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Form 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)

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. OMB No. 1545-1150

2011

Open to Public Inspection

	A F	or the	2011 calendar	r year, or t	ax year begin	ning	July 1	, 2011, 8	and endin	g	J	une 30	,20/2
	B c	heck if ap	oplicable.	C Name of c	organization						D Empl	oyer id	entification number
		Address c	hange C	Otis Spear:	s Elementary							0	2°0598515
		Name cha	inge 1	Number and	street (or P.O. b	ox, if mail is not deli	vered to street address)		Room/suit	е	E Telep	hone n	umber
	7	rutial retu		8500 Wade	Blvd					ľ		46	9-633-2900
	=	Ferminate Amended	■ (City or town,	state or country	, and ZIP + 4					F Grou	ıp Exe	mption
	=			Frisco, TX	75034						Num	nber ▶	1889
				✓ Cash	Accrual	Other (specify)	>			н	Check I	▶ [7] •	f the organization is n
		Vebsit	_	spearspta.c	org					ľ			ach Schedule B
			npt status (chec			501(c) () ◀ (insert no.) ☐ 494	7(a)(1) or	527	1	•		D-EZ, or 990-PF).
	KC	heck >	f the	organizatio	n is not a secti		orting organization or a		27 organi	zatio	n and it	s aross	s receipts are normally
	n	ot mor					required though Form		-			_	
						e to file a complet	_	-	•				•
	L A	dd lines	5b, 6c, and 7b,	, to line 9 to	determine gros	ss receipts. If gross	receipts are \$200,000	or more, o	or if total as	ssets	(Part II,		
	lin	1е 25, с	olumn (B) below	v) are \$500,0	000 or more, file	Form 990 instead	of Form 990-EZ .					▶ \$	
	Pa	art i	Revenue	. Expens	ses, and Ch	nanges in Net	Assets or Fund	Balanc	es (see	the	instruc	tions	for Part I.)
							respond to any qu						
		1				milar amounts n						1	1130
		2					es and contracts					2	
		3	Membership		-							3	308
	Ì	4	Investment i	•						•		4	
		5a			ale of assets	other than inver	ntory	5a		•			
		b				s expenses	•	5b					
		C				-		بتتبا	ne 5a)			5c	
		c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events									-		
		a	_		_	tach Schedule	G if greater than	n					
	9	-	\$15,000) .					6a					
	Revenue	ь	-	ne from fu	ındraisina ev	ents (not includi	na \$		contribu	tion	s		
	9	_					h Schedule G if the		00.10.100				
	•	1		_	•	ntributions exce		6b			118597		
		С	Less: direct	expenses	from gamin	g and fundraisin	a events	6c			57474		•
		d					g events (add lines		6b and	sut	tract	4:34	. . ታ
		_	line 6c) .			· \	·					64	6112
		7a	Gross sales	of invento	ory, leas retri	risland allowan	ces	7a			•	2.1	- 1/3
		ь	Less: cost o	of anoders	OID ECE	10		7b					. 40,50
SCANN		c				inventor//(Subt	ract line 7b from line					7c	
\Rightarrow		8	Other reveni	ue (descri	he in Schedi	lie of Loyaca T	强 人	o , u, .		•		8	
Z		9	Total reven	ue. Addili	nes 1/203	, 5c, 6d, 70, an	18			•		9	7551
		10				istrin Schedule				<u> </u>	<u> </u>	10	5255
		11	Benefits nai	id to or for	members	OF	- ,			•		11	
	ø,	12	Salaries, oth	her compe	ensation, and	employee bene	fits			•	•	12	
DEC	Se	13					tent contractors .					13	
	Expenses	14				•				·		14	129
≥	Ä	15								•		15	
6 9		16									• •	16	2433
2012		17					<u> </u>					17	7823
7		18	Excess or (d	deficit) for	the year (Sul	otract line 17 fro	m line 9)	<u> </u>	<u> </u>	•	·	18	(271
	ets	19					r (from line 27, col					·•	(#) (
	SS		end-of-year	figure rec	orted on prid	or year's return)			,			19	1579
	Net Assets	20					olain in Schedule O)					20	1370
	ž	21					ine lines 18 through				_	21	1308
						eparate instructi			No. 106421			لنتا	Form 990-EZ (20

