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Form 990

Department of the Treasury
Internal Revenue Service

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)

OMB No 1545-0047

2011

Open to Public
Inspection

► 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 JUL 1, 2011 and ending JUN 30, 2012

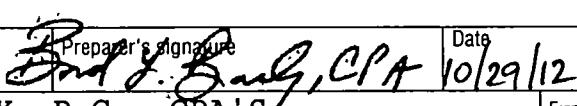
B Check if applicable	C Name of organization BETTIE WEAVER ELEMENTARY PTA		D Employer identification number 54-1717699
	Doing Business As		
	Number and street (or P.O. box if mail is not delivered to street address) 3600 JAMES RIVER ROAD	Room/suite	
	City or town, state or country, and ZIP + 4 MIDLTHIAN, VA 23113-3718		
	F Name and address of principal officer KRIS SOUTH 14521 CASTLEFORD CT, MIDLTHIAN, VA 23113		G Gross receipts \$ 181,034.
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)()	◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J Website: WWW.CHESTERFIELD.K12.US/SCHOOLS/WEAVER			H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other	►		L Year of formation: 1994 M State of legal domicile: VA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities ELEMENTARY SCHOOL PTA FOR THE BENEFIT OF STUDENTS, TEACHERS AND PARENTS		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	3	4
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	4	50
	4 Number of independent voting members of the governing body (Part VI, line 1b)	5	0
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	6	200
	6 Total number of volunteers (estimate if necessary)	7a	0.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7b	0.
	b Net unrelated business taxable income from Form 990-T, line 34		
Expenses	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	16,711.	5,704.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	68,873.	75,100.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8d, 9c, 10g and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22,064.	56,633.
		107,648.	137,437.
		0.	0.
		0.	0.
		0.	0.
		0.	0.
Net Assets or Fund Balances	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Prior Year	Current Year
	14 Benefits paid to or for members (Part IX, column (A), line 4)	119,881.	111,011.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	119,881.	111,011.
	16a Professional fundraising fees (Part IX, column (A), line 1e)	<12,233.	26,426.
	b Total fundraising expenses (Part IX, column (D), line 25)		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			
19 Revenue less expenses Subtract line 18 from line 12			
	Beginning of Current Year	End of Year	
20 Total assets (Part X, line 16)	23,670.	50,096.	
21 Total liabilities (Part X, line 26)	0.	0.	
22 Net assets or fund balances. Subtract line 21 from line 20	23,670.	50,096.	

Part II Signature Block

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	► 	Date 11/29/12			
	► KRIS SOUTH, TREASURER				
Paid Preparer	Print/Type preparer's name BRAD L. BAILEY, CPA	Preparer's signature 	Date 10/29/12	Check <input type="checkbox"/> if self-employed	PTIN P00434516
Use Only	Firm's name GREGG & BAILEY, P.C., CPA'S		Firm's EIN 54-1647040		
	Firm's address 15871 CITY VIEW DRIVE, SUITE 302 MIDLTHIAN, VA 23113		Phone no. (804) 897-4700		

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III 1 Briefly describe the organization's mission.ELEMENTARY SCHOOL PTA FOR THE BENEFIT OF STUDENTS, TEACHERS AND PARENTS2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported4a (Code _____) (Expenses \$ 24,520. including grants of \$ _____) (Revenue \$ 24,716.)WEAVER ENRICHMENT PROGRAM-AFTER SCHOOL ACTIVITIES FOR CHILDREN ON EDUCATIONAL TOPICS AND EXTRA CURRICULAR ACTIVITIES FROM EXPLORING THE OCEAN, COOKING, MANNERS KARATE, CHESS, ETC.4b (Code _____) (Expenses \$ 12,346. including grants of \$ _____) (Revenue \$ _____)PACE EXPENSES ARE ADDITIONAL CLASSROOM EXPENSES FOR ALL GRADES THAT WOULD NOT BE COVERED BY SCHOOL BOARD BUDGET. EXPENSES ARE REQUESTED BY TEACHERS AND GRANTED BY THE PTA BASED ON VARIOUS CRITERIA.4c (Code _____) (Expenses \$ 14,129. including grants of \$ _____) (Revenue \$ 14,820.)CHILDREN PURCHASE YEAR BOOKS AT COST BY PTA ADMINISTERING THE PROGRAM.4d Other program services (Describe in Schedule O)(Expenses \$ 58,562. including grants of \$ _____) (Revenue \$ 35,564.)4e Total program service expenses ► 109,557.

