

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



990-EZ

Department of the Treasury Internal Revenue Service

Short Form **Return of Organization Exempt From Income Tax**

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2011

Open to Public Inspection

A	For the	2011 calenda	ar year, or tax year beginning July 1 , 2011, and en	ding	J	une 30	, 20 12			
В	Check if applicable C Name of organization		C Name of organization		D Empl	oyer ide	ntification number	_		
	Address o	change Farmwell Station Middle School Virginia Congress of Parents and Teachers				54-1773586				
	Name cha	-	E Telep	Telephone number						
Η	Institut retu		44281 Gloucester Pkwy			571	1-252-2320			
Ħ	Terminated City or town, state or country, and ZIP + 4 F Gr						Group Exemption			
		on pending	Ashburn, VA 20147-2829		Nun	nber 🕨	33337			
G	Account	ting Method:	✓ Cash Accrual Other (specify) ►	нс	heck I	▶ 🗸 ut	the organization is n	not		
	Websit			_ ı			ch Schedule B			
<u>J</u>	Гах-ехеп	npt status (che	eck only one) — 501(c)(3) □ 501(c) () (insert no) □ 4947(a)(1) or □ 5	527 (F	om 9	90, 990	-EZ, or 990-PF).			
K	Check •	► 🔲 if the	e organization is not a section 509(a)(3) supporting organization or a section 527 org	anization	and it	s gross	receipts are normally	—— y		
	not mor	e than \$50,00	0 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-posto	ard) may	be rec	juired (s	ee instructions). But	ıf		
	_		ses to file a return, be sure to file a complete return.							
			b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	al assets (Part II,					
_			ow) are \$500,000 or more, file Form 990 instead of Form 990-EZ			▶ \$	48,49	<u> 36</u>		
	art I		e, Expenses, and Changes in Net Assets or Fund Balances (se							
_		Check if	the organization used Schedule O to respond to any question in this	Part I			<u> </u>	ユ		
	1		ons, gifts, grants, and similar amounts received			1	37	74		
	2	_	ervice revenue including government fees and contracts			2	<u></u>			
	3		ip dues and assessments			3	5,17	<u> 70</u>		
	4	Investment				4		58		
	5a		ount from sale of assets other than inventory							
	j b		or other basis and sales expenses							
	C	Gain or (lo	ss) from Pale Falssets Other than inventory (Subtract line 5b from line 5a)	•		5c				
	6	- (d fundraising events							
0	a	\$15,000)	bgge from gaming (attach Schedule G if greater than							
Revenue				la di a						
ě	6	from fundr	me from fundraising events (not including \$ of contrasting events reported pri line 1) (attach Schedule G if the	Dutions						
Œ		sum of suc	* \\ J\\ J\\ J\\ J\\ \\ \\ \\ \\ \\ \\ \\		2 224					
			t expenses from gaming and fundraising events 6c	4	2,894 450					
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b a	nd subt						
	"	line 6c)	c of 1000) from gaming and fundraising events (add files of and ob a	iiu subi	iaci		40.44			
	7a	•	s of inventory, less returns and allowances	• • •	•	6d	42,44	-4		
	b		of goods sold							
	c		it or (loss) from sales of inventory (Subtract line 7b from line 7a)	··		7c				
	8		nue (describe in Schedule O)	• • •	•	8		_		
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		•	9	48,04	46		
_	10		I similar amounts paid (list in Schedule O)			10	,3,0	-		
	11		aid to or for members			11	51,73	 38		
တ္သ		Salaries, of	ther compensation, and employee benefits			12		_		
nse	13		al fees and other payments to independent contractors			13	25	50		
Expenses	14		y, rent, utilities, and maintenance			14		_		
ă	15	Printing, pu	ing, publications, postage, and shipping				· · · · · · · · · · · · · · · · · · ·	_		
	16	Other expe	Other expenses (describe in Schedule O)				1,41	17		
_	17	Total expe	enses. Add lines 10 through 16		. ▶	16 17	53,40	_		
S	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)			18	(5,35			
set	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must	agree	with			_		
Net Assets			r figure reported on prior year's return)			19	17,76	62		
ĕ	20	Other chan	nges in net assets or fund balances (explain in Schedule O)			20		_		
Z	21		or fund balances at end of year. Combine lines 18 through 20			21	12,40	<u></u>		

