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# 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).

2012

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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.

**Open to Public** Inspection

Δ	For the	2012 calenda	ar year, or tax year beginning  August 1, 2012, and ending	July 3	31 , 20 13			
_					dentification number			
B Check if applicable Address change								
H	Name cha	•	Evergreen Elementary School PTA  Number and street (or P O box, if mail is not delivered to street address)  Room/suite  E T	54-1591074 E Telephone number				
百	Initial retu	•						
	Terminate	1	1701 Evergreen East Parkway		304.378.2400			
	Amended		I .	Group Ex				
Ш			Middle Market Ma	Number				
		ting Method:			if the organization is not			
	Websit -				ttach Schedule B			
<u>J 1</u>	ax-exen	npt status (che	ck only one) —   501(c)(3)	n 990, 99	90-EZ, or 990-PF).			
	Check •		organization is not a section 509(a)(3) supporting organization or a section 527 organization ar	_				
			0. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be	required	(see instructions). But if			
	_		ses to file a return, be sure to file a complete return					
			p, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Par	t II,				
_			w) are \$500,000 or more, file Form 990 instead of Form 990-EZ	<u>. ▶</u>	\$			
P	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the inst		•			
			the organization used Schedule O to respond to any question in this Part I .	<u></u>	<u> </u>			
	1		ns, gifts, grants, and similar amounts received	· <u>1</u>	10,062			
	2	Program se	ervice revenue including government fees and contracts	. 2	15,411			
	3	Membersh	p dues and assessments	. 3	2,328			
	4	Investment		. 4	9			
	5a	Gross amo	unt from sale of assets other than inventory <b>5a</b>					
	b	Less: cost	or other basis and sales expenses					
	c	Gain or (los	ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5с				
4	6	Gaming an	d fundraising events					
JUHelenago14	а	Gross inco \$15,000) .	ome from gaming (attach Schedule G if greater than					
وع	Ь	Gross inco	me from fundraising events (not including \$ of contributions	2.5				
<u>§</u> .			aising events reported on line 1) (attach Schedule G if the	], `				
$\equiv$			h gross income and contributions exceeds \$15,000)   6b   34,2	46				
	c	Less: direc	t expenses from gaming and fundraising events 6c 22,3					
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract					
Ž		line 6c) .		. 6d	11,899			
Z	7a	Gross sales	s of inventory, less returns and allowances 7a 17,0	39	11,000			
CANNED	Ь		of goods sold					
Ū.	С		t or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c	1,646			
	8	Other rever	nue (describe in Schedule 🏐 🛴 ÁP.R .½ 2 ?014 . 💛	. 8	1,75.5			
	9	Total rever	nue. Add lines 1, 2, 3, 4, 5¢, 6d, 7c, and 8	▶ 9	41,355			
	10		similar amounts paid (list in Schedule O) N; UT	. 10	23,544			
	11	Benefits pa	iid to or for members	. 11				
Ś	12	Salaries, of	her compensation, and employee benefits	. 12	1			
Expenses	13	Profession	al fees and other payments to independent contractors	. 13				
ğ	14	Occupancy	v, rent, utilities, and maintenance	. 14	†···			
Ж	15		iblications, postage, and shipping	. 15				
	16		nses (describe in Schedule O)	. 16	20,774			
	17	•	nses. Add lines 10 through 16	17	44,318			
<u>_</u>	40	Excess or (	deficit) for the year (Subtract line 17 from line 9)		(2,963)			
iets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree wit		(2,503)			
4ss			r figure reported on prior year's return)		10,090			
Net Assets	20	Other chan	ges in net assets or fund balances (explain in Schedule O)	. 20	10,330			
Ž	21		or fund balances at end of year. Combine lines 18 through 20	21	7,127			
_								

