



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

Department of the Treasury  
Internal Revenue ServiceShort Form  
Return of Organization Exempt From Income TaxUnder 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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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

2009

Open to Public  
Inspection

A For 2009 calendar year, or tax year beginning JULY 01, 2009, and ending JUNE 30, 2010

B Check if applicable

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

Please use IRS label or print or type. See Specific Instructions

C Name of organization

PARKSIDE PTA

Number &amp; street (or P O box, if mail is not delivered to street addr)

735 SW WAGNER MEADOWS DR

City or town, state or country, and ZIP + 4

Grants Pass OR 97526

D Employer identification number

27-1083900

E Telephone number

(541) 474-5777

F Group Exemption Number

▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

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

I Website: ▶ N/A

H Check ☒ if organization is not required to attach Sch B (Form 990, 990-EZ or 990-PF)J Tax-exempt status (check only one) – ☒ 501(c)(3) (insert no ) 4947(a)(1) or 527K Check ☒ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 18,326

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	706
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	261
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	17,359
	6b	Less direct expenses other than fundraising expenses	6b	5,645
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	11,714	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ )	8		
9	Total revenue. All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	12,681	
EXPENSES	10	Grants and similar amounts paid (attach schedule #1)	10	9,920
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	61
	16	Other expenses (describe ▶ See attachment #2 )	16	1,909
	17	Total expenses. Add lines 10 through 16	17	11,890
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	791
	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	
20	Other changes in net assets or fund balances (attach explanation) #3	20	24,158	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	24,949	

## Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		22 24,949
23 Land and buildings		23
24 Other assets (describe ▶ )		24
25 Total assets	0	25 24,949
26 Total liabilities (describe ▶ )	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0	27 24,949

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

SCANNED NOV 04 2010

RECEIVED  
OCT 19 2010  
OSCEOLA  
OGDEN, UT

38

<b>Part III</b>	<b>Statement of Program Service Accomplishments</b> (See the instructions for Part III)
-----------------	---

## Expenses

What is the organization's primary exempt purpose? See attachment #4

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

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, & other relevant information for each program title.

28 See attachment #5

(Grants \$ ) If this amount includes foreign grants, check here

28a	977
-----	-----

29

(Grants \$ ) If this amount includes foreign grants, check here

29a	2,472
-----	-------

30

(Grants \$ ) If this amount includes foreign grants, check here

30a	1,953
-----	-------

31 Other program services (attach schedule)

(Grants \$ ) If this amount includes foreign grants, check here

31a	4,518
-----	-------

32 Total program service expenses (add lines 28a through 31a)

32	9,920
----	-------

Part IV	List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instr. for Part IV)
---------	--

(a) Name and address

(b) Title and average hours per week devoted to position

(c) Compensation  
(If not paid,  
enter -0-.)

**(d) Contributions to employee benefit plans & deferred compensation**

(e) Expense account and other allowances

See attachment #6

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		X
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		X
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	X
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 period covered by this return?	38a	X
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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
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	X
41 List the states with which a copy of this return is filed	NONE	
42a The organization's books are in care of	See attachment #7	
Located at	Telephone no	
	ZIP + 4	
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)?	Yes	No
If "Yes," enter the name of the foreign country	42b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
If "Yes," enter the name of the foreign country		
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	
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 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"

	Yes	No
46		X
47		X
48		X
49a		X
49b		X

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

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

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** 10/11/2010  
 Signature of officer Date

**PENNY LOGHRY** PRESIDENT  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature Date 10/5/10 Check if self-employed ☒ Preparer's identifying no. (See instr.)

Firm's name (or yours if self-employed) EIN  
 address, and ZIP + 4 Phone no

THE BOOKIE'S 541-479-2987  
 1306 SW G ST  
 Grants Pass, OR 97526

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.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

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

Name of the organization

PARKSIDE PTA

Employer identification number

27-1083900

**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-Other
- 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)

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

(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 support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2009

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if  
the organization entered more than \$15,000 on Form 990-EZ, line 6a  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization  
**PARKSIDE PTA**

Employer identification number  
**27-1083900**

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17  
Form 990-EZ filers are not required to complete this part

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |   |
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fund- raiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

**Part II** Fundraising Events Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a List events with gross receipts greater than \$5,000

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		PRIDE WALK (event type)	RAFFLE SALES (event type)	2 (total number)	(Add col (a) through col (c))
1	Gross receipts	8,996	4,729	3,634	17,359
2	Less Charitable contributions				
3	Gross income (line 1 minus line 2)	8,996	4,729	3,634	17,359
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	1,070	365	4,210
10	Direct expense summary Add lines 4 through 9 in column (d)				( 5,645 )
11	Net income summary Combine line 3, column (d), and line 10				11,714

**Part III** Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

REVENUE		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) thru col (c))
1	Gross revenue				
DIRECT EXPENSES	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No _____ %	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No _____ %	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No _____ %	
7	Direct expense summary Add lines 2 through 5 in column (d)				( )
8	Net gaming income summary Combine line 1, column d, and line 7				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	X
b If "No," explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	X
b If "Yes," explain _____		
11 Does the organization operate gaming activities with nonmembers?	11	X
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	X



## 13 Indicate the percentage of gaming activity operated in

a The organization's facility

13a

%

b An outside facility

13b

%

## 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

## 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a

X

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

## 16 Gaming manager information

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer☐ Employee☐ Independent contractor

## 17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a

X

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

# SCHEDULE OF OTHER CHANGES IN NET ASSETS OR FUND BALANCES

Attachment 3: page 1 - 990-EZ Page 1, Part I, Line 20

Open to Public Inspection	For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.
Name of Organization PARKSIDE PTA	Employer Identification Number 27-1083900

