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# Form **990-EZ**

Department of the Treasury Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see Instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No. 1545-1150

2011

**Open to Public** Inspection

Form **990-EZ** (2011)

A	For the	2011 calenda	ar year, or tax year beginning	August 1	2011, and ending	Jul	y 31	<b>, 20</b> 12
В	Check if ap	oplicable	C Name of organization	<del></del>	· -	D Employe	er identification	number
	Address o	change	Evergreen Elementary School PTA				54-1591074	
	Name cha	lame change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Tel				E Telepho	ne number	
爿	Initial retu		1701 Evergreen East Parkway				804.378 240	0
H	Terminated City or town, state or country, and ZIP + 4 F Great Gre					F Group	Exemption	
Ħ		n pending	Midlothian, VA 23114			Numbe	•	N/A
G	Account	ting Method:	✓ Cash	<b>&gt;</b>	н	Check ▶	if the organ	nization is <b>not</b>
	Websit	_	eepta com				attach Sched	
J.	Tax-exen	npt status (che	eck only one) — 🗸 501(c)(3) 🔲 501(c) (	) ◀ (insert no.) ☐ 4947(a	)(1) or 527	(Form 990,	, 990-EZ, or 99	00-PF).
K	Check >	► ☐ if the	e organization is not a section 509(a)(3) supp	<del></del>		on and its o	ross receipts a	are normally
	not mor	e than \$50,00	0. A Form 990-EZ or Form 990 return is not	required though Form 99	0-N (e-postcard) m	ay be requir	ed (see instruc	tions). But if
	the orga	inization choo	ses to file a return, be sure to file a complet	e return.				
L	Add lines	5 5b, 6c, and 7	b, to line 9 to determine gross receipts. If gros	s receipts are \$200,000 or i	more, or if total asset	ts (Part II,		
	line 25, c	olumn (B) belo	w) are \$500,000 or more, file Form 990 instead	of Form 990-EZ		>	\$	
	art I	Revenu	e, Expenses, and Changes in Net	Assets or Fund Ba	lances (see the	instruction	ons for Part	l.)
@			the organization used Schedule O to		tion in this Part	l		<u> 🗆</u>
2013	1	Contribution	ons, gifts, grants, and similar amounts r	eceived			1	10,417
	2	Program se	ervice revenue including government fe	es and contracts .		[	2	14,664
<b>8</b>	3	Membersh	ip dues and assessments			· · <u>L</u> ;	3	1,787
	4	Investment				<u>L</u>	4	12
N N	5a		ount from sale of assets other than inve		5a			
	b		or other basis and sales expenses		5b			
	С		ss) from sale of assets other than inven	tory (Subtract line 5b f	rom line 5a)	<u>5</u>	ic	
3	6	_	d fundraising events	<b>.</b>				
≶•	a		ome from gaming (attach Schedule	G if greater than	1			
	١.	\$15,000) .			6a			
<b>(2)</b>	b		me from fundraising events (not includ	•	of contributio	ns		
ď			aising events reported on line 1) (attack th gross income and contributions exce		امدا	24 200		
	1 _		=	•	6b	24,298		
	٦		t expenses from gaming and fundraisir e or (loss) from gaming and fundraisir		6c	14,604		
	d	line 6c) .		ig events (add tilles o	a and bb and st	ļ	_	0.004
	7a	•	s of inventory, less returns and allowan	المناز المناسبة	   7a	<del></del>	id	9,694
	b		of goods solid		7b	20,022 17,217		
	6		it or (loss) from sales of inventory (Subt	ractiline 7h from line 7			'c	2.805
	8		nue (describe in Schedule O)	The remaining r	α,	<del></del>	В	2,003
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, an	a \		· · · —	9	39,379
_	10		I similar amounts páid (list-in Schedule				0	23,173
	11		aid to or for members	•		· · · <u>—</u>	1	
Ø.			ther compensation, and employee ben				2	
Expenses	13		al fees and other payments to indepen				3	
De	14		y, rent, utilities, and maintenance				4	
Ň	15		ublications, postage, and shipping .				5	N = 100 = 1
	16		enses (describe in Schedule O)				6	21,716
	17	Total expe	enses. Add lines 10 through 16			. ▶ 1	7	44,889
95	18	Excess or	(deficit) for the year (Subtract line 17 fro	om line 9)		1	8	(5,510)
set	19	Net assets	or fund balances at beginning of year	r (from line 27, colum	n (A)) (must agre	e with		
A	!	end-of-yea	ar figure reported on prior year's return)			1	19	15,600
Net Assets	20	Other char	nges in net assets or fund balances (ex	olain in Schedule O) .		2	20	
Z	21	Net assets	or fund balances at end of year. Comb	ine lines 18 through 2	0	. ▶ 2	21	10.090

