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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No. 1545-1150

2013**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning July 1, 2013, and ending June 30, 2014

B Check if applicable:

☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
Martha Reid Elementary PTA

D Employer identification number
20-1064824

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
500 Country Club Drive

E Telephone number
817-299-6960

City or town, state or province, country, and ZIP or foreign postal code
Arlington, Texas 76002-3010

F Group Exemption Number ▶ 1889

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶ _____

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ www.marthareidpta.com

J Tax-exempt status (check only one) - ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other _____

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 76590.64

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue			
1	Contributions, gifts, grants, and similar amounts received	1	6399.70
2	Program service revenue including government fees and contracts	2	0
3	Membership dues and assessments	3	743.00
4	Investment income	4	0
5a	Gross amount from sale of assets other than inventory	5a	0
b	Less: cost or other basis and sales expenses	5b	0
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
b	Gross income from fundraising events (not including \$ <u>6399.70</u> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	11559.20
c	Less: direct expenses from gaming and fundraising events	6c	5550.90
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	6008.30
7a	Gross sales of inventory, less returns and allowances	7a	57888.74
b	Less: cost of goods sold	7b	35337.95
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	22550.79
8	Other revenue (describe in Schedule O)	8	0
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	35701.79
Expenses			
10	Grants and similar amounts paid (list in Schedule O)	10	1630.00
11	Benefits paid to or for members	11	0
12	Salaries, other compensation, and employee benefits	12	0
13	Professional fees and other payments to independent contractors	13	0
14	Occupancy, rent, utilities, and maintenance	14	637.20
15	Printing, publications, postage, and shipping	15	0
16	Other expenses (describe in Schedule O)	16	32379.81
17	Total expenses. Add lines 10 through 16 ▶	17	34647.01
Net Assets			
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1054.78
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	19945.68
20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	21000.46

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2013)

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Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II ☐

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	19945.68	22 21000.46
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets	19945.68	25 21000.46
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	19945.68	27 21000.46

Part III	Statement of Program Service Accomplishments (see the instructions for Part III)
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Check if the organization used Schedule O to respond to any question in this Part III . . . ☐

What is the organization's primary exempt purpose? Child Advocacy

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28	To promote the welfare of children and youth by providing: scholarships for graduating seniors, student field trips, student incentives, reading materials and technology in the cafeteria.		
	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	28a	14237.43
29	To bring the home into closer relation to the school by providing: parent education, a directory, a movie night, and a carnival.		
	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	29a	13113.66
30	To join educators and the general public in a cooperative effort to build a stronger community through: membership, hospitality, and covering administrative cost for training for PTA members.		
	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	30a	5367.03
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) ▶	32	32718.12

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

[illegible]

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	<input checked="" type="checkbox"/>
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed ► Texas		
42a The organization's books are in care of ► Martha Reid Elementary PTA Telephone no. ► 817-299-6960 Located at ► 500 Country Club Drive, Arlington, Texas ZIP + 4 ► 76002-3010		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	<input checked="" type="checkbox"/>
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ►	42c	<input checked="" type="checkbox"/>
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		<input checked="" type="checkbox"/>

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

	Yes	No
48		<input checked="" type="checkbox"/>

- 49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		<input checked="" type="checkbox"/>

- b If "Yes," was the related organization a section 527 organization?

	Yes	No
49b		<input checked="" type="checkbox"/>

- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶

- 52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

▶ ☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <i>Dr. Brady Blevins</i>	Date 11-2-14
	Dr. Brady Blevins, MRE PTA Treasurer 2012-13 Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no. ▶			

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

Employer identification number

Martha Reid Elementary PTA

20-1064824

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—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).**
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33¹/₃% support test—2013. 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		<input type="checkbox"/>
b 33¹/₃% support test—2012. 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		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2013. 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		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2012. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5977	10361	3047	6128	7143	32656
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	61225	58692	100247	74951	69448	364563
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	67202	69053	103294	81079	76591	397219
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	67202	69053	103294	81079	76591	397219
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.)	67202	69053	103294	81079	76591	397219
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 2013 (line 8, column (f) divided by line 13, column (f))	15	100 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

- 19a 33 $\frac{1}{3}$ % support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 $\frac{1}{3}$ %, and line 17 is not more than 33 $\frac{1}{3}$ %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- b 33 $\frac{1}{3}$ % support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 $\frac{1}{3}$ %, and line 18 is not more than 33 $\frac{1}{3}$ %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV

Supplemental Information. 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).