SCANNED NOV 3 0

Pa		•				<u> </u>
Check if the organization used Schedule O to respond to any question in this Part II						
				(A) Beginning of year	<u> </u>	(B) End of year
22	Cash, savings, and investments			17,762	-	12,403
23	Land and buildings				23	
24	Other assets (describe in Schedule O)			47.700	24	12 402
25 26	Total assets			17,762	26	12,403
27	Net assets or fund balances (line 27 of column			17,762	1	12,403
Par					21	
-	Check if the organization used Schedule	-		•	/D	Expenses
Wha	is the organization's primary exempt purpose?					ured for section c)(3) and 501(c)(4)
	ribe the organization's program service accompl			orogram services		nizations and section
as m	easured by expenses. In a clear and concise r	nanner, describe the				(a)(1) trusts; optional thers)
	ons benefited, and other relevant information for e	ach program title.			ļ	T
28	School supplies for students - \$23,872					
	T-shirts for students - \$2,267					
	(Grants \$) If this amoun	t includes foreign gra	nte check hore		28a	26,139
29	Staff Approxiation - \$1.752				204	20,139
20	Spiritwear - \$5,642					
	(Grants \$) If this amount	t includes foreign gra	ints, check here .	▶ 🗆	29a	7,394
30	Instructional materials, school improvement and su		· · · · · · · · · · · · · · · · · · ·	 _		
		t includes foreign gra			30a	18,205
31	Other program services (describe in Schedule O)					
00	(Grants \$) If this amount	t includes foreign gra	ints, check here .	<u></u> ▶ <u> </u>	31a	+
Par	Total program service expenses (add lines 28a				32	51,738
Гаг	 List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule 				nstru	
	Oncok ii the organization asea ocheatik		(c) Reportable	(d) Health benefits,	Ť	<u> </u>
	(a) Name and address	(b) Title and average hours per week	compensation (Forms W-2/1099-MISC	contributions to employ benefit plans, and		Estimated amount of ther compensation
		devoted to position	(if not paid, enter -0-)			aner compensation
Beth	Votroubek	President - 10hrs			T	
Asht	urn, Va			0	0	0
Beth	Roche	Vice President -				
	urn, Va	10hrs		0	0	0
	Brickerd	Secretary - 10hrs				_
	ourn, Va		'	0	0	0
	y Apperson urn, Va	_ Treasurer - 10hrs				^
ASIIL	uii, va	-	· · · · · · · · · · · · · · · · · · ·	0	9	0
		-			1	
					+-	
		-			ŀ	
					\top	
		<u>-</u>				
		_				
		.				
		<u> </u>		<u> </u>	-	
		-				
	· · · · · · · · · · · · · · · · · · ·	ļ				
		-				
		 			+	
]		- 1	

Part	· · · · · · · · · · · · · · · · · · ·			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in the	s Part	٧	
			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		1
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		√
35 _a	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		
h	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		1
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		√
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	30a		
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		1
	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	405		,
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	40b		-
·	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			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		√
41	List the states with which a copy of this return is filed. ▶ Virginia			
42 a	The organization's books are in care of ► Kristy Apperson Telephone no. ►	703-72	3-1182	2
	Located at ► Ashburn, Va ZIP + 4 ►	201	47	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No 🗸
	If "Yes," enter the name of the foreign country: ▶			1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			J
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	_ "	<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		Van	Ala-
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
44a	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	-	<u>-</u>
С	Did the organization receive any payments for indoor tanning services during the year?	44c	<u> </u>	✓_
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	L	Ļ
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<u> </u>	 √ _
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		,
		1400	ı	ı ∀

•							
Form 9	90-EZ (2011)					F	age 4
46	Did the organization engage, directly or i	ndirectly, in political c	ampaign activities on	behalf of or in opp	osition	Yes	No
	to candidates for public office? If "Yes,"						✓
Part							L
	501(c)(3) organizations and sect and 52, and complete the tables			ists must answer	questions	47-49	D
	Check if the organization used So			his Part VI			\Box
	Onder in the organization accesses	To to respond	to any queenent in the	11107 417 77		Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) electio	n in effect during t	he tax	,	1
48	Is the organization a school as described	in section 170(b)(1)(A)(i	i)? If "Yes," complete \$	Schedule E	48		1
49a	Did the organization make any transfers	to an exempt non-cha	ıntable related organız	ation?	49	а	1
b	If "Yes," was the related organization a s				49		✓
50	Complete this table for the organization's						
	employees) who each received more that	n \$100,000 of comper	nsation from the organ	, 	ione, enter	None.	<u> </u>
	(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 employ benefit plans, and defer compensation		ited amoi impensat	
n/a		.0	0		0		0
		-					
f	Total number of other employees paid ov	/er \$100,000	. ▶				
51	Complete this table for the organization \$100,000 of compensation from the organization			contractors who e	ach receive	d more	than
(a)	Name and address of each independent contractor pa	aid more than \$100,000	(b) Type of serv	асе	(c) Compensa	ition	
n/a			0				0
d	Total number of other independent contr	actors each receiving	over \$100,000	>			
52	Did the organization complete Schedule nonexempt charitable trusts must attach			and 4947(a)(1)	. ▶ ☑ Ye	s 🔲	No
	penalties of perjury, I declare that I have examined this rrect, and complete Declaration of preparer (other that				y knowledge a	and belief	f, it is
	182						
Sign Here	Signature of officer Kristy Type or point name and title	ron Trea	isure r	P-10 -	12		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number 54-1773586 Farmwell Station Middle School Virginia Congress of Parents and Teachers 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. 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). If the organization received a written determination from the IRS that it is a Type II, Type III supporting 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 Yes No 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (vii) Amount of (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the in col (i) listed in your the organization in organization in col (described on lines 1-9) organization support governing document? col (i) of your (i) organized in the above or IRC section. support? U S.? (see instructions)) Yes Yes No (A) (B) (C) (D) (E)