orm	990-	EZ (	(201	11)	
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Page 2

Pa	rt II Balance Sheets. (see the instructions	•				
· 	Check if the organization used Schedule	O to respond to ar	ny question in this			🗆
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			15,600	$\overline{}$	10,090
23	Land and buildings				23	<del>.</del>
24	Other assets (describe in Schedule O)			45.000	24	40.000
25	Total assets			15,600	-	10,090
26 27	Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column			15,600	26	10.000
Par	<del></del>				21	10,090
Гаг	Check if the organization used Schedule					Expenses
Wha	t is the organization's primary exempt purpose?	Parent Teacher Asso	<del></del>	· a		uired for section c)(3) and 501(c)(4)
					,	inizations and section
as m	ribe the organization's program service accompline neasured by expenses. In a clear and concise mand concise mand concise mand the concise mand other relevant information for each	nanner, describe the				7(a)(1) trusts, optional others.)
	Student Support/Teacher Support/Student Programs		on - Approx 1,000 s	tudents		T
			·			
	(Grants \$ 23,173) If this amount	includes foreign gra	nts, check here .	▶ 🗆	28a	34,668
29						
	(Grants \$ ) If this amount	includes foreign gra	nts, check here .	▶ 🗆	29a	
30		••••••				
	/O					
24		includes foreign gra			30a	-
31	Other program services (describe in Schedule O) (Grants \$ ) If this amount				21-	
32	Total program service expenses (add lines 28a	includes foreign gra	ints, check here .	<u></u> ▶ ⊔	31a	<u> </u>
Par						ctions for Bart IV/
	Check if the organization used Schedule					
	One of the original and	(b) Title and average	(c) Reportable	(d) Health benefits,	Ť	<u> </u>
	(a) Name and address	hours per week	compensation (Forms W-2/1099-MIS0	contributions to employed benefit plans, and		Estimated amount of other compensation
		devoted to position	(if not pald, enter -0-)			outer compensation
Sue	Allison	President - 8 hours			$\top$	· · ·
1701	Evergreen East Pkwy, Midlothian, VA 23114	Tresident e nodra			0	0
Beth	Feldman	Vice President - 6			$\top$	
1701	Evergreen East Pkwy, Midlothian, VA 23114	hours			0	0
Chri	s Brown	Treasurer - 5 hours				•
	Evergreen East Pkwy, Midlothian, VA 23114			0	0	0
	tie Locke	Secretary - 1 hour				
1701	Evergreen East Pkwy, Midlothian, VA 23114			D .	0	0
		.				
					_	<del></del>
					+	
		-∤				
					+	<del></del>
		-				
				+	+	<u> </u>
		1	1			
	<del></del>			1	+	
	***************************************	1				
			-	1	+	
		-				
				<del> </del>	1	
		-1	1	1	ı	

Part	•			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Pan		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
	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		<b>▼</b>
	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>▼</b>
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		- <b>-</b>
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		✓
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			
39	Section 501(c)(7) organizations. Enter:	] '		~
а	Initiation fees and capital contributions included on line 9	]	`	À.
	Gross receipts, included on line 9, for public use of club facilities	'		ļ
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0	\$		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	ij 13	*	
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
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	*		*
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	3		
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		<i>y</i>
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ Chrıs Brown Telephone no. ▶	804 51	4 238	3
	Located at ► 12314 Boxford Lane, Midlothian, VA ZIP + 4 ►	231	114	
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	_	No
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country:	42c		L
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	• •		<b>▶</b> □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
C	Did the organization receive any payments for indoor tanning services during the year?	44c		1
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	<u></u>	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<b>†</b>	7
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			ΓŤ
	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		1

