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Form **990-EZ****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.

Department of the Treasury
Internal Revenue Service**2011****Open to Public Inspection**

A For the 2011 calendar year, or tax year beginning July 1, 2011, and ending June 30, 2012

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) _____

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

I Website: www.marthareidpta.com

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

K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 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. \$ 46,030.39

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	2,497.18
	2	Program service revenue including government fees and contracts	2	0.00
	3	Membership dues and assessments	3	550.00
	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 \$ 2,497.18 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	12,073.97
c	Less: direct expenses from gaming and fundraising events	6c	5,389.03	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	6,684.92	
7a	Gross sales of inventory, less returns and allowances	7a	88,172.39	
b	Less: cost of goods sold	7b	51,880.10	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	36,292.29	
8	Other revenue (describe in Schedule O)	8	6.00	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	46,030.39	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	1,100.00
	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	39,629.29
17	Total expenses. Add lines 10 through 16	17	41,293.59	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,736.80
	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	14,720.58
	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	19,457.38

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2011)

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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 ☐

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	14,720.58	22 19,457.38
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets	14,720.58	25 19,457.38
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	14,720.58	27 19,457.38

Part III	Statement of Program Service Accomplishments (see the instructions for Part III.)
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Check if the organization used Schedule O to respond to any question in this Part III ☒ **Expenses**
(Required for section

What is the organization's primary exempt purpose? **Child Advocacy**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28	To promote the welfare of children and youth by providing Scholarships for graduating seniors, Student field trips, student incentives, library books, and classroom equipment.		
	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	28a	17,552.21
29	To bring into closer relation the home and the school by providing parent education, newsletters, directory, movie nights, and a carnival		
	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	29a	9,977.95
30	To develop between educators and the general public such united efforts by encouraging membership, providing hospitality, and covering administrative cost for officer training for PTA members and educators, documenting the history of PTA events and programs.		
	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	30a	5,642.08
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	31a	0.00
32	Total program service expenses (add lines 28a through 31a) ▶	32	33,172.24

Part IV	List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)
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Check if the organization used Schedule O to respond to any question in this Part IV ☒

[illegible]

Part V Other Information (Note the Schedule A and personal benefit contract 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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
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	✓
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	✓
b 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	✓
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	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	37b	✓
b Did the organization file Form 1120-POL for this year?	37b	✓
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?	38a	✓
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	40b	✓
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.	40e	✓
41 List the states with which a copy of this return is filed. ▶ Texas		
42a The organization's books are in care of ▶ Martha Reid Elementary PTA Telephone no. ▶ 817-299-6960		
Located at ▶ 500 Country Club Dr. Arlington, Tx ZIP + 4 ▶ 76002		
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	✓
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 the U.S.?	42c	✓
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 ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
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	✓
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	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
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	✓
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
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	✓

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
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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		<input checked="" type="checkbox"/>

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		<input checked="" type="checkbox"/>

49a Did the organization make any transfers to an exempt non-charitable related organization?

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

b If "Yes," was the related organization a section 527 organization?

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

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."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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


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 ☐ 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

2011

**Open to Public
Inspection**

Name of the organization

Employer identification number

Martha Reid Elementary PTA

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?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
- (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		
11g(iii)		
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
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) 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.")						
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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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) 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.")	2125.00	923.00	5977.00	10361.00	3,047.00	22,433.00
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	70,660.00	76,708.00	61,225.00	58,692.00	100,246.00	367,531.00
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.	72,785.00	77,631.00	67,202.00	69,053.00	103,293.00	389,964.00
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.)						389,964.00

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	72,785.00	77,631.00	67,202.00	69,053.00	103,293.00	389,964.00
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.)	72,785.00	77,631.00	67,202.00	69,053.00	103,293.00	389,964.00
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 2011 (line 8, column (f) divided by line 13, column (f))	15	100 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

- 19a 33¹/₃% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33¹/₃%, and line 17 is not more than 33¹/₃%, check this box and stop here. The organization qualifies as a publicly supported organization ☒
- b 33¹/₃% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33¹/₃%, and line 18 is not more than 33¹/₃%, check this box and stop here. The organization qualifies as a publicly supported organization ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

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).