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

Martha Reid Elementary PTA

Employer identification number

20-1064824

Part 1 - Line 10, Grants Paid

Mansfield Education Foundation \$500

MRE Clubs \$130

Scholarships \$1000

Total \$1630

Part 1 - Line 16, Other Expenses

School Dance \$25.96 Startup for 2014-2015 (Projector Donation) \$3279

Bonding/Insurance \$505 Student Achievement \$1877.63

Clothes Closet Donation/Students in Need \$100

Communications \$138.69

Council Dues \$75

Historian \$40.97

Ice Machine \$1242.93

Lifetime Membership \$122.73

Parliamentarian \$7.50

Reflections \$427.89

Room Representatives \$1530.84

Teacher Appreciation \$2413.75

Treasurer \$193

Field Trips \$7450.80

Hospitality \$242.83

Membership \$662.12

Programs \$7581.09

PTA Conference and Training \$3589.58

PTA Expense - Office Supplies and Administration \$872.50

Total: \$32379.81

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

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) (2013)

Martha Reid Elementary PTA
Annual Report
Financial Report for 7/1/2013 through 6/30/2014

	<u>Amount</u>	<u>Total</u>
Income & Expense - Beginning Balance		\$0.00
Income		
Beginning Cash Balance as 6-30-13	\$19,945.68 19	
Book Fair		
Fall	\$6,149.22 7A	
Spring	\$5,807.40 7A	
Field Day	\$972.81 7A	
Total	\$12,929.43	
Carnival	\$8,850.20 6B	
Concessions	\$4,848.05 7A	
Corporate Incentive		
Box Tops	\$1,270.18 1	
Spring Creek	\$3,700.00	
Tom Thumb	\$178.16	
Chick-fil-A	\$408.04	
Applebee's	\$83.38	
Kroger	\$542.08	
Fuzzy's Taco Shop	\$217.86 1	
Total	\$6,399.70	
Directory	\$1,245.00 6B	
Dues (Local Portion \$2.50)	\$743.00 3	
Family Skate Night	\$600.00 6B	
Family Dinners	\$587.00 6B	
Holiday Store	\$4,844.94 7A	
Spirit Wear Sales	\$3,083.00 7A	
School Dance	\$277.00 6B	
World's Finest Chocolate	\$26,211.04 7A	
School Supplies	\$3,797.28 7A	
Val-O-Gram	\$2,175.00 7A	
Total Income		\$96,536.32
Expense		
Book Fair		
Fall Expense	(\$3,931.85) 7B	
Spring Expense	(\$3,808.86) 7B	
Spring Decorations	(\$101.86) 7B	
Field Day Expense	(\$974.30) 7B	
Total	(\$8,616.87)	
Directory	(\$380.25) 6C, 29	
Holiday Store	(\$3,819.98) 7B	
School Dance	(\$25.96) 16	
School Supplies	(\$2,696.58) 7B	
Bonding/Insurance	(\$505.00) 16	
Carnival Expenses	(\$4,856.32) 6C, 29	
Clothes Closet Donations/Students in Need	(\$100.00) 16	
Communications	(\$138.69) 16	

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Martha Reid Elementary PTA
Annual Report
Financial Report for 7/1/2013 through 6/30/2014