			5				
Pa	rt II	Balance Sheets (see the instructions for			D- 4.11		
		Check if the organization used Schedule	O to respond to ar	ny question in this	(A) Beginning of year	<del></del>	(B) End of year
00	, , ,			-		00	· · · · · · · · · · · · · · · · · · ·
22 23		n, savings, and investments			10,090	23	7,127
24		I and buildings		+		24	·
25		l assets			10,090		7 197
26		I liabilities (describe in Schedule O)			10,090	26	7,127
27		assets or fund balances (line 27 of column		line 21)	10,090		7,127
Par		Statement of Program Service Accomp					
		Check if the organization used Schedule	•		•	(Day	Expenses guired for section
What	is the		Parent Teacher Asso	<del>*************************************</del>	<u></u>		(c)(3) and 501(c)(4)
		e organization's program service accomplis			rogram services		inizations and section
as m	easure	d by expenses. In a clear and concise manefited, and other relevant information for each	anner, describe the				7(a)(1) trusts, optional others)
		t Support/Teacher Support/Student Programs/I		n - Approx. 1.000 stu	ıdents		
							1
	(Grant	s \$ 23,544) If this amount i	ncludes foreign gra	nts, check here .	▶ 🗆	28a	39,256
29		· · · · · · · · · · · · · · · · · · ·					
	(Grant		ncludes foreign gra	nts, check here .	▶ 🗆	29a	
30					*******		
	(Grant:		ncludes foreign gra	nts, check here .	▶ 🗆	30a	
31		program services (describe in Schedule O)					
	(Grant		ncludes foreign gra			31a	
		program service expenses (add lines 28a th			<del> </del>	32	<u></u>
Par	V	List of Officers, Directors, Trustees, and Key			•	struc	tions for Part IV)
		Check if the organization used Schedule	O to respond to ar	<del></del>	_	<del></del>	<u> U</u>
			(b) Average (c) Reportable compensation		(d) Health benefits, contributions to employe		Estimated amount of
		(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC			other compensation
				(if not paid, enter -0-)	deferred compensation	+	
	llison			_			_
			President - 8 hours			<u> </u>	0
	Feldma		Vice President - 6				
		· · · · · · · · · · · · · · · · · · ·	hours	C	)	<u> </u>	0
	Brown		Treasurer - 5 hours	,			•
	e Locke		reasurer - 5 nours		<u> </u>	0	0
			Secretary - 1 hour	C			0
1701	Evergit	eri East Pkwy, Midiodilari, VA 23114	Secretary - 1 Hour			+	0
						+	
•		••••••					
						$\top$	
						十	·
		·			<u> </u>	+	···
						$\top$	
						+	· · · · · · · · · · · · · · · · · · ·
						- 1	

Part	instructions for Part V) Check if the organization used Schedule O to respond to any question in this			П
	instructions for Fair Vy Check if the organization used ochedule of to respond to any question in this	- art	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		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		,
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	<del>                                     </del>	/
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		<b>✓</b>
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		1
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		✓
ь 39	If "Yes," complete Schedule L, Part II and enter the total amount involved	1		
a	Section 501(c)(7) organizations. Enter: 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		
	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 considered an any of its prior Forms 200 or 200 F72 If "Year" complete School II. Both			
_	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<b>✓</b>
С	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			
đ	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		Ĩ
41	List the states with which a copy of this return is filed ▶			
42a		B04.51		3
L	Located at ► 12314 Boxford Lane, Midlothian, VA  At any time during the calendar year, did the organization have an interest in or a signature or other authority over	231		- NI-
b	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: ▶			
	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.?	42c		<b>√</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	<b>▶</b> □
4.4	<b>5</b> 110	<del></del>	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		<b>√</b>
Ь	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		_ <b>√</b>
C	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
45	explanation in Schedule O	44d		<b>√</b>
45a 45h	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			) — orono paga abaya -
	Form 990-EZ (see instructions)	45b		<b>1</b>