88172.39

Martha Reid PTA
Executive Meeting
Financial Report for 6/30/2011 through 7/1/2012

	<u>Amount</u>	<u>Total</u>
Income & Expense - Beginning Balance		\$0.00*
Income		
19 Beginning Cash Balance as of 07/01/11	\$14,720.58	
7A AIM Fundraiser- Cookie Dough	\$15,575.00	
7A Book Fair- Fall	\$6,280.12	
7A Book Fair- Spring	\$6,518.69	
6B Carnival	\$9,212.25	
7A Concessions	\$3,617.13	
Corp. Incent.- Box Tops	\$37.30	
	\$234.00	
	\$500.00	
	\$1,400.00	
	\$325.88	
6B Directory (\$1 per directory)	\$1,379.00	
3 Dues(300 members, local portion \$2)	\$550.00	
6B Family Skate Night	\$534.00	
6B Family Dinners	\$681.72	
7A Holiday Store	\$4,779.08	
7A School Supplies- EPI	\$7,806.00	
	\$117.60	
7A Spirit Wear Sales	\$3,757.22	
6B Spring Fling	\$267.00	
7A World's Finest Chocolate Fundraiser	\$39,721.54	
Total Income		\$118,014.12
Expense		
7B AIM Fundraiser- Cookie Dough	(\$8,727.12)	
8 Bank Charges	\$6.00	
10 Bonding/Insurance	(\$505.00)	
7B Book Fair- Fall Vendor Payment	(\$4,045.65)	
7B Book Fair- Fall Incidental Expenses	(\$72.17)	
7B Book Fair-Spring Vendor Payment	(\$6,775.65)	
7B Book Fair- Spring Incidental Expenses	(\$81.40)	
29 + 6B Carnival	(\$3,805.09)	
7B Concessions	(\$1,272.75)	
10 Council Dues	(\$75.00)	
29 + 6C Directory	(\$218.00)	
29 + 6C Family Dinners	(\$690.96)	
10 Helium Tank	(\$47.00)	
7B Holiday Store	(\$3,376.39)	
30 + 10 Hospitality	(\$67.08)	
28 + 10 Ice Machine (Located in Teacher's Lounge)	(\$626.47)	
10 Life Membership	(\$200.00)	
28 + 10 Mansfield Education Foundation	(\$500.00)	
30 + 10 Membership	(\$141.77)	
10 New School Donations	(\$100.00)	
10 New Students- ice cream social	(\$300.00)	
27 + 10 Programs	(\$4,363.30)	
24 + 10 PTA Conferences & Training	(\$1,448.10)	

1. Line 1 + 3 =
 2. 2, 6, 7a =
 Sched. A pos 3

02-Aug-12

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

2011

**Open to Public
Inspection**

Name of the organization
Martha Reid Elementary PTA

Employer identification number
20-1064824

Part 1 Line 8

Extra Bank Charges (surplus) \$6 00

Part 1 Line 10

Mansfield Education Foundation	\$ 500 00
New School Donations	\$ 100 00
Scholarships	\$ 500 00
Total	\$1,100 00

Part 1 Line 16

Bonding/Insurance	\$505 00
Council Dues	\$75 00
Helium Tank	\$47 00
Hospitality	\$67 08
Ice Machine	\$626 47
Life Membership	\$200 00
Membership	\$141 77
New Student-ice cream social	\$300 00
Programs	\$4,363 30
PTA Conferences&Training	\$1,448 10
PTA Expenses	\$602 94
Reflections	\$172 63
Room Representatives	\$1,049 66
Student Achievement	\$2,282 21
Student Off Campus Learning (field trips)	\$13,970 90
Teacher Appreciation	\$3,382 19