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
If "Yes," complete Schedule A

2 Is the organization required to complete *Schedule B, Schedule of Contributors*?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*

4 **Section 501(c)(3) organizations.** 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*

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*

9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

- a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*
- b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*
- c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*
- d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*
- e Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*
- f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*

12a Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*

12b Was the organization included in consolidated, independent audited financial statements for the tax year?
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional

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

14a Did the organization maintain an office, employees, or agents outside of the United States?

- b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*

20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*

- b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	X	
2	X	
3	X	
4	X	
5	X	
6	X	
7	X	
8	X	
9	X	
10	X	
11a	X	
11b	X	
11c	X	
11d	X	
11e	X	
11f	X	
12a	X	
12b	X	
13	X	
14a	X	
14b	X	
15	X	
16	X	
17	X	
18	X	
19	X	
20a	X	
20b		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a	X
24b		24b	
24c		24c	
24d		24d	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
25b	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28a	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? b 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," complete Schedule R, Part V, line 2	35a	X
35b		35b	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	X

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	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)?	4a	X
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.	4b	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).	7a	X
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a	X
9	Sponsoring organizations maintaining donor advised funds.	9b	X
a	Did the organization make any taxable distributions under section 4966?	10a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	10b	
10	Section 501(c)(7) organizations. Enter	11a	
a	Initiation fees and capital contributions included on Part VIII, line 12	11b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	12a	
11	Section 501(c)(12) organizations. Enter	12b	
a	Gross income from members or shareholders	13a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	13b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	13c	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	14a	X
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	14b	
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	14b	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	14b	
c	Enter the amount of reserves on hand	14b	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14b	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI X

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.

1b Enter the number of voting members included in line 1a, above, who are independent

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Did the organization have members or stockholders?

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body?

b Each committee with authority to act on behalf of the governing body?

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

	Yes	No
1a	4	
1b	50	
2		X
3	X	
4	X	
5	X	
6	X	
7a	X	
7b		X
8a	X	
8b	X	
9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Did the organization have local chapters, branches, or affiliates?

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

b Describe in Schedule O the process, if any, used by the organization to review this Form 990.

12a Did the organization have a written conflict of interest policy? If "No," go to line 13

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official

b Other officers or key employees of the organization

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

	Yes	No
10a		X
10b		
11a	X	
12a	X	
12b	X	
12c	X	
13	X	
14	X	
15a		X
15b		X
16a		X
16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available Check all that apply

Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► KRIS SOUTH - 804-378-2540
3600 JAMES RIVER ROAD, MIDLOTHIAN, VA 23113

Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) $\frac{1}{2}$ (B) $\frac{1}{3}$ (C) $\frac{1}{4}$ (D) $\frac{1}{5}$ (E) $\frac{1}{6}$

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a			
	b Membership dues	1b	3,475.		
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,229.		
	g Noncash contributions included in lines 1a-1f \$				
	h Total. Add lines 1a-1f		5,704.		
Program Service Revenue	2 a WEP-AFTER SCHOOL	Business Code 624410	24,716.	24,716.	
	b BOOK FAIR	611710	14,987.	14,987.	
	c YEARBOOK	323100	14,820.	14,820.	
	d HOLIDAY SHOP	453220	8,808.	8,808.	
	e BOX TOPS	611710	3,569.	3,569.	
	f All other program service revenue	611710	8,200.	8,200.	
	g Total. Add lines 2a-2f		75,100.		
	3 Investment income (including dividends, interest, and other similar amounts)				
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6 a Gross rents	(i) Real	(ii) Personal			
b Less: rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)					
7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less: cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss)					
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a 100,230.				
b Less: direct expenses	b 43,597.				
c Net income or (loss) from fundraising events		56,633.			56,633.
9 a Gross income from gaming activities See Part IV, line 19	a				
b Less: direct expenses	b				
c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11 a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		137,437.	75,100.	0.	56,633.
12 Total revenue See instructions.					