							Yes	NO
	Did the organization engage, directly or in						ئى	لَّتُ الْمَا الْمَ
	to candidates for public office? If "Yes,"	<del></del>	, Part I			· 46		<b>✓</b>
Part V								
	All section 501(c)(3) organization	is must answer que	estions 47-49b an	d 52, and	complete th	ne tables	tor lir	nes
	50 and 51							_
	Check if the organization used Sc	hedule O to respond	I to any question in	n this Part	<u>VI</u>		<u> </u>	<u>.                                     </u>
							Yes	s No
	Did the organization engage in lobbying							
}	year? If "Yes," complete Schedule C, Par	tll				- 47		✓
48 I	s the organization a school as described i	n section 170(b)(1)(A)(i	i)? If "Yes," complet	e Schedule	e E	. 48		✓
49a	Did the organization make any transfers t	o an exempt non-cha	ritable related orga	nization? .		. 49a	ł	✓
b I	f "Yes," was the related organization a se	ection 527 organization	on?			. 498	)	
	Complete this table for the organization's							
•	employees) who each received more than	n \$100,000 of compe	nsation from the org	ganization.	If there is nor	ne, enter "	None.	,,
		(b) Average	(c) Reportable		ealth benefits,	435		
	(a) Name and title of each employee paid more than \$100,000	hours per week	compensation	benefit of	ions to employee ans, and deferred			
	•	devoted to position	(Forms W-2/1099-MIS		npensation		,	
None								.,
						[		
			1					
		····						
						l.		
		-						
	Total number of other employees paid ov	er \$100.000	<u> </u>			J		
					 tamaba aaa	h	d	46
	Complete this table for the organization \$100,000 of compensation from the orga			ni contrac	tors who eac	n received	1 HION	e man
	<u></u>	<del></del>	T		1			
(a) N	ame and address of each independent contractor pa	aid more than \$100,000	(b) Type of s	ervice	(0	:) Compensa	tion	
None		<del></del>						
None			1		į.			
			1					
			4					
			4					
			ļ				<del></del>	
	Total number of other independent contra	-		.▶	<del></del>			
	Did the organization complete Schedule A			ns and 494	17(a)(1)	_	_	
	nonexempt charitable trusts must attach	a completed Schedul	le A		<u> </u>	► ☐ Ye	<u>s 🗌</u>	No
Under per	nalties of perjury, I declare that I have examined this	return, including accompan	ying schedules and state	ments, and to	the best of my k	nowledge ar	id belie	f, it is
true, corre	ect, and complete Declaration of preparer (other than	n officer) is based on all info	ormation of which prepare	er has any kn	owledge			
	1 ( C) Dur							
Sign	Signature of officer	•			Date			
Here	Chris Brown To	reasurer						
	Type or print name and title							
Paid	Print/Type preparer's name	Preparer's signature		Date	Check	] if PTIN		
	ror				self-emple			
Prepa	I = .		1	ĺ	Firm's EIN ▶			
Use O	Firm's address >				Phone no			
May the	e IRS discuss this return with the prepare	r shown above? See	instructions			▶ □ Ye	$\Box$	No

#### **SCHEDULE A** (Form 990 or 990-EZ)

#### **Public Charity Status and Public Support**

OMB No 1545-0047 20**12** 

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

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Department of the Treasury

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Inspection Internal Revenue Service Employer identification number Name of the organization **Evergreen Elementary 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.) 3 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 **d** ☐ Type III–Non-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 following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (iii) below, the governing body of the supported organization? . . . . . . . . . 11g(i) 11q(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . . . . . . 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 monetary in col (i) listed in your organization (described on lines 1-9 the organization in organization in col support governing document? col (i) of your above or IRC section (i) organized in the support? US? (see instructions)) Yes Yes No Nο (A) (B) (C) (D)

(E)