Form 99	90-EZ (2011)						P	age 4
							Yes	No
46	Did the organization engage, directly o							لــــا
	to candidates for public office? If "Yes						<u></u>	<u> </u>
Part								ı_
	501(c)(3) organizations and se			usts must ar	swer que	estions 4	/ <del>-</del> 491	D
	and 52, and complete the table							_
	Check if the organization used	Schedule O to respond	to any question in	this Part VI	<u>·····</u>	· · · · ·	· ·	<u> </u>
47	Did the evacuization engage in labely	na ootivition on have n	anation EO1/h) alasti	i- efft d			Yes	No
47	Did the organization engage in lobbyi year? If "Yes," complete Schedule C, F	ng activities or have a	section 501(n) election	on in ellect di	uring the t			,
40	•			Cabadula C		47		<b>V</b>
48 49a	Is the organization a school as describe Did the organization make any transfer					48		<b>V</b>
48a b	If "Yes," was the related organization a	-	_			49a 49b		<b>-</b>
50	Complete this table for the organization						es an	d key
00	employees) who each received more the							
		<u> </u>	T	(d) Health b				
	(a) Name and address of each employee	(b) Title and average hours per week	(c) Reportable compensation	contributions to	employee	(e) Estimate		
	paid more than \$100,000	devoted to position	(Forms W-2/1099-MISC)	benefit plans, a compens		other com	pensat	lon
None	· · · · · · · · · · · · · · · · · · ·			<del>                                     </del>				
	,							
f	Total number of other employees paid	over \$100,000	. ▶					
51	Complete this table for the organizati			t contractors	who each	received	more	than
	\$100,000 of compensation from the o	rganization. If there is no	one, enter "None."					
(a)	Name and address of each independent contracto	r paid more than \$100,000	(b) Type of ser	vice	(c)	Compensation	on	
None			4					
		<del></del>	-					
			4					
			4					
				-				
			4					
				-				
			1					
d	Total number of other independent cor	ntractors each receiving	over \$100.000	. ▶		<u> </u>		
52	Did the organization complete Schedu	_	<u>=</u>	s and 4947(a)	(1)			
<b>-</b>	nonexempt charitable trusts must atta		· / · / •		J	► □ Yes	П	No
Under	penalties of perjury, I declare that I have examined t	his return, including accompar	ving schedules and statem	nents, and to the b	est of my kno			
	rrect, and complete. Declaration of preparer (other					1		,
	11/2				-51	15/13		
Sign	Signature of officer			Date	1			
Here	Ihris Brown	- Treasur	w					
	Type or print name and title	<u> </u>						
Paid	Print/Type preparer's name	Preparer's signature	0	ate	Check	if PTIN		
Prep					self-employ	/ed		
•	Only Firm's name			Firm'	s EIN ▶			
	Firm's address ▶			Phon	e no			
May t	he IRS discuss this return with the prepa	arer 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

Open to Public Inspection

Name of the organization Employer identification number Evergreen Elementary School PTA 54-1591074 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.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** ☐ Type II c Type III-Functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(l) (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 (II) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) is the (vii) Amount of in col (1) listed in your organization (described on lines 1-9 the organization in organization in col. support (11) of your above or IRC section governing document? cal (f) organized in the support? US2 (see instructions)) Yes No Yes Yes No (A) (B) (C) (D) (E)