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	515.		515.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	506.		506.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	377.		377.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>WEP</u>	24,520.	24,520.		
b <u>YEARBOOK</u>	14,129.	14,129.		
c <u>BOOK FAIR</u>	13,609.	13,609.		
d <u>PACE</u>	12,346.	12,346.		
e All other expenses <u>SEE SCH O</u>	45,009.	44,953.	56.	
25 Total functional expenses. Add lines 1 through 24e	111,011.	109,557.	1,454.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ► if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
	1 Cash - non-interest-bearing	23,670.	1	50,096.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
Assets	10a Land, buildings, and equipment. cost or other basis Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities		11	
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
	16 Total assets. Add lines 1 through 15 (must equal line 34)	23,670.	16	50,096.
	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
Liabilities	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	0.	26	0.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0.	30	0.
	31 Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
	32 Retained earnings, endowment, accumulated income, or other funds	23,670.	32	50,096.
	33 Total net assets or fund balances	23,670.	33	50,096.
	34 Total liabilities and net assets/fund balances	23,670.	34	50,096.

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)	1	137,437.
2 Total expenses (must equal Part IX, column (A), line 25)	2	111,011.
3 Revenue less expenses Subtract line 2 from line 1	3	26,426.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23,670.
5 Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	50,096.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?
 b Were the organization's financial statements audited by an independent accountant?
 c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
 d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
 b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a	<input checked="" type="checkbox"/>	
2b	<input checked="" type="checkbox"/>	
2c		
3a	<input checked="" type="checkbox"/>	
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization

Employer identification number
54-1717699

BETTIE WEAVER ELEMENTARY PTA

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)

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

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

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.")	3,786.	3,894.	20,170.	4,686.	5,704.	38,240.
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	184,076.	114,129.	15,027.	128,960.	175,331.	617,523.
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	187,862.	118,023.	35,197.	133,646.	181,035.	655,763.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6)						655,763.

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	187,862.	118,023.	35,197.	133,646.	181,035.	655,763.
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						
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)	187,862.	118,023.	35,197.	133,646.	181,035.	655,763.
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	100.00	%
16 Public support percentage from 2010 Schedule A, Part III, line 15 ..	16	100.00	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) ..	17	.00	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17 ..	18		%

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 ►

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization

Employer identification number
54-1717699

BETTIE WEAVER ELEMENTARY PTA

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Total

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

Revenue	(a) Event #1 ART FUNDRAISER (event type)	(b) Event #2 SILENT AUCTION (event type)	(c) Other events 3 (total number)	(d) Total events (add col. (a) through col (c))
1 Gross receipts	25,404.	51,485.	23,341.	100,230.
2 Less: Charitable contributions				
3 Gross income (line 1 minus line 2)	25,404.	51,485.	23,341.	100,230.
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	16,237.	15,281.	12,079.	43,597.
10 Direct expense summary Add lines 4 through 9 in column (d)				► (43,597)
11 Net income summary Combine line 3, column (d), and line 10				► 56,633.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than

\$15,000 on Form 990-EZ, line 6a

Revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
1 Gross revenue				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d)				► ()
8 Net gaming income summary Combine line 1, column d, and line 7				► ()

9 Enter the state(s) in which the organization operates gaming activities:

a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain. _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records.

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

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

BETTIE WEAVER ELEMENTARY PTA

Employer identification number
54-1717699

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

CAPITAL FUND-THE PTA RAISED MONEY FROM INDIVIDUAL MEMBERS AND CORPORATE MATCHING GIFTS IN AN INITIATIVE TO RAISE FUNDS TO UPGRADE THE PHYSICAL FACILITIES, CLASSROOM TECHNOLOGY AND ART SUPPLIES AT THE SCHOOL. MAJOR EQUIPMENT IS DONATED TO THE HIGH SCHOOL. THE PTA ASKED MEMBERS TO SOLICIT FUNDS FROM THEIR COMPANIES WHO PROVIDES MATCHING GRANT FUNDS.

EXPENSES \$ 8,952. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

HOLIDAY SHOP-CHILDREN CAN PURCHASE CHRISTMAS PRESENTS FOR SIBLINGS AND PARENTS; ANY PROFITS ARE USED TO PURCHASE ADDITIONAL BOOKS FOR THE SCHOOL LIBRARY.

EXPENSES \$ 9,216. INCLUDING GRANTS OF \$ 0. REVENUE \$ 8,808.

