checked="" type="checkbox"/>
49a		<input checked="" type="checkbox"/>
49b		<input checked="" type="checkbox"/>

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
none				

f Total number of other employees paid over \$100,000 **▶** _____

- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 **▶** _____

- 52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A **▶** ☒ **Yes** ☐ **No**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Heather Bailey
Signature of officer

Date

Heather Bailey, Treasurer of Martha Reid PTA
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶			
Firm's address ▶	Phone no.			

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

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. ▶ See separate instructions.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

Martha Reid Elementary PTA

Employer identification number

20-1064824

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
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 IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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 qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2132.00	2125.00	923.00	5977.00	10,361.00	21,518.00
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	72,057.00	70,660.00	76,708.00	61,225.00	58,692.00	339,342.00
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0.00	0.00	0.00	0.00	0.00	0.00
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0.00	0.00	0.00	0.00	0.00	0.00
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0.00	0.00	0.00	0.00	0.00	0.00
6 Total. Add lines 1 through 5	74,189.00	72,785.00	77,631.00	67,202.00	69,053.00	360,860.00
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0.00	0.00	0.00	0.00	0.00	0.00
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	0.00	0.00	0.00	0.00	0.00	0.00
c Add lines 7a and 7b	0.00	0.00	0.00	0.00	0.00	0.00
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	74,189.00	72,785.00	77,631.00	67,202.00	69,053.00	360,860.00
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0.00	0.00	0.00	0.00	0.00	0.00
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0.00	0.00	0.00	0.00	0.00	0.00
c Add lines 10a and 10b	0.00	0.00	0.00	0.00	0.00	0.00
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0.00	0.00	0.00	0.00	0.00	0.00
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0.00	0.00	0.00	0.00	0.00	0.00
13 Total support. (Add lines 9, 10c, 11, and 12.)	74,189.00	72,785.00	77,631.00	67,202.00	69,053.00	360,860.00
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	100 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV **Supplemental Information.** Complete this part to 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).

REMOVED 7-18-11

Martha Reid PTA

General Meeting

Financial Report for 7/1/2010 through 6/30/2011

	Amount	Total
Income & Expense - Beginning Balance		\$8,756.70
Income		
Beginning Balance as of 07/01/10	\$0.90 - Line 8	
AIM - Fundraiser - Cookie Dough	\$15,995.00 Line 7A	
Book Fair - Fall	\$7,255.63 Line 7A	
Book Fair - Spring	\$5,269.86 Line 7A	
Carnival	\$11,068.60 Line 6B	
Concessions	\$1,620.56 Line 7A	
Corp. Incent. - Box Tops	\$1,432.50 Line 1	
Corp. Incent. -	\$4,500.00 Line 1	
Corp. Incent. - Spring Creek Barbeque (Fall and	\$2,900.00 Line 1	
Corp. Incent. - School Mall	\$328.17 Line 1	
Corp. Incent. -	\$452.32 Line 1	
Corp. Incent. School Supplies-school supplies	\$5,996.19 Line 7A	
Directory (\$1 per directory)	\$141.00 Line 6B	
Dues (300 members, local portion \$2)	\$748.00 Line 3	
Family Dinners	\$981.00 Line 6B	
Holiday Extravaganza	\$4,879.51 Line 7A	
(fragrant pencils)	\$142.60 Line 7A	
Spirit Wear Sales	\$4,747.56 Line 7A	
Spring Fling	\$594.50 Line 6B	
Total Income		\$69,053.90
Expense		
AIM Fundraiser - Cookie Dough	Line 7B (\$8,898.38)	
Bank Charges	Line 16 (\$81.05)	
Bonding/Insurance	Line 16 (\$505.00)	
Book Fair - Fall Vendor Payment	Line 7B (\$4,938.20)	
Book Fair - Fall Incidental Expenses	Line 7B (\$52.22)	
Book Fair - Spring Vendor Payment	Line 7B (\$3,406.69)	
Book Fair - Spring Incidental Expenses	Line 7B (\$48.52)	
Carnival	29, Line 6B (\$4,156.24)	
Clothes Closet Donations/Students in Need	Line 10 (\$333.78)	
Concessions	Line 7B (\$505.47)	
Council Dues	Line 16 (\$75.00)	
Directory	29, Line 6B (\$439.00)	
Family Dinners	29, Line 6B (\$552.62)	
Green Day	Line 29, 16 (\$381.92)	
Holiday Extravaganza	Line 7B (\$3,481.42)	
Hospitality	Line 30, 16 (\$106.13)	
Ice Machine (located in Teacher's Lounge)	Line 28, 16 (\$814.24)	
Life Membership	Line 16 (\$188.00)	
Mansfield Education Foundation	28 Line 10 (\$550.00)	
Membership	30, 16 (\$510.21)	
New School Donations	Line 10 (\$200.00)	
Programs	29, 16 (\$7,155.40)	
PTA Conferences & Training	Line 30, 16 (\$1,843.88)	
PTA Expense - Office Supplies & Admin. Exp.	Line 30, 16 (\$336.14)	
Reflections	Line 28, 16 (\$287.56)	

Begin Income

15,168.26

457.12

14710.92

15,173.45

15081.98

86.28
diff

19-Jul-11

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

2010

**Open to Public
Inspection**

Name of the organization

Martha Reid Elementary PTA

Employer identification number

20-1064824

Part 1 Line 8

Beginning Balance (Bank Correction) .90

Part 1 Line 10

Clothes Closet Donations/ Students in Need	\$333.78
Mansfield Education Foundation	\$550.00
New School Donations	\$200.00
Scholarships	\$500.00
Total	\$1,583.78