		(- D-111)				
Pai	Balance Sheets. (see the instructions	-		Destil		<u></u>
	Check if the organization used Schedule	O to respond to an	y question in this	(A) Beginning of year		(B) End of year
~~	Cook assisse and investments			15797		13083
22	Cash, savings, and investments			13/3/	23	13063
23 24	Other assets (describe in Schedule O)				24	
25	Total assets			15797		13083
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column	n (B) must agree with	(ine 21)	15797		13083
Par						
	Check if the organization used Schedule	-		•	(Dan	Expenses juired for section
What	is the organization's primary exempt purpose?					c)(3) and 501(c)(4)
	ribe the organization's program service accompl					nizations and section
	easured by expenses. In a clear and concise n					(a)(1) trusts, optional thers.)
	ons benefited, and other relevant information for e		•		10.0	
28	To promote the welfare of our student population th	rough scholarships, l	iteracy, art, progran	n enrichment and		
	providing teachers with supplies and materials they	wouldn't otherwise h	ave. This impacts 7	00+ students and		
	60+ faculty members.					
	(Grants \$) If this amount	t includes foreign gra	nts, check here .	▶ 🛘	28a	61180
29	***************************************					
	***************************************	*			1	1
	(Grants \$) If this amount	t includes foreign gra	nts, check here .	<u> ▶ □</u>	29a	<u> </u>
30						

	(0					
04		t includes foreign gra			30a	
31	Other program services (describe in Schedule O)				24-	
32	(Grants \$) If this amount Total program service expenses (add lines 28a	t includes foreign gra	nts, check here .	· · ·	31a	61180
Par						
	Check if the organization used Schedule				nişu u	
	Onlock if the organization does deficate		(c) Reportable	(d) Health benefits,	$\dot{\top}$	<u> </u>
	(a) Name and address	(b) Title and average hours per week	compensation (Forms W-2/1099-MiS	contributions to employ		Estimated amount of other compensation
		devoted to position	(if not paid, enter -0-			Mier compensation
Ms. V	/aleie Biggerstaff	President		-	+	
	Rachel Dr. Frisco, TX 75034	T TOSIGOTIC		o	0	0
Ms.	Chris Holland	VP Programs				
8201	Stone River Dr, Frisco, TX 75034	j		o	0	0
Ms.	Beth Sampson	VP Fundraising				
8147	Stone River Dr, Frisco, TX 75034			0	0	0
Ms.	Nannette Manzi	Secretary				
5947	Sweeney Trl, Frisco, TX 75034			0	0	0
	Sharon Naukam	Treasurer				
6142	Sweeney Trl, Frisco, TX 75034			0	0	0
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Part				_
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		
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	Yes	No ✓
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)	34		1
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)?	35a		
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		1
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		1
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		1
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?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			لـــا
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	┨		
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1		
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	40b		1
С	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			
đ	Section 501(c)(3) and 501(c)(4) 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		1
41	List the states with which a copy of this return is filed. ▶			
42a	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			T
D	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 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 the U.S.?	42c		1
43	If "Yes," enter the name of the foreign country: ► 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
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
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	44b		1
C	Did the organization receive any payments for indoor tanning services during the year?	44c		7
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	44d		1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		V
45b	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)	45b		./
				. •

Form 99	0-EZ (20	017)						P	age 4
	•			·				Yes	No
46		ne organization engage, directly or in							
		ndidates for public office? If "Yes," of							✓
Part		Section 501(c)(3) organizations							
		501(c)(3) organizations and sections	on 4947(a)(1) none:	kempt charitable t	rusts mu	st answer que	estions 4	7-491	3
		and 52, and complete the tables	for lines 50 and 51	•					
	1	Check if the organization used Sch	nedule O to respond	I to any question in	this Part	VI			
								Yes	No
47	Did th	ne organization engage in lobbying	activities or have a	section 501(h) elect	ion in effe	ect during the	tax		
		If "Yes," complete Schedule C, Part				_		ļ	1
48	Is the	organization a school as described in	section 170(b)(1)(A)(i	i)? If "Yes." complete	e Scheduli	e E			1
49a		ne organization make any transfers to		•					一
b		s," was the related organization a se	· · · · · · · · · · · · · · · · · · ·	_			. 49b		7
50		olete this table for the organization's						es an	d key
•		oyees) who each received more than							
	J,	1		1		ealth benefits,			
	(a) Na	ame and address of each employee	(b) Title and average hours per week	(c) Reportable compensation	contribut	ons to employee	(e) Estimate		
		paid more than \$100,000	devoted to position	(Forms W-2/1099-MISC		ans, and deferred mpensation	other con	pensat	non
			 	 		III porisation			
				•	- 1				
				 					