OTHER PROGRAM SERVICES-VARIOUS EXPENSES FOR NUMEROUS CATEGORIES, PLEASE CONTACT TREASURER IF MORE DETAILED INFORMATION IS REQUIRED.

EXPENSES \$ 7,732. INCLUDING GRANTS OF \$ 0. REVENUE \$ 3,569.

WELCOME AND HOSPITALITY COMMITTEE PROVIDES REFRESHMENTS FOR NEW PARENT ORIENTATION MEETING AND VARIOUS SCHOOL FUNCTIONS

EXPENSES \$ 792. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

VOLUNTEER FUND TO COVER INCIDENTAL OUT OF POCKET EXPENSES INCURRED BY PARENT VOLUNTEERS FOR THE BENEFIT OF THE ORGANIZATION

EXPENSES \$ 253. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

STAFF DEVELOPMENT-PTA SENDS TEACHERS TO CONFERENCES BASED ON VARIOUS

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

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

132211
01-23-12

Name of the organization

BETTIE WEAVER ELEMENTARY PTA

Employer identification number

54-1717699

TOPICS. TEACHERS MUST SUBMIT APPLICATION TO RECEIVE THE GRANT.EXPENSES \$ 3,463. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.STAFF APPRECIATION-GIFTS FOR TEACHERS, WORKERS AT SCHOOLEXPENSES \$ 1,011. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.ROOM PARENTS-EXPENSES TO COVER FUNCTIONS, EVENTSEXPENSES \$ 115. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.RECYCLING PROGRAM COST TO TEACH STUDENTS TO BE RESPONSIBLE FOR NATURAL RESOURCES AND CONSERVEEXPENSES \$ 806. INCLUDING GRANTS OF \$ 0. REVENUE \$ 40.OUTREACH PROGRAM PROVIDES FUNDS FOR OTHER SCHOOLS IN POVERTY AREAS OF CHESTERFIELD COUNTYEXPENSES \$ 457. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.SCIENCE CENTER CAMP IN-SCIENCE CAMP TO ENCOURAGE CHILDREN TO PARTICIPATE IN SCIENCE.EXPENSES \$ 3,265. INCLUDING GRANTS OF \$ 0. REVENUE \$ 3,060.MEMORIALS FOR TEACHERS, PRIOR EMPLOYEES OF THE SCHOOLS. FLOWERS OR REMEMBRANCES ARE SENTEXPENSES \$ 118. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.MEMBERSHIP DUES TO NATIONAL PTA ASSOCIATIONEXPENSES \$ 2,892. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

Name of the organization

BETTIE WEAVER ELEMENTARY PTA

Employer identification number

54-1717699

FIFTH GRADE GRADUATIONEXPENSES \$ 386. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.COUNTY CONCIL DUESEXPENSES \$ 140. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.GRADE LEVEL ACTIVTY FEES COVER EACH GRADE FEES FOR TRIPS, ACTIVITIES.EXPENSES \$ 2,849. INCLUDING GRANTS OF \$ 0. REVENUE \$ 3,045.HAPPY FEET IS A RUNNING CLUB THAT ENCOURAGES CHILDREN TO GET ACTIVE.EXPENSES \$ 1,319. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,055.ARTS/REFLECTIONS PROGRAMS TO ENCOURAGE CHILDREN'S CREATIVITY AND
INTEREST IN ART.EXPENSES \$ 1,187. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.BOOK FAIREXPENSES \$ 13,609. INCLUDING GRANTS OF \$ 0. REVENUE \$ 14,987.FORM 990, PART VI, SECTION A, LINE 7A: NOMINATING COMMITTEE DECIDES
OFFICERSFORM 990, PART VI, SECTION B, LINE 11: THE 990 WILL BE PRESENTED TO THE
VIRGINIA PTAFORM 990, PART VI, SECTION B, LINE 12C: BOARD MONITORS COMPLIANCE WITH
CONFLICT OF INTEREST POLICY

Name of the organization

BETTIE WEAVER ELEMENTARY PTA

Employer identification number

54-1717699

FORM 990, PART VI, SECTION C, LINE 19: UPON REQUESTFORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:HOLIDAY SHOP:

<u>PROGRAM SERVICE EXPENSES</u>	9,216.
<u>MANAGEMENT AND GENERAL EXPENSES</u>	0.
<u>FUNDRAISING EXPENSES</u>	0.
<u>TOTAL EXPENSES</u>	9,216.

