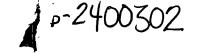


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### SCHEDULE A (Form 990 or 990-EZ)

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

Complete if the organization is a section 501(c)(3) organization or a section

Open to Public Inspection

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service 4947(a)(1) nonexempt charitable trust.

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

Employer identification number Name of the organization 56-2400302 Parkridge PTSO 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). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 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.) 6 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.) 10 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 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 11g(i) (ii) A family member of a person described in (i) above? . 11g(n) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . . . . . . 11g(in) Provide the following information about the supported organization(s). (i) Name of supported (ir) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) is the (vii) Amount of in col (ii) listed in your organization (described on lines 1-9 the organization in organization in col support col (i) of your support? (i) organized in the governing document? above or IRC section (see instructions)) Yes No Yes No Yes (A) (B) (C) (D) (E)

Total



Page 2



\$6-2400302

Part	Support Schedule for Organiza (Complete only if you checked th						
	Part III. If the organization fails to						
	on A. Public Support	-				T "	
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(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.						
	on B. Total Support	<del></del>				1	
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	· · · · · · · · · · · · · · · · · · ·						
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 12	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc.	(see instruction	ons)			12	
13	First five years. If the Form 990 is for th	e organization	ı's fırst, secon	d, third, fourth	, or fifth tax yo	ear as a sectio	n 501(c)(3)
	organization, check this box and stop her						<b>▶</b> □
	on C. Computation of Public Suppor						
14	Public support percentage for 2011 (line 6		-			14	%
15 16a	Public support percentage from 2010 Sch 331/3% support test—2011. If the organiz	edule A, Part	II, line 14 .		 Nine 17 is 331	15 nove or more of	%
iva	box and <b>stop here.</b> The organization qual						
b	33¹/3% support test—2010. If the organ	•		•			
-	check this box and <b>stop here</b> . The organi						
17a	10%-facts-and-circumstances test—2011. 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—2010. 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 instructions	d not check a l	box on line 13,	16a, 16b, 17a	, or 17b, chec	k this box and	see

Page 3

## 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	on A. Public Support			· ·			
Calen	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	3,351	4,410	4,534	5,816	6,688	24,799
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	15,716	16,363	10,190	10,743	10,336	63,348
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	62,574	39,394	48,707	48,899	38,183	237,757
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge				0		•
		81,641	60,167	63,431	65,458	55,207	325,904
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3	81,041	60,167	63,431	65,456	55,207	325,904
	received from disqualified persons .	o	0	o	0	اه	0
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	0	О	О	0	o	0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6.)						325,904
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	81,641	60,167	63,431	65,458	55,207	325,904
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties and income from similar sources .	122	o	o	0	o	122
h	Unrelated business taxable income (less	122					122
	section 511 taxes) from businesses						
	acquired after June 30, 1975	0	О	o	0	o	0
С	Add lines 10a and 10b	122	0	0	0	0	122
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or						_
	loss from the sale of capital assets						
40	(Explain in Part IV.)	0	0	0	0	0	0
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	06.700	66.40-		er 150	FF 00-	200 000
14	First five years. If the Form 990 is for the	81,763	60,167	63,431	65,458	55,207	326,026
17	organization, check this box and stop he	-					
Secti	on C. Computation of Public Suppor			<del>· · · · · · · · · · · · · · · · · · · </del>	<u> </u>	· · · · ·	
15	Public support percentage for 2011 (line 8			3, column (fl)		15	100 %
16	Public support percentage from 2010 Sch					16	n/a %
	on D. Computation of Investment Inc						,0
17	Investment income percentage for 2011 (			/ line 13, colun	nn (f))	17	0 %
18	Investment income percentage from 2010 Schedule A, Part III, line 17						
19a	331/3% support tests—2011. If the organi						
	17 is not more than 331/3%, check this box		-			=	_
b	331/3% support tests—2010. If the organiz						
	line 18 is not more than 331/3%, check this i		-			-	_
20	Private foundation. If the organization di	d not check a t	oox on line 14,	19a, or 19b, c	neck this box	and see instruc	ctions 🕨 🔲

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. Also complete this part for any additional information. (See instructions).	
		<del>-</del>
		<b></b> -
*************		
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00020659

PARKRIDGE PTSO 9970 W BEARDSLEY RD PEORIA AZ 85382



009482

#### DECLARATION

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

Title