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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under 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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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.

A For the 2012 calendar year, or tax year beginning 7/1, 2012, and ending 6/30, 20 13

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
Quartz Hill Elementary School PTSO

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
3680 S Quartz Street

City or town, state or country, and ZIP + 4
Gilbert, AZ 85297-0447

D Employer identification number
33-1160756

E Telephone number
480-855-5732

F Group Exemption Number ▶

G Accounting Method. Cash Accrual Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ _____

J Tax-exempt status (check only one) - 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

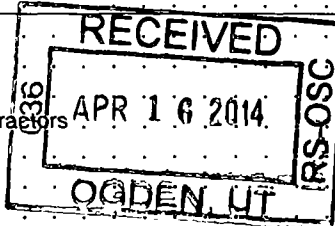
K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ _____

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

Check if the organization used Schedule O to respond to any question in this Part I

	Description	Code	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	110597 78
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less: direct expenses from gaming and fundraising events	6c	64384 94	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	46212 84	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	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	149 35
	16 Other expenses (describe in Schedule O)	16	44727 29
	17 Total expenses. Add lines 10 through 16	17	44876 64
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1336 20
	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	18639
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	19975 20



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P 23

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	18639	19975.20
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	18639	19975.20
26 Total liabilities (describe in Schedule O)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	18639	19975.20

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

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

What is the organization's primary exempt purpose? _____

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Nicole Keith 137 Mary Lane Gilbert, AZ 85295	President, 5 hrs/wk			
Shannon Rosenhan 2121 E Coconio Gilbert, AZ 85298	VP, 5 hrs.wk			
Christina Yu 465 E Hopkins Rd Gilbert, AZ 85295	Secretary, 5 hrs/wk			
Michele Wybourn 2814 Riata Court Gilbert, AZ 85295	Treasurer, 5 hrs/wk			
Diane Mroczek 287 E. Joseph Way Gilbert, AZ 85295	Treasurer, 5 hrs/wk			
Stacey Gin 473 E Bridgeport Pkwy, Gilbert, AZ 85295	Fundraising, 5 hrs/wk			
Koralyn Plowman 3029 S Colonial St Gilbert, AZ 85295	Hospitality, 5 hrs/wk			
Crystal Aker 2036 S Reseda, Gilbert, AZ 85295	Shopping Programs, 5 hrs/wk			
Tiffany Ganem 137 E Phelps Street Gilbert, AZ 85295	School Support, 5 hrs/wk			
Janie Scholes 418 Bridle Way, Gilbert, AZ 85295	School Support, 5 hrs/wk			

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No	
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
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	36		
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		
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 tax year covered by this return?	38a		
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
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		
41 List the states with which a copy of this return is filed ▶ _____			
42a The organization's books are in care of ▶ _____ Telephone no. ▶ _____ Located at ▶ _____ 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)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	Yes	No
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ _____	42c		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		
c Did the organization receive any payments for indoor tanning services during the year?	44c		
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
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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."

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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

Charmaine T. Clark	3/18/14
Signature of officer	Date
Charmaine T. Clark, Treasurer	
Type or print name and title	

Paid Preparer Use Only

Pnn/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶		Phone no.	
Firm's address ▶				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For the calendar year 2012 or fiscal year beginning 10.17.10 and ending 06.30.13.

CHECK ONE. Original <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Business telephone number (with area code)	Please Type or Print	Name Quartz Hill Elementary School PTSO	Employer identification number (EIN) 33-1160756
		Number and street or PO Box 3680 Quartz Street	AZ transaction privilege tax number
		City or town, state and ZIP code Gilbert, AZ 85297-0447	

68 Check box if: This is a first return Name change Address change

A Date Arizona operations began: 10.17.10

B Nature of Arizona activities: Parent Teacher Student Organization

C Federal form filed 990 990-EZ Other (specify) _____
Attach a copy of the organization's federal return.

CHECK BOX IF: Return filed under extension.

82 3-mos. Fed 82 C 6-mos. AZ - Fed 82 F

REVENUE USE ONLY DO NOT MARK IN THIS AREA

81 **66**

Nonprofit Medical Marijuana Dispensary (NMMD) only:

D NMMD Registry Identification Number _____

E What type of entity is the dispensary?
 Corporation Limited Liability Company (LLC) Partnership S corporation
 Sole Proprietorship

F If the dispensary is an LLC, what is the federal tax classification?
 Corporation Disregarded Entity Partnership S corporation
 If the dispensary is an LLC, a partnership or an S corporation, **attach a schedule** that lists ownership information including name, address, TIN, and ownership percentage at the end of the tax year

G Federal form filed 1040 1041 1065 1120 1120-S Other (specify) _____

H Check this box if you attached a copy of the dispensary's federal return to its Arizona Form 120S or Form 165 when it was filed, do not attach a copy of the same return to this form **Otherwise, attach a copy of the dispensary's federal return.**