TECHNOLOGY & PHYSICAL PLANT IMPROVEMTNNS:

<u>PROGRAM SERVICE EXPENSES</u>	4,557.
<u>MANAGEMENT AND GENERAL EXPENSES</u>	0.
<u>FUNDRAISING EXPENSES</u>	0.
<u>TOTAL EXPENSES</u>	4,557.

EQUIPMENT DONATION TO BETTIE WEAVER:

<u>PROGRAM SERVICE EXPENSES</u>	4,395.
<u>MANAGEMENT AND GENERAL EXPENSES</u>	0.
<u>FUNDRAISING EXPENSES</u>	0.
<u>TOTAL EXPENSES</u>	4,395.

STAFF DEVELOPMENT:

<u>PROGRAM SERVICE EXPENSES</u>	3,463.
<u>MANAGEMENT AND GENERAL EXPENSES</u>	0.
<u>FUNDRAISING EXPENSES</u>	0.
<u>TOTAL EXPENSES</u>	3,463.

SCIENCE CENTER CAMP:132212
01-23-12

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

Name of the organization

BETTIE WEAVER ELEMENTARY PTA

Employer identification number

54-1717699

<u>PROGRAM SERVICE EXPENSES</u>	3,265.
<u>MANAGEMENT AND GENERAL EXPENSES</u>	0.
<u>FUNDRAISING EXPENSES</u>	0.
<u>TOTAL EXPENSES</u>	3,265.

GROUNDS & LANDSCAPING:

<u>PROGRAM SERVICE EXPENSES</u>	2,996.
<u>MANAGEMENT AND GENERAL EXPENSES</u>	0.
<u>FUNDRAISING EXPENSES</u>	0.
<u>TOTAL EXPENSES</u>	2,996.

MEMBERSHIP DUES:

<u>PROGRAM SERVICE EXPENSES</u>	2,892.
<u>MANAGEMENT AND GENERAL EXPENSES</u>	0.
<u>FUNDRAISING EXPENSES</u>	0.
<u>TOTAL EXPENSES</u>	2,892.

GRADE LEVEL ACTIVITY:

<u>PROGRAM SERVICE EXPENSES</u>	2,848.
<u>MANAGEMENT AND GENERAL EXPENSES</u>	0.
<u>FUNDRAISING EXPENSES</u>	0.
<u>TOTAL EXPENSES</u>	2,848.

CLASSROOM SUPPLIES:

<u>PROGRAM SERVICE EXPENSES</u>	1,695.
<u>MANAGEMENT AND GENERAL EXPENSES</u>	0.
<u>FUNDRAISING EXPENSES</u>	0.
<u>TOTAL EXPENSES</u>	1,695.

Name of the organization

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Employer identification number

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HAPPY FEET-RUNNING CLUB:

<u>PROGRAM SERVICE EXPENSES</u>	1,319.
<u>MANAGEMENT AND GENERAL EXPENSES</u>	0.
<u>FUNDRAISING EXPENSES</u>	0.
<u>TOTAL EXPENSES</u>	1,319.

ARTS & EDUCATION:

<u>PROGRAM SERVICE EXPENSES</u>	1,187.
<u>MANAGEMENT AND GENERAL EXPENSES</u>	0.
<u>FUNDRAISING EXPENSES</u>	0.
<u>TOTAL EXPENSES</u>	1,187.

STAFF APPRECIATION:

<u>PROGRAM SERVICE EXPENSES</u>	1,011.
<u>MANAGEMENT AND GENERAL EXPENSES</u>	0.
<u>FUNDRAISING EXPENSES</u>	0.
<u>TOTAL EXPENSES</u>	1,011.

WEBSITE:

<u>PROGRAM SERVICE EXPENSES</u>	920.
<u>MANAGEMENT AND GENERAL EXPENSES</u>	0.
<u>FUNDRAISING EXPENSES</u>	0.
<u>TOTAL EXPENSES</u>	920.

PRINTING AND PUBLICATION:

<u>PROGRAM SERVICE EXPENSES</u>	905.
<u>MANAGEMENT AND GENERAL EXPENSES</u>	0.