					-				
						·-··			
				†					
					ļ				
				L					
f		number of other employees paid over				_			
51		plete this table for the organization'			nt contrac	tors who eact	received	more	than:
	\$100	,000 of compensation from the orga	inization. If there is no	one, enter "None."					
(a)	Name a	nd address of each independent contractor pa	id more than \$100,000	(b) Type of s	ervice	(c)	Compensati	on	
				ļ <u>.</u>					
				_					
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				ļ <u></u> -		 _			
				-		1			
				<u> </u>					
d		number of other independent contra	•	•	.▶				
52		he organization complete Schedule A			ns and 49			_	
	none	xempt charitable trusts must attach	a completed Schedu	<u>le A </u>	<u> </u>		► ✓ Yes		<u>No</u>
		of perjury, I declare that I have examined this					nowledge an	d belief	i, it is
true, co	rrect, an	d complete. Declaration of preparer (other than	ornicer) is based on all info	ormation of which prepare	er has any kr	iowledge.			
•		Miletee Bisson	1860H						···
Sign	-	Signature of officer				Date in in	i 🔿		
Here		Valerie Biggerstaff - President				10-12	16		
		Type or print name and title							
Paid		Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN		
Prep						setf-emplo			
•	Only	Firm's name ▶				Firm's EIN ▶			
	J. 11.y	Firm's address ▶				Phone no.			
May t	he IRS	discuss this return with the prepare	r shown above? See	instructions			▶ ∏ Yes	П	No

SCHEDULE A (Form 990 or 990-EZ)

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service **Employer identification number** Name of the organization Otis Spears Elementary 02-0598515 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 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). 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 331/3% 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 331/3% 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. **b** ☐ Type II c Type III-Functionally integrated 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). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (f) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(i) (ii) A family member of a person described in (i) above? . . . 11g(li) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (II) EIN (III) Type of organization (Iv) is the organization (v) Did you notify (vi) is the (vii) Amount of in col. (i) listed in your organization in col. organization (described on lines 1-9 the organization in governing document? coi. (i) of your (i) organized in the U.S.? above or IRC section support? (see Instructions)) Yes No Yes No Yes No (A) (B) (C) (D) (E)

Total

Page 2

Part	Support Schedule for Organiza	tions Descr	ibed in Secti	ions 170(b)(1)(A)(iv) and 1	70(b)(1)	(A)(vi)
	(Complete only if you checked the						
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	te Part I	II.)
	on A. Public Support		·				
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		Ì	Ì			
	include any "unusual grants.")			ļ	ļ		
2	Tax revenues levied for the		ļ		ļ	ļ	
	organization's benefit and either paid to or expended on its behalf]				İ
•	-		 			<u> </u>	
3	The value of services or facilities furnished by a governmental unit to the		}		1	ł	
	organization without charge		}	İ			
4	Total. Add lines 1 through 3				 	 	
	"				 	 	
5	The portion of total contributions by each person (other than a		1				
	governmental unit or publicly		1		ļ		
	supported organization) included on						
	line 1 that exceeds 2% of the amount		1		1		
	shown on line 11, column (f)		\	1	1		
6	Public support. Subtract line 5 from line 4.				<u> </u>		
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11 (f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,		ļ		ļ		
	payments received on securities loans,	i					
	rents, royatties and income from similar]
_	sources				<u> </u>		
9	Net income from unrelated business						
	activities, whether or not the business		İ				
40	is regularly carried on				 		
10	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part IV.)		Ì	{	ł	1	i
44	· · ·		 	 	 	 	
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc	(see instructi	ons)	<u> </u>		12	
13	First five years. If the Form 990 is for the				or fifth tax v		section 501(c)(3)
.0	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2011 (line			11. column (fl)		14	%
15	Public support percentage from 2010 Scl		•			15	%
16a	331/3% support test-2011. If the organi					/3% or m	ore, check this
	box and stop here. The organization qua	lifies as a pub	licly supported	organization			▶ □
b	331/3% support test-2010. If the organ					15 is 33	31/3% or more,
	check this box and stop here. The organ	ization qualifie	es as a publicly	supported or	ganization .		▶ 🛚
17a	10%-facts-and-circumstances test 26	011. If the orga	anization did n	ot check a box	c on line 13, 16	a, or 16b	, and line 14 is
	10% or more, and if the organization me						
	Part IV how the organization meets the "f			•	•	•	, ,,
	organization						
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organization						
	Explain in Part IV how the organization m						
	supported organization						
18	Private foundation. If the organization di						
	instructions	· · · ·					🟲 📋

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.)