Description of Changes	Total Amount
TRANSFER FROM PARKSIDE PTO TO PARKSIDE PTA	24,158
Total	24,158

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 16

## Inspection

**For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.**

Employer Identification Number

PARKSIDE PTA

27-1083900

Description of Other Expenses	Amount
APPRECIATION	848
BABYSITTING	105
INSURANCE	156
PTA MEMBERSHIP EXPENSE	261
PTA TRAINING	40
5TH GRADE TRIP	452
HOLIDAY	47
Total	1,909

# SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amc

Open to Public Inspection	For Calendar year 2009, or tax year period beginning 07-01-2009 and ending
Name of Organization PARKSIDE PTA	Employer Identif 27-1083900

Class of Activity	Recipient's Name and Address	Amount (FM'
EQUIPMENT FOR SCHOOL	PARKSIDE ELEMENTARY 735 SW WAGNER AVE GRANTS PASS, OR 97526	1,9
ENRICHMENT	PARKSIDE ELEMENTARY 735 SW WAGNER AVE GRANTS PASS, OR 97526	4,5
LIBRARY	PARKSIDE ELEMENTARY 735 SW WAGNER AVE GRANTS PASS, OR 97526	9
PLAYGROUND	PARKSIDE ELEMENTARY 735 SW WAGNER AVE GRANTS PASS, OR 97526	2,4
		9,9

Relationship	Description of Property	Book Value	How Book Value is Determined	How FM
			ACTUAL COST	ACTUAL C
		1,953	ACTUAL COST	ACTUAL C
		4,518	ACTUAL COST	ACTUAL C
		977	ACTUAL COST	ACTUAL C
		2,472		
Total		9,920		

## PRIMARY EXEMPT PURPOSE

Attachment 4: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning 07-01, and ending 06-30-2010.
Name of Organization PARKSIDE PTA	Employer Identification Number 27-1083900

### Primary Purpose

GENERATE REVENUE FOR ALL MISC. COSTS TO PTA TO PROVIDE EDUCATIONAL ENRICHMENT AND PROMOTE SCHOOL SPIRIT AND FUN TO ALL PARKSIDE ELEMENTARY STUDENTS, THEIR FAMILIES AND STAFF & TEACHERS. TO PROVIDE ADDITIONAL RESOURCE MATERIALS FOR LIBRARY. RAISING FUNDS FOR MAINTAINING AND IMPROVING SAFE PLAYGROUND.

## PROGRAM SERVICE ACCOMPLISHMENT

Attachment 5: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.
Name of Organization PARKSIDE PTA	Employer Identification Number 27-1083900
Part III - Statement of Program Service Accomplishments	
Grants and allocations	Amount includes foreign grants   Program service expenses 977
Exempt Purpose Achievements	

LIBRARY - PROVIDE ADDITIONAL RESOURCE MATERIALS FOR LIBRARY

## PROGRAM SERVICE ACCOMPLISHMENT

Attachment 5: page 2 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.
Name of Organization PARKSIDE PTA	Employer Identification Number 27-1083900
Part III - Statement of Program Service Accomplishments	
Grants and allocations	Amount includes foreign grants   Program service expenses 2,472
Exempt Purpose Achievements	

PLAYGROUND-PROVIDE ADDITIONAL PE EQUIPMENT, PUT UP FENCES FOR THE SAFETY OF OUR STUDENTS, MAINTAIN GROUNDS

## PROGRAM SERVICE ACCOMPLISHMENT

Attachment 5: page 3 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.
Name of Organization PARKSIDE PTA	Employer Identification Number 27-1083900

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	1,953
Exempt Purpose Achievements			

EQUIPMENT- ASSIST WITH THE PURCHASE OF MICROPHONES FOR GYM AND PURCHASE  
DIE-CUTS



## PROGRAM SERVICE ACCOMPLISHMENT

Attachment 5: page 4 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.
---------------------------	---

Name of Organization PARKSIDE PTA	Employer Identification Number 27-1083900
--------------------------------------	--

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	4,518
------------------------	--------------------------------	--------------------------	-------

Exempt Purpose Achievements

ENRICHMENT-ASSEMBLIES, BATTLE OF THE BOOKS, CLASS FIELD TRIPS AND READ AT HOME COMPETITION

# CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 6: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.
Name of Organization PARKSIDE PTA	Employer Identification Number 27-1083900

(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont to Employee Ben Plans & Def Comp	(E) Expense Account & Other Allowances
PENNY LOGHRY 735 SW WAGNER MEADOWS DR Grants Pass, OR 97526	PRESIDENT	0	0	0
JENNIFER RUND 735 SW WAGNER MEADOWS DR Grants Pass, OR 97526	CO VICE-PRESIDENT	0	0	0
MARCIA FISH 735 SW WAGNER MEADOWS DR Grants Pass, OR 97526	CO VICE PRESIDENT	0	0	0
SUSAN MCHAN 735 SW WAGNER MEADOWS DR Grants Pass, OR 97526	SECRETARY	0	0	0
CHARLENE FOSTER 735 SW WAGNER MEADOWS DR Grants Pass, OR 97526	TREASURER	0	0	0
BEVERLY WALKER 735 SW WAGNER MEADOWS DR Grants Pass, OR 97526	ASST TREASURER	0	0	0

BOOKS ARE IN CARE OF

Attachment 7 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2009 or tax period beginning 07-01, and ending 06-30-2010.
Name of Organization PARKSIDE PTA	Employer Identification Number 27-1083900
Part V - Line 42a	

Individual Name CHARLENE FOSTER  
or  
Business Name

Street Address 735 SW WAGNER MEADOWS DR

U S Address

Zip code 97526 City Grants Pass State OR

Foreign Address

City

Province or State

Country

Postal code

Phone Number (541) 474-5777

Fax Number