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FUNDRAISING EXPENSES 0.TOTAL EXPENSES 905.RECYCLING PROGRAM:PROGRAM SERVICE EXPENSES 806.MANAGEMENT AND GENERAL EXPENSES 0.FUNDRAISING EXPENSES 0.TOTAL EXPENSES 806.HOSPITALITY:PROGRAM SERVICE EXPENSES 701.MANAGEMENT AND GENERAL EXPENSES 0.FUNDRAISING EXPENSES 0.TOTAL EXPENSES 701.READING PROGRAMS:PROGRAM SERVICE EXPENSES 510.MANAGEMENT AND GENERAL EXPENSES 0.FUNDRAISING EXPENSES 0.TOTAL EXPENSES 510.OUTREACH:PROGRAM SERVICE EXPENSES 457.MANAGEMENT AND GENERAL EXPENSES 0.FUNDRAISING EXPENSES 0.TOTAL EXPENSES 457.FIFTH GRADE GRADUATION:132212
01-23-12

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

Name of the organization

BETTIE WEAVER ELEMENTARY PTA

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<u>PROGRAM SERVICE EXPENSES</u>	386.
<u>MANAGEMENT AND GENERAL EXPENSES</u>	0.
<u>FUNDRAISING EXPENSES</u>	0.
<u>TOTAL EXPENSES</u>	386.

REFLECTIONS:

<u>PROGRAM SERVICE EXPENSES</u>	276.
<u>MANAGEMENT AND GENERAL EXPENSES</u>	0.
<u>FUNDRAISING EXPENSES</u>	0.
<u>TOTAL EXPENSES</u>	276.

VOLUNTEERS:

<u>PROGRAM SERVICE EXPENSES</u>	253.
<u>MANAGEMENT AND GENERAL EXPENSES</u>	0.
<u>FUNDRAISING EXPENSES</u>	0.
<u>TOTAL EXPENSES</u>	253.

BUDDY FIELD DAY:

<u>PROGRAM SERVICE EXPENSES</u>	244.
<u>MANAGEMENT AND GENERAL EXPENSES</u>	0.
<u>FUNDRAISING EXPENSES</u>	0.
<u>TOTAL EXPENSES</u>	244.

BOX TOPS:

<u>PROGRAM SERVICE EXPENSES</u>	187.
<u>MANAGEMENT AND GENERAL EXPENSES</u>	0.
<u>FUNDRAISING EXPENSES</u>	0.
<u>TOTAL EXPENSES</u>	187.

Name of the organization

BETTIE WEAVER ELEMENTARY PTA

Employer identification number

54-1717699COUNTY COUNCIL DUES:

<u>PROGRAM SERVICE EXPENSES</u>	<u>140.</u>
<u>MANAGEMENT AND GENERAL EXPENSES</u>	<u>0.</u>
<u>FUNDRAISING EXPENSES</u>	<u>0.</u>
<u>TOTAL EXPENSES</u>	<u>140.</u>

MEMORIALS & REMEMB:

<u>PROGRAM SERVICE EXPENSES</u>	<u>118.</u>
<u>MANAGEMENT AND GENERAL EXPENSES</u>	<u>0.</u>
<u>FUNDRAISING EXPENSES</u>	<u>0.</u>
<u>TOTAL EXPENSES</u>	<u>118.</u>

ROOM PARENTS:

<u>PROGRAM SERVICE EXPENSES</u>	<u>115.</u>
<u>MANAGEMENT AND GENERAL EXPENSES</u>	<u>0.</u>
<u>FUNDRAISING EXPENSES</u>	<u>0.</u>
<u>TOTAL EXPENSES</u>	<u>115.</u>

WELCOME COMMITTEE:

<u>PROGRAM SERVICE EXPENSES</u>	<u>91.</u>
<u>MANAGEMENT AND GENERAL EXPENSES</u>	<u>0.</u>
<u>FUNDRAISING EXPENSES</u>	<u>0.</u>
<u>TOTAL EXPENSES</u>	<u>91.</u>

BANK FEES:

<u>PROGRAM SERVICE EXPENSES</u>	<u>0.</u>
<u>MANAGEMENT AND GENERAL EXPENSES</u>	<u>56.</u>

Name of the organization

Employer identification number

BETTIE WEAVER ELEMENTARY PTA

54-1717699

FUNDRAISING EXPENSES

0.

TOTAL EXPENSES

56.

TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A

45,009.