	4 D LU G	<u> </u>	to notou bole	vii, picado do	pioto i dit i		
	on A. Public Support	()	0.1-55-		10.0012		40 T-1-:
_	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	16619	14989	11518	10008	14394	67528
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	57514	39647	32690	48769	59316	237936
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	Total. Add lines 1 through 5	74133	54636	44208	58777	73710	305464
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
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						
C	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6.)						305464
Secti	on B. Total Support			<u></u>			7
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	74133	54636	44208	58777	73710	305464
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	74133	54636	44208	58777	73710	305464
14	First five years. If the Form 990 is for the organization, check this box and stop here		's first, secon		or fifth tax ye	ear as a section	n 501(c)(3)
Secti	on C. Computation of Public Suppor	t Percentage	В				
15	Public support percentage for 2011 (line 8			3, column (f))		15	100 %
16	Public support percentage from 2010 Sch		-			16	100 %
	on D. Computation of Investment In			· · · · · · · · · · · · · · · · · · ·			
17	Investment income percentage for 2011 (y line 13, colun	nn (f))	17	%
18	Investment income percentage from 2010		• •	-	***	18	%
19a	331/3% support tests - 2011. If the organ	•	•				
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2010. If the organiz	ation did not c	heck a box on	line 14 or line 1	9a, and line 16	is more than 3	31/3%, and
	line 18 is not more than 331/3%, check this		_	-			
20	Private foundation. If the organization di	d not check a !	box on line 14	, 19a, or 19b, c	heck this box	and see instruc	ctions 🕨 🥅

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).	

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*		

Schedule 1

2011/2012

Page 1

Otis Spears Elementary PTA

EIN: 02-0598515

Form 990, Part 1, Line 1

Contribtions, gifts, grants and other similar amounts received

	Amo	unt
Grocery Stores	\$	8,736.70
Partnerships	\$	-
	\$	2,569.46
	\$	-
	\$	-
Total	\$	11,306.16
	Partnerships	Grocery Stores \$ Partnerships \$ \$ \$ \$

2011/2012

Page 1

EIN: 02-0598515

Otis Spears Elementary PTA

Form 990, Part 1, Line 9 Net Income (Loss) from Special Events

Works Sales \$ 6,276 \$ \$ 6,276 \$	Origina	nał	Directory	7	School									
\$ 6,276 \$ ions \$ 6,276 \$	Work	S	Sales		Supplies		3ook F	Book Fair Sales Decade Dash Misc.	Dec	ade Dash	Misc		Total	
ons \$ 6,276 \$	\$	6,276	\$	2,425	\$	m	\$	50,578 \$ 59,316	\$	59,316	\$	ı	ᡐ	118,597
\$ 6,276 \$	ns												\$	•
* 555,	\$	6,276	\$	2,425	\$	3	\$	\$ 8/5′05	\$	\$ 59,316 \$	\$		\$	118,597
S.	nses \$	4,209	\$	1,635	- \$		\$	42,496	\$	9,135			\$	57,474
Net Income or (Loss) \$ 2,067 \$ 790		2,067	\$	790	\$	3	\$	8,082	\$	50,181	\$	ı	\$	61,123

Schedule 3

2011/2012

Otis Spears Elementary PTA

Page 1

EIN: 02-0598515

Form 990EZ, Part 1, Line 10 Contribtions, gifts, grants and other similar amounts received