Total

Part	Support Schedule for Organiza (Complete only if you checked th Part III. If the organization fails to	ne box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qua	
Secti	on A. Public Support		<u> </u>	5.00 DO:011, P		to rait iii,	
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</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) 2333		(4) 2010	(0) = 0	(1)
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.		3	, ,	,		
	on B. Total Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</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 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.  First five years. If the Form 990 is for th	•	•			12	n 501(c)(3)
	organization, check this box and stop her	-			•		
Secti	on C. Computation of Public Suppor					<del>-</del>	
14	Public support percentage for 2011 (line 6	3, column (f) d	ivided by line 1	11, column (f))		14	%
15 16a	Public support percentage from 2010 Sch 331/s% support test—2011. If the organization qual box and stop here. The organization qual	zation did not	check the box	on line 13, an	d line 14 is 33 <sup>1</sup>		
b	331/3% support test—2010. If the organicheck this box and stop here. The organi	nization did no	ot check a box	x on line 13 o	r 16a, and line		<u> </u>
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "fa organization	ets the "facts- acts-and-circu	and-circumsta	inces" test, ch st. The organiz	eck this box ar ation qualifies	nd <b>stop here.</b> E	line 14 is Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat Explain in Part IV how the organization me supported organization	tion meets the eets the "fact	e "facts-and-ci s-and-circums	ircumstances" tances" test. 1	test, check the organization	nis box and <b>st</b> n qualifies as a	and line  op here.  publicly
18	Private foundation. If the organization did						

#### 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	mplete Part	l.)	
Section 1	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	9,534	15,404	15,745	12,690	10,969	64,342
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities		Ì				
	furnished in any activity that is related to the	66 160	63.350	51.030	72 570	60 221	212 267
2	organization's tax-exempt purpose	66,160	63,359	51,038	72,579	60,231	313,367
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	75,694	78,763	66,783	85,269	71,200	377,709
7a	Amounts included on lines 1, 2, and 3					, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	received from disqualified persons .						
<b>L</b>	Amounts included on lines 2 and 3	<del></del>					
b	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
_	•						
_	Add lines 7a and 7b		1384 8 559			257 3.8 3	
8	Public support (Subtract line 7c from		ng that is				
<del> </del>	line 6.)	Service Strategic	48. 34. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	(* ]\\$\C\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	War and a second	<i> </i>	377,709
	on B. Total Support						<del></del>
	dar year (or fiscal year beginning in) ▶	(a) 2007	<b>(b)</b> 2008	(c) 2009	( <b>d)</b> 2010	(e) 2011	(f) Total
9	Amounts from line 6	75,694	78,763	66,783	85,269	71,200	377,709
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .	59	88	71	12	12	242
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975			·			
C	Add lines 10a and 10b	59	88	71	12	12	242
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		İ				
-	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	75,753	78,851	66,854	85,281	71,212	377,951
14	First five years. If the Form 990 is for the						501(6)(3)
• •	organization, check this box and stop he				_		→ □
Section	on C. Computation of Public Suppor			<del></del>	· · · · ·	<del></del>	· · · ·
15	Public support percentage for 2011 (line to			3 column (f)		15	99.9 %
16	Public support percentage from 2010 Sch					16	99.9 %
	on D. Computation of Investment In			<u> </u>	<u> </u>	1 10 1	33.3 70
17	Investment income percentage for 2011 (			v line 13 colu	mn (fl)	17	0.06 %
18	Investment income percentage from 2010					18	0.08 %
19a	331/a% support tests—2011. If the organ						
184	17 is not more than 331/2%, check this box						
L							_
ь	331/2% support tests—2010. If the organization 18 is not more than 331/2% shock this						
00	line 18 is not more than 331/2%, check this		_	-			
_20_	Private foundation. If the organization di	u not check a	DOX ON IINE 14	, 19a, or 19b, (	Check this box	and see instru	ctions -

	orm 990 or 990-EZ) 2011
IV	<b>Supplemental Information.</b> 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).
<b></b>	

#### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization 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.

Open to Public Inspection

Employer identification number

Evergreen Elementary School PTA	54-1591074
Grants - Line #10	
Evergreen Elementary School Resource Grants \$1,120	
Evergreen Elementary School Grade Level Grants \$4,378	
Evergreen Elementary School Teacher Grants \$8,085	
Evergreen Elementary After School Enrichment \$9,590	
Total \$23,173	
<u></u> ,	
Other Expenses - Line #16	
Program Supplies/Expenses \$11,495	
Office Expenses \$2,940	
Bank Fees \$14	
Insurance \$270	
Dues \$25	
Equipment \$6,973	
Total \$21,716	
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