Expense	Amount	Total
Concessions Expenses	(\$2,154.91) 7B	
Corporate Incentives		
Box Tops	(\$18.33) 6C	
Total	(\$18.33)	
Council Dues	(\$75.00) 16	
Family Dinner	(\$296.00) 6C, 29	
Field Trips		
Field Trips	(\$5,225.00) 16, 28	
Bus Donations	(\$2,225.80) 16, 28	
Total	(\$7,450.80)	
Historian	(\$40.97) 16	
Hospitality	(\$242.83) 16, 30	
Ice Machine (Teacher's Lounge)	(\$1,242.93) 16	
Lifetime Membership	(\$122.73) 16	
Mansfield Education Foundation	(\$500.00) 10, 28	
Membership	(\$862.12) 16, 30	
Parliamentarian	(\$7.50) 16	
MRE Clubs	(\$130.00) 10, 28	
Programs		
	(\$495.00) 16	
	(\$950.00)	
	(\$1,717.19)	
	(\$1,500.00)	
	(\$2,125.00)	
	(\$793.90)	
Total	(\$7,581.09) 16, 29	
PTA Conferences & Training	(\$3,589.58) 16, 30	
PTA Expense - Office Supplies & Administration	(\$872.50) 16, 30	
Reflections	(\$427.89) 16	
Room Representatives	(\$1,530.84) 16	
Scholarships	(\$1,000.00) 10, 28	
Spirit Wear	(\$1,367.05) 7B	
Startup for 2014-2015	(\$3,279.00) 16, 28	
Storage Unit	(\$637.20) 14	
Student Achievement	(\$1,877.63) 16, 28	
Teacher Appreciation	(\$2,413.75) 16	
Treasurer	(\$193.00) 16	
World's Finest Chocolate Expense	(\$15,504.19) 7B	
Val-O-Gram Expense	(\$1,178.37) 7B	
Total Expense		(\$75,535.86)
Income & Expense - Ending Balance		\$21,000.46
Escrow - State & National Dues - Beginning Balance		\$0.00
Escrow - State & National Dues		

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Martha Reid Elementary PTA
Annual Report
Financial Report for 7/1/2013 through 6/30/2014

	<u>Amount</u>	<u>Total</u>
Escrow - State & National Dues		
Receipts - State & Nat'l Dues	\$1,359.00	
Payments - State & Nat'l Dues	(\$1,354.50)	
Total Escrow - State & National Dues		<u>\$4.50</u>
Escrow - State & National Dues - Ending Balance		\$4.50

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MRE PTA EXECUTIVE BOARD

2013-2014

President	Jennifer Blevins	jennifermblevins@att.net	817-980-4905
1st VP Membership	Erica Evans	ebeanstx@sbcglobal.net	209-499-0126
2nd VP Main Event	Jennifer Vinson	dancewearetc2009@yahoo.com	214-681-0415
3rd VP Fundraising	Jennifer Burkhardt	redjenn952@sbcglobal.net	817-845-3510
4th VP Volunteers	Cynthia Daniels	cyn@texasdaniels.net	817-939-9296
5th VP Programs	Darren Burkhardt	psodburkhart@sbcglobal.net	972-841-9525
6th VP Communications	AnnaLisa Homan	ahomanpta@gmail.com	817-372-8424
Secretary	Naquea Walker	ms_naquea@yahoo.com	817 825 4277
Treasurer	Brady Blevins	bradyblevins@att.net	817-980-4905
Parliamentarian	Tina Horito	tina_horito@hotmail.com	214-289-2112
Historian	Christa Shelton	christa.shelton@yahoo.com	817-726-1179
Book Fair	Barbara Holdsworth	mholdsworth11@sbcglobal.net	817-991-5723
Corporate Incentive	Dorothy Patterson	drthypatterson@yahoo.com	817-914-8981
	Jennifer Abbott	jenniferabbott@misdmail.org	817-299-6960
Council Delegate	Sparky Burt	duaneburt@gmail.com	817-874-6056
Council Delegate	Jolene Marchant	kevnjo@sbcglobal.net	214-284-7268
Cultural Arts	Karrye Burt	karryeburt@gmail.com	817-455-0923
Directory	Tiffany Barkley	tiffany_barkley@tx.rr.com	817-925-0401
Hospitality	Blanca Sagebiel	blanca.sagebiel@yahoo.com	817-714-5381
Room Representatives	Becca Maddux	rebeccamaddux@yahoo.com	817-658-5140
School Spirit	Julie Potter	jcpe053186@gmail.com	
Student Achievement	Katrina Ovard	ovard4@att.net	
Teacher Appreciation	Billie Atkinson	ab.atkinson@live.com	682-234-3963
Teacher Representative	Marion Leathers	marionleathers@misdmail.org	817-299-6960
Principal	Rebecca Stephens	rebeccastephens@misdmail.org	817-299-6960