Description	Amou	unt /2012	2010)/2011
FISD Council Funding	2011,	2012	2010	7/2011
Donations to New District PTA's	\$	75	\$	123
5th Grade Camp Jolt Scholarships	\$	72	\$	-
5th Grade Gym Bags	Ś	_	\$	473
Mini Grants	\$	42,858	\$	10,381
Scholarships	Ś	-	\$	15,000
Recess Bags	Ś	647	\$	-
Proceeds to Library from Book Fair	Ś	6,114	\$	3,207
Art Dept Expense from OW Proceeds	Ś	2,443	\$	2,491
School Supplies - Low Income Students	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$	346	\$	504
Total	Ś	52,555		32,179
Form 990EZ, Part 1, Line 14 Occupancy, Rent, Util, Maint Insurance Website Storage Total	\$ \$	/2012 680 462 152 1,294)	0/2011 680 108 912 1,700
Occupancy, Rent, Util, Maint Insurance Website Storage Total	\$	680 462 152 1,294	\$	680 108 912 1,700
Occupancy, Rent, Util, Maint Insurance Website Storage Total From 9990EZ, Part III. Line 28	\$	680 462 152 1,294 /2012	\$ 2010	680 108 912 1,700
Occupancy, Rent, Util, Maint Insurance Website Storage Total From 9990EZ, Part III. Line 28 Author	\$	680 462 152 1,294 /2012	\$ 2010	680 108 912 1,700 0/2011
Occupancy, Rent, Util, Maint Insurance Website Storage Total From 9990EZ, Part III. Line 28 Author Literacy	\$	680 462 152 1,294 /2012 1500 4614	\$ \$ 2010	680 108 912 1,700 0/2011 0 3207
Occupancy, Rent, Util, Maint Insurance Website Storage Total From 9990EZ, Part III. Line 28 Author Literacy Art	\$	680 462 152 1,294 /2012 1500 4614 2443	\$ \$ 2010	680 108 912 1,700 0/2011 0 3207 2491
Occupancy, Rent, Util, Maint Insurance Website Storage Total From 9990EZ, Part III. Line 28 Author Literacy Art Scholars	\$	680 462 152 1,294 /2012 1500 4614 2443	\$ \$ 2010	680 108 912 1,700 0/2011 0 3207 2491 15000
Occupancy, Rent, Util, Maint Insurance Website Storage Total From 9990EZ, Part III. Line 28 Author Literacy Art Scholars Prog	\$	680 462 152 1,294 /2012 1500 4614 2443 0 9766	\$ \$ 2010	680 108 912 1,700 0/2011 0 3207 2491 15000 8092
Occupancy, Rent, Util, Maint Insurance Website Storage Total From 9990EZ, Part III. Line 28 Author Literacy Art Scholars Prog MiniGrant	\$ \$ 2011	680 462 152 1,294 /2012 1500 4614 2443	\$ \$ 2010	680 108 912 1,700 0/2011 0 3207 2491 15000
Occupancy, Rent, Util, Maint Insurance Website Storage Total From 9990EZ, Part III. Line 28 Author Literacy Art Scholars Prog	\$	680 462 152 1,294 /2012 1500 4614 2443 0 9766	\$ \$ 2010	680 108 912 1,700 0/2011 0 3207 2491 15000 8092

Schedule 4

2011/2012

Otis Spears Elementary PTA

Page 1

EIN: 02-0598515

Form 990EZ, Part I, Line 16 Other Expenses

Description		Amou	nt		
		2011/2	2012	2010/	'2011
Supplies - General/Secretary/Treas/Pres		\$	578	\$	657
Membership - Promotions		\$	242	\$	262
Reflections/Cultural Arts		\$	64	\$	-
Classroom Parties		\$	4,495	\$	4,986
Watchdogs		\$	3,152	\$	353
Volunteer Coordinator		\$	328	\$	299
Field Day		\$	1,630	\$	4,107
Historian		\$	147	\$	151
Hospitality		\$	2,594	\$	2,082
Newcomers		\$	106	\$	78
Leadership		\$	309	\$	99
DI					
Room mom, talent, 5th gr celeb, music prog, songfest		\$	736	\$	798
Programs		\$	9,766	\$	8,092
Partner Programs		\$	183	\$	277
	Total	\$	24,330	\$	22,240

Schedule 5

2011/2012

Page 1

Otis Spears Elementary PTA

EIN: 02-0598515

Form 990EZ, Part I, Line 15 & Part III, Line 29A Printing & Publications

Description		Amount			
		2011/2012		2010/2011	
Directory				\$	-
Digital Marquee		\$	-	\$	-
Communications-Newsletter		\$	52	\$	373
	Total	\$	52	\$	373