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## CIS2TR1YNP

SCHEDULE A (Form 990 or 990-EZ)

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

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service			▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.							Open to Pub Inspection		
Nam	8	the organization	"ELEME	WTARY P	TA	A5º	SN.		Employ 90	rar identific	8590	_
Pa	rt i	Reaso	n for Public C	harity Status (All o	rganizati	ions mu	st comp	lete this	part.) S	ee instr	ictions.	
The				ndation because it is:								
1				urches, or association				section	170(Б)(1)	(A)(i).		
2		A school de	escribed in secti	on 170(b)(1)(A)(ii). (A	ttach Sch	nedule E.	)					
3				hospital service orga								
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.)							ed in			
6				vernment or governm						•		
7		An organiza described in	ition that normall n section 170(b)	y receives a substant (1)(A)(vi). (Complete	ıal part of Part II.}	its supp	ort from a	a governi	nental un	nit or from	the general p	ublic
8				d in section 170(b)(1								
9	u	receipts from	m activities relat m gross investm	y receives: (1) more the ed to its exempt func- nent income and union n after June 30, 1975	tions—si elated bu	ubject to isiness ta	certain e exable in	xception	s, and (2)	) no more	than 33% % o	of its
10		An organiza	ition organized a	ind operated exclusiv	ely to tes	t for pub	lic safety	. See se	ction 509	(a)(4).		
11		An organiza	ition organized a	and operated exclusion blichy supported orga	vely for t	he benef	fit of, to	perform	the funct	ions of, d	or to carry ou (a)(2). See sec	t the
		509(a)(3). C		at describes the type	of suppo	orting org	anization	and con	nplete lin	es 11e th	rough 11h.	
		a 🗍 Type						ıntegrate			] Type II⊢Ott	
e		By checking	g this box, I cer	tify that the organiza	tion is no	ot contro	lled direc	etly or in	directly b	y one or	more disqual	lified
				on managers and other	r than on	e or more	e publicly	support	ed organi	zations d	escribed in sei	ction
			section 509(a)(2)									
f				a written determinat				а Туре	I, Type II	l, or Type	III supporting	g _
_		•	, check this box							· · :		U
g		following pe		the organization acce	epted any	/giπ or c	ontributio	on from a	any or the	3		
		• •		r indirectly controls, e	ather alo	ne or tor	aethar wii	th nerear	e decori	hed in fii)	Yes	No
				ning body of the sup				iii peisoi	is descri	Dec III (II)	11g(i)	
			. •	rson described in (i)		9	•		• • •		11g(ii)	
				of a person described		(ii) above	?				11g(iii)	
h		Provide the	following inform	ation about the suppo	orted org	anization	(s).		•			_
Name of supported organization			(ii) EIN	(iii) Type of organization (described on lines 1-9 above or (RC section (see instructions))	un col. (1) Es	organization sted in your document?	the organ	rou notify nization in of your port?	organizat (i) organi	Is the tion in col. ized in the S?	(vii) Amount o support	of
			,	(200 2 - 2 00 20 113))	Yes	No	Yes	No	Yes	No		
					l			<u> -</u>		Dra		_
									11-	VEC	EIVED	T
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			]				]	1		DGDE	N. UT	<u> </u>
		<del></del>	<del>   </del>			<del></del>	<del></del>	<del></del> -	<u> </u>		14. 01	<del>」</del>
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Tota	1						}		L . :	1		

Schedule	Α	(Form	990	œ	990-FZ)	2009

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Pa	Support Schedule for Org (Complete only if you chec	janizations ked the box	Described in on line 5, 7.	Sections 17 or 8 of Part I	O(b)(1)(A)(iv	and 170(b)(1	)(A)(vi)	
Sec	tion A. Public Support			<del></del>	· <del></del>			
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")					16 3		
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	ļ	<del> </del>			<del> </del>		
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.	<u> </u>	<del></del>	l!		<del>!</del>		
	tion B. Total Support lender year (or fiscal year beginning in)	(a) 2005	(m) 2006	1-1 2007	1-0 000p	1-1-0000	70 T-1-1	
		(a) 2005	(b) 2006	(c) 2007	(ർ) 2008	(e) 2009	(f) Total	
7	Amounts from line 4	<del></del>	<del> </del>			<del> </del>	<del></del>	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	• 				10450		
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)	· .		; <b>;</b>				
11	Total support. Add lines 7 through 10 .							
12	Gross receipts from related activities, etc	(see instruction	ns)			12		
13	First five years. If the Form 990 is for organization, check this box and stop her	the organizatione	n's first, secon	d, third, fourth,	or fifth tax y	ear as a section	501(c)(3)	
<u>Sec</u>	tion C. Computation of Public Sup	port Percer	ntage				<del></del>	
14	Public support percentage for 2009 (line 6	6, column (f) dr	vided by line 11	, column (f))		14	00 %	
15	Public support percentage from 2008 Schedule A, Part II, line 14							
16a	33% % support test – 2009. If the organization did not check the box on line 13, and line 14 is 33% % or more, check this box and stop here. The organization qualifies as a publicly supported organization							
þ	331/5 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33/6 % or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17a	10%-facts-and-circumstances test—2009. 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.							
b	10%-facts-and-circumstances test—2008. 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.							
18	Private foundation. If the organization did	not check a bo	x on line 13, 16a	a, 16b, 17a, or 17	7b, check this l	box and see instr	uctions >	

Schedule A (Form 990 or 990-EZ) 2009

Schr	idule A (Form 990 or 990-EZ) 2009						_
-	rt III Support Schedule for Organ (Complete only if you checke	nizations De	escribed in S	Section 509(a	a)(2)		Page
Sec	tion A. Public Support			2,			<del></del>
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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						
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				· · · · · · · · · · · · · · · · · · ·		ļ
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
Þ	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						
¢	Add lines 7a and 7b						
8 	Public support (Subtract line 7c from line 6.)			•	<u>ب</u>	# , · · • •q	
_	tion B. Total Support		<del></del>				
Ca	llendar year (or fiscal year beginning in) 🕨 📙	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
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)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	ere	<u> </u>		, or fifth tax ye	ear as a sectio	n 501(c)(3) ► □
Sec	tion C. Computation of Public Sup	port Percen	tage				
15	Public support percentage for 2009 (line			e 13, column (	n)	15	%
16	Public support percentage from 2008 Sc			<u> </u>	<u></u> .	16	%_
Sec	tion D. Computation of Investment	Income Pe	rcentage				

17 is not more than 33½ %, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐ 53½ % support tests = 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and

b 33% % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33% %, and line 18 is not more than 33% %, check this box and stop here. 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 ▶ ☐

Schedule A (Form 990 or 990-EZ) 2009

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Part IV	Supplemental Information. Complete this part to provide the explanations required	by Part II, line 10;
	Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information.	See instructions.
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PEYTON ELEMENTARY PARENT TEACHER STUDENTS ASSOCIATION 2525 GOLD BROOK DR STOCKTON CA 95212



## DECLARATION

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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.

Signature of officer or trustee

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Title