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

## Public Charity Status and Public Support

OMB No 1545-0047

2008

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

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**Name of the organization**

**Employer identification number**

-38 | 3738292

Heights Elementary School Parent Teacher Org Employer identification number  
38:3728292

**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: (Please check only one organization.)

1	<input type="checkbox"/> A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i)</b> .
2	<input type="checkbox"/> A school described in <b>section 170(b)(1)(A)(ii)</b> . (Attach Schedule E.)
3	<input type="checkbox"/> A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii)</b> . (Attach Schedule H.)
4	<input type="checkbox"/> A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii)</b> . Enter the hospital's name, city, and state: _____
5	<input type="checkbox"/> An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170(b)(1)(A)(iv)</b> . (Complete Part II.)
6	<input type="checkbox"/> A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v)</b> .
7	<input type="checkbox"/> An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi)</b> . (Complete Part II.)
8	<input type="checkbox"/> A community trust described in <b>section 170(b)(1)(A)(vi)</b> . (Complete Part II.)
9	<input type="checkbox"/> 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 <b>section 509(a)(2)</b> . (Complete Part III.)
10	<input type="checkbox"/> An organization organized and operated exclusively to test for public safety. See <b>section 509(a)(4)</b> . (see instructions)
11	<input checked="" type="checkbox"/> 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 <b>section 509(a)(1)</b> or <b>section 509(a)(2)</b> . See <b>section 509(a)(3)</b> . Check the box that describes the type of supporting organization and complete lines 11e through 11h
e	<input checked="" type="checkbox"/> a <input checked="" type="checkbox"/> Type I <input type="checkbox"/> b <input type="checkbox"/> Type II <input type="checkbox"/> c <input type="checkbox"/> Type III—Functionally integrated <input type="checkbox"/> d <input type="checkbox"/> Type III—Other
e	<input checked="" type="checkbox"/> 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 <b>section 509(a)(1)</b> or <b>section 509(a)(2)</b> .
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 <input type="checkbox"/>
g	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
g	(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?
g	(ii) A family member of a person described in (i) above?
g	(iii) A 35% controlled entity of a person described in (i) or (ii) above?
h	Provide the following information about the organizations the organization supports

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

Provide the following information about the organizations the organization supports

For Pm

0425830663  
Dec. 31, 2009 LTR 2695C 0 R  
38-3728292 200906 67  
00045808

HEIGHTS ELEMENTARY SCHOOL PARENT  
TEACHER ORG INC  
454 S MAIN ST  
SHARON MA 02067

Under penalties of perjury, I declare that I have  
examined the return identified in this letter, including  
any accompanying schedules and statements, and to the  
best of my knowledge and belief, it is true, correct and  
complete. I understand that this declaration will become  
a permanent part of that return.

Sonya Gacein  
Signature of officer or trustee

1/20/10  
Date

Treasurer  
Title