Sources of Income

1	Gross sales from business activities.....	00
2	Less Cost of goods sold or of operations – attach itemized statement	00
3	Gross profit from business activities – subtract line 2 from line 1	00
4	Interest	00
5	Dividends	00
6	Rents and royalties	00
7	Gain or (loss) from sales of assets, excluding inventory items.	00
8	Dues, assessments, etc., from members	00
9	Dues, assessments, etc., from affiliates	00
10	Contributions, gifts, grants, etc., received	00
11	Other income – attach itemized statement	00
12	Total income – add lines 3 through 11	00

Administrative Expenses

13	Compensation of officers, directors, trustees, etc.	00
14	Salaries and wages – other than amounts included on line 2	00
15	Interest	00
16	Taxes	00
17	Rent expense	00
18	Depreciation – attach schedule	00
19	Miscellaneous expenses – attach itemized statement.	00
20	Total expenses – add lines 13 through 19	00

Disbursements

21	Disbursements from current income for exempt purposes – from page 2, line A6.	00
22	Disbursements from principal for exempt purposes – from page 2, line B6	00
23	Other disbursements not itemized on Schedule A or Schedule B – attach schedule	00

Accumulation of Income

24	Accumulation of income in current year – line 12 less the sum of lines 20, 21, 22, and 23	00
25	Accumulation of income at beginning of year	00
26	Accumulation of income at end of year – add lines 24 and 25	00

Penalty

27	Penalty for late filing or incomplete filing. See instructions	00
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THE BUSINESS IS SUBJECT TO A PENALTY IF THIS RETURN IS FILED LATE OR IS INCOMPLETE. ARS § 42-1125(K)

SCHEDULE A – Disbursements From Current Income for Exempt Purposes

A1	Dues, assessments, etc., to affiliates	A1		00
A2	Contributions, gifts, grants, etc., paid	A2		00
A3	Benefit payments to or for members or their dependents			
A3a	Death, sickness, hospitalization, disability, or pension benefits	A3a		00
A3b	Other benefits	A3b		00
A4	Dividends and other distributions to members, shareholders, or depositors	A4		00
A5	Other	A5		00
A6	Total - add lines A1 through A5 Enter total here and on page 1, line 21	A6		00

SCHEDULE B – Disbursements From Principal for Exempt Purposes

B1	Dues, assessments, etc., to affiliates	B1		00
B2	Contributions, gifts, grants, etc., paid	B2		00
B3	Benefit payments to or for members or their dependents			
B3a	Death, sickness, hospitalization, disability, or pension benefits	B3a		00
B3b	Other benefits	B3b		00
B4	Dividends and other distributions to members, shareholders, or depositors	B4		00
B5	Other	B5		00
B6	Total - add lines B1 through B5 Enter total here and on page 1, line 22	B6		00

SCHEDULE C – Balance Sheet

NOTE: Amounts used in attached schedules and in this column should be end of year amounts

		(a)		(b)	
		Beginning of Year		End of Year	
Assets					
C1	Cash		00	C1	00
C2a	Accounts receivable	C2a	00		
C2b	Less allowance for doubtful accounts	C2b	00		
C2c	Line C2a less line C2b. Enter difference in column (b)		00	C2c	00
C3a	Other notes and loans receivable – attach schedule	C3a	00		
C3b	Less allowance for doubtful accounts	C3b	00		
C3c	Line C3a less line C3b. Enter difference in column (b)		00	C3c	00
C4	Inventories		00	C4	00
C5	Investments (securities) – attach schedule		00	C5	00
C6	Investments (other) – attach schedule		00	C6	00
C7a	Land, buildings, and equipment; basis	C7a	00		
C7b	Less accumulated depreciation – attach schedule	C7b	00		
C7c	Line C7a less line C7b. Enter difference in column (b)		00	C7c	00
C8	Other assets – describe		00	C8	00
C9	Total assets – add lines C1 through C8		00	C9	00
Liabilities					
C10	Accounts payable and accrued expenses		00	C10	00
C11	Mortgages and other notes payable – attach schedule		00	C11	00
C12	Other liabilities – describe		00	C12	00
C13	Total liabilities – add lines C10 through C12		00	C13	00
Net Assets					
C14	Capital stock or trust principal		00	C14	00
C15	Paid-in or capital surplus		00	C15	00
C16	Retained earnings or accumulated income		00	C16	00
C17	Total net assets – add lines C14 through C16		00	C17	00
C18	Total liabilities and net assets – add lines C13 and C17		00	C18	00

 PLEASE BE SURE TO SIGN THE RETURN ON PAGE 3.

Certification Under penalties of perjury, I declare that I have examined this return, including the accompanying schedules and statements, and to the best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona

Please Sign Here

<i>Charmaine T. Clark</i>	<i>3/18/14</i>	<i>Treasurer</i>
Officer's Signature	Date	Title

Paid Preparer's Use Only

Preparer's Signature	Date	Preparer's PTIN
Firm's Name (or Preparer's Name, if self-employed)	Firm's <input type="checkbox"/> EIN or <input type="checkbox"/> SSN	
Firm's Address	ZIP Code	Firm's Telephone Number

Mail to: Arizona Department of Revenue, PO Box 52153, Phoenix AZ 85072-2153