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CISHH8JY59

SCHEDULE A . (Form 890 or 890-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. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public
Inspection
Employer identification number

Name of the organization							Τ,	Employer identification number				
Elm Grove PTA					ــــــــــــــــــــــــــــــــــــــ	74-2938229						
_	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.											
1 2 3	The state of the s											
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 7	☐ 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 its general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8 9												
	10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).											
e f	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). 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											
9	g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?											
	(ii) A person who directly or indirectly controls, either alone or together with persons described in (i) and (iii) below, the governing body of the supported organization?							No				
<u>h</u>	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 cot. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support		
(A)	`			Yes	No	Yes	No	Yes	No			
(B)								- -		· · · · · · · · · · · · · · · · · · ·		
(C)												
(D)												
(E)												
Total												

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Schedu	te A (Form 990, or 990-EZ) 2012 Support Schedule for Organiza	itions Desc	ribed in Sect	ions 170(b)(I)(A)(iv) and	170(b)(1)(A)(v	Page 2	
	(Complete only if you checked the Part III. If the organization fails to	ne box on lin	e 5, 7, or 8 of	Part I or if th	e organizatio	on failed to qu		
Sect	on A. Public Support							
Caler	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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.		<u> </u>	L		<u> </u>		
	on B. Total Support		1 01000	4 3 0010	1 1 2 2 2 2 2 2	1 1 1 2 2 4 2		
	dar year (or fiscal year beginning in)	(a) 2008	(ь) 2009	(c) 2010	(d) 2011	(e) 2012	(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		<u> </u>	<u></u>	<u> </u>			
12	Gross receipts from related activities, etc.					12		
13	First five years. If the Form 990 is for the organization, check this box and stop her	-			•			
Soci	on C. Computation of Public Suppor					· · · · · ·	···	
14	Public support percentage for 2012 (line 6			1 column (fi)		14	%	
15	Public support percentage from 2011 Sch			• • • •			%	
16a	331/x% support test — 2012. If the organization qual	zation did not	check the box	on line 13, and	d line 14 is 331	3% or more, c	heck this	
ь	331/2% support test—2011. If the organic check this box and stop here. The organi					אמי 33 sl 15 פי 	or more, . ► □	
17a	10%-facts-and-circumstances test—2012. 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 – 20 15 is 10% or more, and if the organization Explain in Part IV how the organization me	ion meets the eets the "fact	e "facts-and-ci s-and-circums	rcumstances" tances" test. T	test, check the he organization	nis box and st on qualifies as a	and line op here. publicly	
18	supported organization Private foundation. If the organization did instructions			, 16a, 16b, 17a			_	

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line 18 is not more than 331/2%, 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

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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. Also complete this part for any additional information. (See instructions).	
Part II #10	- Box Tops for Education	
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