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

OMB No 1545-1150

2011**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 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
Odle Middle School PTSA
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
2003 65th Ave W
 City or town, state or country, and ZIP + 4
Tacoma WA 98466-6215

D Employer identification number
23-7177160

E Telephone number
425-590-9650

F Group Exemption Number ► **N/A**

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: ► <http://www.odleptsa.org>

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. \$

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	21736
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	1810
Expenses	6b	Gross income from fundraising events (not including \$ 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	16972
	6c	Less: direct expenses from gaming and fundraising events	6c	4082
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	14700
	7a	Gross sales of inventory, less returns and allowances	7a	25636
	7b	Less: cost of goods sold	7b	22264
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	3372
	8	Other revenue (describe in Schedule O)	8	4649
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	44457
	10	Grants and similar amounts paid (list in Schedule O)	10	13524
	Net Assets	11	Benefits paid to or for members	11
12		Salaries, other compensation, and employee benefits	12	
13		Professional fees and other payments to independent contractors	13	
14		Occupancy, rent, utilities, and maintenance	14	
15		Printing, publications, postage, and shipping	15	1700
16		Other expenses (describe in Schedule O)	16	16223
17		Total expenses. Add lines 10 through 16	17	31447
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	13010	
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	16324	
20	Other changes in net assets or fund balances (explain in Schedule O)	20		
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	29334	

For Paperwork Reduction Act Notice, see the separate instructions.

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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	16324	22 29334
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	16324	25 29334
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	16324	27 29334

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III ☒What is the organization's primary exempt purpose? **To support education, health and welfare of all children**

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 Student Support / Education / Enrichment - see attached Provides funds for students and activities		
(Grants \$) If this amount includes foreign grants, check here ☐	28a	3266
29 Teacher / Staff Support - see attached Provides grants to teaching staff for classroom supplies and supplemental funding for programs.		
(Grants \$) If this amount includes foreign grants, check here ☐	29a	12059
30 School Community Support Provide communications, recognition, support and appreciation for the general school, students and families.		
(Grants \$) If this amount includes foreign grants, check here ☐	30a	7581
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here ☐	31a	
32 Total program service expenses (add lines 28a through 31a)	32	22907

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Krista Hammer 13126 NE 31st Place, Bellevue, WA 98005	Co-President, 20 hours	-0-		
Dominique Vincenti 3645 134th Ave NE Bellevue, Washington 98005	Co-President, 4 hours	-0-		
Julia Krill 14048 NE 27 St Bellevue WA 98007	VP Fundraising, 3 hours	-0-		
Samir Chudgar 16230 NE 25th St Bellevue WA 98008	Treasurer, 4 hours	-0-		
Jerilyn Morris 25 146 Ave SE Bellevue WA 98007	Asst Treasurer, 4 hours	-0-		
Susan Alumna 2223 Benson Rd S S101 Renton WA 98055	Secretary, 2 hours	-0-		
Adam Dibba 14318 NE 7th Pl Apt 3 Bellevue WA 98007	Outreach Chair, 2 hours	-0-		
Phyllis Knoll 14048 SE 10th St Bellevue, WA 98007	Grants Co-Chair, 2 hours	-0-		
Jill Sulzberg 4433 137th Ave., NE Bellevue, WA 98005	Grants Co-Chair, 2 hours	-0-		

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		
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. ▶ N/A		
42a The organization's books are in care of ▶ Samir Chudgar Telephone no ▶ 425-590-9650 Located at ▶ 16230 NE 25th Street Bellevue WA ZIP + 4 ▶ 98008-2306		
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)? 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 .	42b	✓
c At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country: ▶ _____	42c	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		☐
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 **46** ☐ Yes ☒ No

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 **47** ☐ Yes ☒ No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** ☐ Yes ☒ No

49a Did the organization make any transfers to an exempt non-charitable related organization? **49a** ☐ Yes ☒ No

b If "Yes," was the related organization a section 527 organization? **49b** ☐ Yes ☒ No

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 ▶

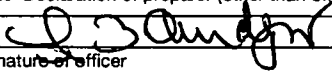
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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 ▶  11/11/12
Signature of officer Date
▶ **Samir Chudgar, Treasurer**
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

Odle Middle School PTSA

Employer identification number

23-7177160

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?

11g(ii)		
---------	--	--
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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									

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2011

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						☐

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		☐
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		☐
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		☐
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		☐
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		☐

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.")	23249	25939	25208	23896	26385	124677
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	32052	36721	30493	40612	44419	184297
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 Total. Add lines 1 through 5	55301	62660	55701	64508	70804	308974
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	1500	1495	1569	0	0	4564
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	0	0	0	0	0
c Add lines 7a and 7b	1500	1495	1569	0	0	4564
8 Public support. (Subtract line 7c from line 6.)						304410

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	55301	62660	55701	64508	70804	308974
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	39	22	11	5	0	77
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	39	22	11	5	0	77
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
13 Total support. (Add lines 9, 10c, 11, and 12.)	55340	62682	55712	64513	70804	309051
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 ▶ ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	98.48 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	97.59 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	.03 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	.04 %

- 19a 33 1/3% support tests—2011.** 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 ▶ ☒
- b 33 1/3% support tests—2010.** 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 ▶ ☐
- 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).