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

Cat No 51056K

Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization

Martha Reid Elementary PTA

Employer identification number

20-1064824

Treasurer \$144 87

Website \$225 60

Allocations from World's Finest Chocolate- Die cut shapes \$3,995 00

Allocations from World's Finest Chocolate-Pro Panel Art Boards \$1,515 00

Allocations from World's Finest Chocolate- Nooks \$1,000 00

Allocations from World's Finest Chocolate- Donation to library \$2,848 59

Allocations from World's Finest Chocolate- Snow cone machine \$665 98

Total \$39,629 29

2012-2013 Martha Reid Elementary PTA Board Roster

Position	Name	Phone	E-Mail
<u>President</u>	OPEN		
1st VP Membership	Dorothy Patterson	817-914-8981	dorthypattersonPTA@mail.com
2nd VP Main Event Corrid.	Jennifer Vinson	972-780-8657	dancewearetc2009@yahoo.com
3rd VP Fundraising	Jennifer Blevins	817-980-4905	jennifermblevins@att.net
4th VP Volunteers	Heather Bailey	682-518-8290/972-743-2846	hnt7577@sbcglobal.net
5th VP Programs	Tiffany Barkley	817-539-0943 / 817-925-0401	tiffany_barkley@tx.rr.com
6th VP Communications	AnnaLisa Homan	817-372-8424	ahoman74@gmail.com
Secretary	Jen Neesen	817-477-1036/817-944-9758	jennifer@dessy.com
Treasurer	Brady Blevins	817-980-4935	bradyblevins@att.net
Parliamentarian	Uyonna Alexander	682-518-8116 / 682-429-9090	uyonna2000@att.net
Historian	Blanca Sagebiel	817-714-5381	blanca.sagebiel@yahoo.com
Book Fair	Karen Watson	817-453-2095/ 682-553-665.7	skwatson1@sbcglobal.net
Dino Pals	Jennifer Smith	817-845-3510	redjenn952@sbcglobal.net
Corporate Incentive	Becca Maddux	817-658-5140	rebeccamaddux@yahoo.com
	Mrs. Abbott	817-299-6960	jenniferabbott@misdmail.org
Council Delegate	OPEN		
Council Delegate	Dez Thomas	682-518-0512 / 817-692-5181	dezthomas@prodigy.net
Cultural Arts	Karrye Burt	817-455-0923	karryeburt@gmail.com
Directory	Jølene Marchant	214-284-7268	kevnio@sbcglobal.net
Hospitality	Erica Evans	209-499-0126	ebevanstx@sbcglobal.net
Room Representatives	Darren Burkhardt	972-841-9525	psodburkhardt@sbcglobal.net
School Spirit	Julie Potter	817-992-5181	icpe053186@gmail.com
Special Events	OPEN		
Student Achievement	Ashley Rankin	817-944-9575	aks617@yahoo.com or ashleyrankin@misdmail.org
Teacher Appreciation	OPEN		
Teacher Representative	Marion Leathers	817-299-6960	marionleathers@misdmail.org
Principal	Rebecca Stephens	817-299-6960	rebeccastephens@misdmail.org

Martha Reid PTA Executive Meeting Financial Report for 6/30/2011 through 7/1/2012
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	<u>Amount</u>	<u>Total</u>
Expense		
28 + 16 PTA Expense-Office Supplies & Admin. Exp.	(\$602.94)	
28 + 16 Reflections	(\$172.63)	
16 Room Representatives	(\$1,049.66)	
10 Scholarships	(\$500.00)	
73 School Supplies-EPI	(\$4,880.87)	
73 Spirit Wear	(\$1,948.10)	
29 + 16 Spring Fling	(\$675.00)	
14 Storage Unit	(\$564.30)	
28 + 16 Student Achievement	(\$2,282.21)	
28 + 16 Student Off Campus Learning (Field Trips)	(\$13,970.90)	
30 + 16 Teacher Appreciation	(\$3,382.19)	
16 Treasurer	(\$144.87)	
29 + 16 Website	(\$225.60)	
73 World's Finest Chocolate Fundraiser	(\$20,700.00)	
16 Allocations from WFC- Die cut shapes	(\$3,995.00)	
Allocations from WFC-Pro Panl Art Boards	(\$1,515.00)	
Allocations from WFC-Nooks	(\$1,000.00)	
Allocations from WFC- Donation to library	(\$2,848.59)	
Allocations from WFC- Snow cone machine	(\$665.98)	
Total Expense		(\$98,556.74)
Income & Expense - Ending Balance		\$19,457.38
Escrow - Beginning Balance		\$0.00
Escrow - State & National Dues		
Receipts - State & Nat'l Dues	\$1,406.50	
Payments - State & Nat'l Dues	(\$1,368.00)	
Total Escrow - State & National Dues		\$38.50
Escrow - Sales Tax		
Receipts - Sales Tax	\$1,274.74	
Payments - Sales Tax	(\$633.00)	
Total Escrow - Sales Tax		\$641.74
Escrow - Ending Balance		\$680.24

02-Aug-12