Part 1 Line 16

Bank Charges	\$81.05
Bonding/Insurance	\$505.00
Council Dues	\$75.00
Green Day	\$381.92
Hospitality	\$106.13
Ice Machine	\$814.24
Life Membership	\$188.00
Membership	\$510.21
Programs	\$7,155.40
PTA Conference and Training	\$1,843.88
PTA Expense-Office Supplies and Admin.	\$336.14
Reflections	\$287.56
Room Representatives	\$1,847.95
Student Achievement	\$1,782.66
Student Off Campus Learning(Field Trips)	\$11,862.50

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

Cat. No 51056K

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization

Martha Reid Elementary PTA

Employer identification number

20-1064824

Teacher Appreciation \$2,776.45

Treasurer \$59.22

Volunteers \$443.20

Website \$92.40

Total \$31,148.91

Martha Reid PTA
General Meeting
Financial Report for 7/1/2010 through 6/30/2011

	<u>Amount</u>	<u>Total</u>
Expense		
Room Representatives	Line 6 (\$1,847.95)	
Scholarships	Line 10 (\$500.00)	
Spirit Wear	(\$2,743.80) Line 7B	
Spring Fling	(\$590.94) Line 6C, 29	
Storage Unit	Line 14 (\$564.30)	
Student Achievement	(\$1,782.66) Line 28, 16	
Student Off Campus Learning (Field Trips)	(\$11,862.50) Line 28, 16	
Teacher Appreciation	(\$2,776.45) Line 30, 16	
Treasurer	(\$59.22) Line 16	
Volunteers	(\$443.20) Line 16	
Website	(\$92.40) Line 16, 29	
Total Expense		(\$63,110.49)
Income & Expense - Ending Balance		\$14,700.11
Escrow - State & National Dues - Beginning Balance		\$0.00
Escrow - State & National Dues		
Receipts - State & Nat'l Dues	\$1,496.00	
Payments - State & Nat'l Dues	(\$1,480.00)	
Total Escrow - State & National Dues		\$16.00
Escrow - State & National Dues - Ending Balance		\$16.00
Escrow - Sales Tax - Beginning Balance		\$10.81
Escrow - Sales Tax		
Receipts - Sales Tax	\$805.63	
Payments - Sales Tax	(\$359.10)	
Total Escrow - Sales Tax		\$446.53
Escrow - Sales Tax - Ending Balance		\$457.34

8756.70
 10.81
 8767.51

31,148.91
 33296.99

19-Jul-11

Martha Reid Elementary PTA Board Roster 2011-2012

500 Country Club Dr., Arlington, TX 76002

817-299-6960

POSITION	NAME	HOME #	CELL #	E-MAIL
President	Desiree Thomas	682-518-0512	817-692-5181	dezthomas@prodigy.net
1st VP Membership	Dorthy Patterson	817-914-8981	-----	DorthyPattersonPTA@mail.com
2nd VP Main Event Coordina	Kati Walker	817-453-1333	817-422-3244	jeffandkati@att.net
3rd VP Fundraising	Kim Rios	817-925-4541	817-925-4541	talleyrios@att.net
4th VP Volunteers	Karen Kelehar	-----	817-584-0470	kkelehar@gmail.com
5th VP Programs	Jennifer Neesen	817-477-1036	817-944-9758	MREprograms@hotmail.com
6th VP Communications	Nikki Davis	-----	682-667-9578	the davis house@yahoo.com
Secretary	Jadzia Ajemian	817-453-5183	817-229-0215	igaiemian@charter.net
Treasurer	Heather Bailey	682-518-8290	972-743-2846	hnt7577@sbcglobal.net
Parliamentarian	Uvonna Alexander	682-518-8116	682-429-9090	uvonna2000@att.net
Historian	Blanca Sagebiel	817-714-5381	-----	blanca.sagebiel@yahoo.com
Book Fair Chairman	Jennifer Cass	817-453-9527	817-797-4379	j a cass@yahoo.com
Dino Pals Chairman	Jennifer Smith			redjenn952@sbcglobal.net
Corporate Incentive	Becca Maddux	817-658-5140	-----	rebeccamaddux@yahoo.com
Council Delegate	Karrye Burt	817-455-0923	817-455-0923	karryeburt@gmail.com
Council Delegate	OPEN			
Cultural Arts Chairman	Tiffany Barkley	817-539-0943	817-925-0401	tiffany_barkley@tx.rr.com
Directory Chairman	Jolene Marchant	-----	214-284-7268	kevnjo@sbcglobal.net
Hospitality Chairman	Deanna Elliott	817-642-9042	817-528-1991	deanna.elliott@gmail.com
Room Representatives	Heather Jones	682-518-0807	817-480-2499	ad.hliones@global.net
School Spirit Chairman	Erika Keeser	817-225-2749	920-988-4553	dekeeser@charter.net
Special Events Chairman	Jennifer Blevins	817-980-4905	-----	jennifermblevins@att.net
Student Achievement	Katrina Ovard	817-453-5797	817-366-9376	ovard4@att.net
Teacher Appreciation	Sunghee Ullman	817-266-6564	817-473-4761	sunghee.ullman@charter.net
Teacher Representative	Marion Leathers	817-299-6960		marionleathers@misdmail.org
Principal	Andrea Hensley	817-299-6960	-----	andreaensley@misdmail.org