[illegible]

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

Odle Middle School PTSA

Employer identification number

23-7177160

Line 1 - Contributions, gifts, grants received

Pass the Hat \$9,517

Pass the Hat matching funds \$2,113

Membership dues \$5,640

Matching funds (time) \$2,844

Other (eScrip) \$1,623

Total \$21,736

Line 6 - Gaming and fundraising events

Lip Sync \$1,810

Mid Year fundraising \$16,972

Lip Sync and fundraiser expenses \$4,082

Line 7 - Gross sales of inventory

See attached

Schedule O - Details
Odle Middle School PTSA
Form 990-EZ

EIN 23-7177160

Page 2

Line 1 - Contributions, gifts, grants received

Pass the Hat	\$9,517
Pass the Hat (Matching Funds)	\$2,113
Membership	\$5,640
Matching Funds-Time	\$2,844
Other (eScrip, etc)	\$1,623
Total	\$21,736

Line 6 - Gaming and fundraising events

	6a	6b	6c
Lip Sync	\$1,810		\$956
Mid Year Fundraiser		\$16,972	\$3,126
Total	\$1,810	\$16,972	\$4,082

Lip Sync - an evening program where Odle students perform lip sync to a song of their choice
Income is from group entrance fees and tickets sold for the event. Audience is mostly
students and family members. The event is in school building.

Mid Year Fundraising - an evening gathering held at local venue. Income from entrance fees
and tickets sold for event. Family members and Odle staff are the attendees.
The event helps pay for Odle staff attend the Spring Education Conference.

Line 7 - Gross Sales of Inventory

The PTSA staffs a student store at school during lunch that sells school supplies and snacks.
The store is staffed by volunteers.

7a	\$25,636
7b	\$22,264
7c	\$3,373

Line 8 - Other Revenue

Matching Funds for Spring 2011	\$4,649
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Schedule O - Details
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Line 10 - Grants and other amounts paid

Math Club	\$420
Classroom Supplies for Teachers	\$2,855
Golden Acorn/Crystal Apple	\$487
Bellevue Schools Foundation	\$200
Grants (General & Technology)	\$7,403
Music Grants	\$2,160
Total	\$13,524

Line 15 - Printing, publications, postage, shipping

Directory	\$578
Parent Handbook	\$379
Taking Care of Business Packet	\$78
Newsletter / Constant Contact	\$484
Postcard Mailings	\$181
Total	\$1,700

Line 16 - Other Expenses

Banking Expenses	\$27
Charitable Solicitations	\$40
Incorporation Fees	\$10
Liability Insurance	\$265
MoneyMinder Software	\$163
PTA Supplies	\$76
Convention	\$170
Fall Conference	\$45
PTA & The Law	\$45
6th Grade Welcome	\$200
8th Grade Party	\$1,799
8th Grade Ceremony	\$95
Back to School Event	\$527
Cultural Extravaganza	\$125
Emergency Preparedness	\$120
Health, Wellness, & Nutrition	\$77
Healthy Snacks for Student Social	\$258

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Odle Student Community Outreach	\$1,500
PE Presidential Fitness T-shirt	\$359
PRISM Social Activities	\$309
Reflections	\$250
Community Support Fund	\$262
Staff Appreciation	\$226
Spring Conference	\$4,430
eScrip Expenses	\$199
Membership payment to PTA Council	\$4,646
Total	\$16,223
 Total Income	 \$44,458
Totals Expenses	\$31,448
Excess	\$13,010

Line 28 - Student Support / Education / Enrichment

Provides funds for students and activities to enrich the students' school experience and to recognize students' achievements. Benefits about 700 Odle students.

Math Club	\$420
Golden Acorn/Crystal Apple	\$487
Bellevue Schools Foundation	\$200
Music Grants	\$2,160
Total	\$3,266

Line 29 - Teacher / Staff Support

Provides grants to teaching staff for classroom supplies and supplemental funding for programs and materials not provided by the regular budget. Also funds teacher appreciation efforts.

Grants (General & Technology)	-	\$7,403
Staff Appreciation	-	\$226
Spring Conference		\$4,430
Total		\$12,059

Line 30 - School Community Support

Provide communications, recognition, support and appreciation for the general school community. Benefits all Odle students and their families, approximately 1,800 people.

Directory	-	\$578
Parent Handbook	-	\$379
Taking Care of Business Packet	-	\$78
Newsletter / Constant Contact	-	\$484
Postcard Mailings	-	\$181
6th Grade Welcome	-	\$200
8th Grade Party	-	\$1,799
8th Grade Ceremony	-	\$95
Back to School Event	-	\$527
Cultural Extravaganza	-	\$125
Emergency Preparedness	-	\$120
Health, Wellness, & Nutrition	-	\$77
Healthy Snacks for Student Social	-	\$258
Odle Student Community Outreach	-	\$1,500
PE Presidential Fitness T-shirt	-	\$359
PRISM Social Activities	-	\$309
Reflections	-	\$250
Community Support Fund	-	\$262
Total		\$7,581

Total program expenses \$22,907