**Total** 

18

Part							•
	(Complete only if you checked the Part III. If the organization fails to						ally under
Secti	on A. Public Support	y quality utilu	CI 1116 16919 115	iteu below, pi	case comple	sio i air III.)	
	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(4) 2000	(2) 2000	(0) 2010	(4) 2011	(0) 20:2	(1) 1014.
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)			. 4			
6	Public support. Subtract line 5 from line 4.	•	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1				
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(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		81	,			
12	Gross receipts from related activities, etc	. (see instruction	ons)	· · · · ·		12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	re			-		
	on C. Computation of Public Suppor	<u>_</u>		4			
14	Public support percentage for 2012 (line 6		•			14	<u>%</u>
15 16a	Public support percentage from 2011 Sch 331/3% support test—2012. If the organization						
Toa	box and <b>stop here</b> . The organization qua						
b	331/3% support test—2011. 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		_
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "forganization	ets the "facts- acts-and-circu	and-circumsta	nces" test, che st. The organiza	eck this box ar ation qualifies	nd <b>stop here. I</b> as a publicly s	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m	<b>011.</b> If the orga	anization did no e "facts-and-ci	ot check a box rcumstances"	on line 13, 16 test, check th	Sa, 16b, or 17a nis box and <b>st</b>	, and line op here.
	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.)

Secti	òn A. Public Support								
Calen	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
1	Gifts, grants, contributions, and membership fees	-							
	received. (Do not include any "unusual grants.")	15,404	15,745	12,690	10,969	12,335	67,143		
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	63,359	66,783	72,579	60,231	68,923	316,130		
3	Gross receipts from activities that are not an unrelated trade or business under section 513	35,033	30,7.50	,		00,020	313/1.53		
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	78,763	66,783	85,269	71,200	81,258	383,273		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .								
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								
С	Add lines 7a and 7b								
8	Public support (Subtract line 7c from	^ <sub>6</sub> *				ŧ			
	line 6.)	**	`	<i>;</i> ,		,	383,273		
	on B. Total Support								
Calen	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
9	Amounts from line 6	78,763	66,783	85,269	71,200	81,258	383,273		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	88	71	12	12	9	192		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		•						
С	Add lines 10a and 10b	88	71	12	12	9	192		
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	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	78,851	66,854	85,281	71,212	81,267	383,465		
14	First five years. If the Form 990 is for the organization, check this box and stop he	ne organization	's first, second	d, third, fourth,	, or fifth tax ye		n 501(c)(3)		
Secti	on C. Computation of Public Suppor						<u>U</u>		
15	Public support percentage for 2012 (line 8			3, column (f))		15	99.9 %		
16	Public support percentage from 2011 Sch	• • • • • • • • • • • • • • • • • • • •	•			16	99.9 %		
Secti	on D. Computation of Investment In-					•			
17	Investment income percentage for 2012 (	line 10c, colum	n (f) divided by	/ line 13, colun	nn (f))	17	0.06 %		
18	Investment income percentage from 2011	l Schedule A, F	Part III, line 17			18	0.08 %		
19a	331/3% support tests-2012. If the organ								
	17 is not more than 331/2%, check this box		<del>-</del>			_	_		
b	331/a% support tests—2011. If the organize line 18 is not more than 331/a%, check this line 18 is not more than 331/a%.				•		•		
20	line 18 is not more than 331/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								

Schadula	A /	Earm	aan	Ar 000	- ピアハ	2012

Part IV	Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
•	
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	······································
*******	

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization	Employer identification number
Evergreen Elementary School PTA	54-1591074
Grants - Line #10	
Evergreen Elementary School Resource Grants \$5,055	
Evergreen Elementary School Grade Level Grants \$2,948	
Evergreen Elementary School Teacher Grants \$5,916	
Evergreen Elementary School After School Enrichment \$9,625	
•	
Total: \$23,544	
Other Expenses - Line #16	
Program Supplies/Expenses \$15,712	
Office Expenses \$1,300	
Insurance \$270	
Dura 407	
Dues \$25	
Equipment \$3,467	
Tota: \$20,774	
•	

Schedule O (Form 990 or 990-EZ) (2012)	Page Z
Name of the organization	Employer identification number
	,