Total

Schedu	ie A (Form 990 or 990-EZ) 2011						Page 2
Part	Support Schedule for Organiza	tions Desc	ribed in Sect	ions 170(b)(1)(A)(iv) and '	170(b)(1)(A)(vi	
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify und	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support					,	
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
_	include any "unusual grants.")						
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.						
	on B. Total Support						
Calen	dar 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					.1	
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.					12	
13	First five years. If the Form 990 is for the						
Ci:	organization, check this box and stop he			· · · · ·	• • • • •	<u> </u>	· · P [
	on C. Computation of Public Suppor			4(6)		1441	
14 15	Public support percentage for 2011 (line 6 Public support percentage from 2010 Sch					15	<u> %</u>
16a	331/3% support test—2011. If the organization						
	box and stop here. The organization qua						
b	331/3% support test—2010. If the organ check this box and stop here. The organ	nization did no	ot check a box	on line 13 or	16a, and line		or more,
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						ine 14 is xplain in ipported
b	10%-facts-and-circumstances test – 20 15 is 10% or more, and if the organizat Explain in Part IV how the organization m	010. If the organic meets the	anızation did n	ot check a box rcumstances"	on line 13, 16 test, check th	6a, 16b, or 17a, his box and st e	and line
	supported organization						

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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.)

	If the organization fails to qualify	under the te	sts listed belo	ow, please co	omplete Part II	.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants.")				3,870	5,544	9,414
2	Gross receipts from admissions, merchandise		†				
	sold or services performed, or facilities		i				
	furnished in any activity that is related to the	1	İ		45.000	40.004	07.077
_	organization's tax-exempt purpose				45,083	42,894	87,977
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					ļ	
	organization without charge						
					40.050	40,400	07.004
6	Total. Add lines 1 through 5				48,953	48,438	97,391
7a	Amounts included on lines 1, 2, and 3					ļ	
	received from disqualified persons .						
b	Amounts included on lines 2 and 3					ŀ	
	received from other than disqualified		1				
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year		:				
C	Add lines 7a and 7b						····
8	Public support (Subtract line 7c from						
	line 6.)						97,391
Sacti	on B. Total Support		<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>		37,001
	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2009	(a) 2000	(d) 2010	(a) 2011	(f) Total
9		(a) 2007	(b) 2008	(c) 2009	(d) 2010 48,953	(e) 2011	(f) Total 97,391
-			- -		40,933	48,438	97,391
10a	Gross income from interest, dividends,					1	
	payments received on securities loans, rents,						
	royalties and income from similar sources .				28	58	86
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b				28	58	86
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						
12	loss from the sale of capital assets		[1	
	(Explain in Part IV.)						
12			ļ		 		
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	•	· · ·			48,981	48,496	97,477
14	First five years. If the Form 990 is for the	-			_		
	organization, check this box and stop he				· · · · ·	<u></u>	🕨 📋
<u>Secti</u>	on C. Computation of Public Suppor				·		
15	Public support percentage for 2011 (line 8					15	99.9 %
16	Public support percentage from 2010 Sch					16	%
Section	on D. Computation of Investment Inc						
17	Investment income percentage for 2011 (y line 13, colur	nn (f))	17	0.1 %
18	Investment income percentage from 2010					18	%
19a	331/3% support tests—2011. If the organi						
.54	17 is not more than 331/3%, check this box						
ь	331/3% support tests—2010. If the organiz						_
D	line 18 is not more than 331/3%, check this t						
^^			_		•		_
20	Private foundation. If the organization di	u not check a	DOX ON HITE 14,	, 19a, UT 19D, (JUNEUK LINS DOX 8	แน ระย แรแนด	tions 🕨 🔲

Schedule A (F	Page 4							
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).							
•======================================								
•••••								
·								
. 								
· 								
- -								
		. 						
- -								
		-						