## Form **8868**

(Rev January 2012)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

	1						
• If you ar	e filing for an Automatic 3-Month Extension, e e filing for an Additional (Not Automatic) 3-Mo	onth Exter	sion, complete only P	art II (on page 2 o	f this	form).	
Do not co	<b>emplete Part II unless</b> you have already been g	granted an	automatic 3-month exte	ension on a previo	usly f	iled Forn	n 8868.
a corporate 8868 to re Return for	c filing (e-file). You can electronically file Form tion required to file Form 990-T), or an addition equest an extension of time to file any of the Transfers Associated With Certain Personals). For more details on the electronic filing of the	nal (not auto forms liste Il Benefit (	omatic) 3-month extens d in Part I or Part II wit Contracts, which must	ion of time. You ca th the exception o be sent to the II	an ele f Fori RS in	ectronica m 8870, n paper	ally file Form Information format (see
Part I	Automatic 3-Month Extension of Time	e. Only sul	bmit original (no copi	es needed).		· · · · · ·	
A corpora	ation required to file Form 990-T and reque	sting an a		ension-check thi		x and c	omplete
All other c	corporations (including 1120-C filers), partnersh	ips, REMIC	Cs, and trusts must use	Form 7004 to req	uest .	an exten	sion of time
to file inco	me tax returns.						
		<del></del>	Eı	nter filer's identifyin			
Type or	Name of exempt organization or other filer, see in	nstructions.		Employer identi			(EIN) or
print	Evergreen Elementary PTA  Number, street, and room or suite no. If a P.O. be	ov. noo inotri	untions	Social security r		91074	
File by the due date for	1701 Evergreen East Parkway	UX, SEE IIISIII	uctions.	Social security (	Idilibe	SI (OOIV)	
filing your	City, town or post office, state, and ZIP code Fo	r a foreign a	ddress, see instructions	<u> </u>			<del></del>
return See instructions	Midlothian, VA 23114						
	Return code for the return that this application i	is for (file a	separate application fo	r each return) .			. 0 1
Applicati		Return	Application	·			Return
Is For		Code	Is For	• •			
Form 990	)	01	Form 990-T (corporat	· · · · · · · · · · · · · · · · · ·			
Form 990		02	Form 1041-A				07
Form 990	· · · · · · · · · · · · · · · · · · ·	01	Form 4720				09
Form 990	)-PF	04	Form 5227		10		
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11		
Form 990	)-T (trust other than above)	06	Form 8870	12			
	ks are in the care of ► Chris Brown  ne No. ► 804-514-2383	·····	AX No. ► 8	 04-330-7753			
•	ganization does not have an office or place of b		*			•	▶ □
• If this is	for a Group Return, enter the organization's four	ur diait Gro	up Exemption Number	(GEN)	• •	 . If th	is is
for the wh	ole group, check this box ▶ □ . If	it is for par	t of the group, check th	is box	▶ [	_	
	the names and EINs of all members the extens	•					
1 I re	quest an automatic 3-month (6 months for a co						
	il April 15 , 20 14 , to file the exer	mpt organi:	zation return for the org	anization named a	bove.	. The ext	ension is
_	the organization's return for:						
▶[	calendar year 20 or						
	71	00	40	1		00	40
	✓ tax year beginning August 1					, 20	13 .
	ne tax year entered in line 1 is for less than 12 r	nonths, ch	eck reason: 🔲 initial re	turn LFInal ret	urn		
	Change in accounting period nis application is for Form 990-BL, 990-PF, 990	D-T 4720	or 6069, enter the tents	tive tax less any	Γ	[	
	nrefundable credits. See instructions.	0-1, 4720,	or ooos, enter the torite	tilve tax, 1033 arry	3a	\$	
- • <u>-</u>	his application is for Form 990-PF, 990-T,	4720. or 6	069, enter anv refund	able credits and	<del>"</del>	<del> </del>	
	imated tax payments made. Include any prior y				3b	\$	
	lance due. Subtract line 3b from line 3a. Includ		<u> </u>		<u> </u>		
	TPS (Electronic Federal Tax Payment System).				3с	\$	
Caution. If	you are going to make an electronic fund withdrawal	with this Fo	rm 8868, see Form 8453-E	O and Form 8879-E	O for	payment i	nstructions.