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OMB No. 1545-1150

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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.

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2008 calendar year, or tax year beginning July 1, 2008, and ending June 30, 2009

<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions.	C Name of organization F.H. Coe Elementary PTA		D Employer identification number 91-1005216	
		Number and street (or P O box, if mail is not delivered to street address) Room/suite 2003 65th Avenue West		E Telephone number (206) 252-2000	
		City or town, state or country, and ZIP + 4 Tacoma, WA. 98466-6215		F Group Exemption Number N/A	

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: **www.coepta.org**

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

J Organization type (check only one) - 501(c) (3) (insert no.) 4947(a)(1) or 527

K 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 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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ **\$ 474,782**

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

1	Contributions, gifts, grants, and similar amounts received		1	348,179
2	Program service revenue including government fees and contracts Attachment 1		2	28,104
3	Membership dues and assessments		3	2,015
4	Investment income		4	2,955
5a	Gross amount from sale of assets other than inventory	5a		
	b Less: cost or other basis and sales expenses	5b		NONE
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c		NONE
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>			
	a Gross revenue (not including \$ 173,900 of contributions reported on line 1)	6a		87,067
	b Less: direct expenses other than fundraising expenses	6b		87,067
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		NONE
7a	Gross sales of inventory, less returns and allowances	7a		6,462
	b Less: cost of goods sold	7b		5,301
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		1,161
8	Other revenue (describe NONE)	8		NONE
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.	9		382,414
10	Grants and similar amounts paid (attach schedule) Attachment 3	10		221,642
11	Benefits paid to or for members	11		NONE
12	Salaries, other compensation, and employee benefits	12		NONE
13	Professional fees and other payments to independent contractors	13		NONE
14	Occupancy, rent, utilities, and maintenance	14		NONE
15	Printing, publications, postage, and shipping.	15		887
16	Other expenses (describe Bank charges, Insurance, Fundraising, Membership dues)	16		133,866
17	Total expenses. Add lines 10 through 16	17		356,395
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18		26,019
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) (See Attachment 2)	19		295,852
20	Other changes in net assets or fund balances (attach explanation)	20		NONE
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21		

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

22	Cash, savings, and investments (See Attachment 2)	(A) Beginning of year	22	295,852	(B) End of year	22	321,872
23	Land and buildings		23	NONE		23	NONE
24	Other assets (describe NONE)		24	NONE		24	NONE
25	Total assets		25	295,852		25	321,872
26	Total liabilities (describe NONE)		26	NONE		26	NONE
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		27	295,852		27	321,872

For Privacy Act and Paperwork Reduction Act Notice, see the instruction for Form 990.

Cat No 106421

Form 990-EZ (2008)

SCANNED JAN 24 2011 Revenue

JAN 12 2011

65 14

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

- 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
- 34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes
- 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 your reason for not reporting the income on Form 990-T.
 - a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?
 - b If "Yes," has it filed a tax return on Form 990-T for this year?
- 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N
- 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a NONE
- b Did the organization file Form 1120-POL for this year?
- 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 unpaid at the start of the period covered by this return? 38b NONE
- b If "Yes," complete Schedule L, Part II and enter the total amount involved 39a NONE
39b NONE
- 39 Section 501(c)(7) organizations. Enter:
 - a Initiation fees and capital contributions included on line 9
 - b Gross receipts, included on line 9, for public use of club facilities
- 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 NONE; section 4912 NONE; section 4955 NONE
- b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I
- c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 NONE
- d Enter amount of tax on line 40c reimbursed by the organization NONE
- 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.
- 41 List the states with which a copy of this return is filed. Washington
- 42a The books are in care of P. Scott Warnock Telephone no. (206) 284-7738
Located at 2434 31st Avenue West Seattle WA ZIP + 4 98199-3334
- 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: NONE
- 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.? If "Yes," enter the name of the foreign country: NONE
- 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 NONE
- 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ
- 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

	Yes	No
33		X
34		X
35a		X
35b		X
36		X
37b		X
38a		X
38b		
39a		
39b		
40b		X
40c		
40d		
40e		X
42b		X
42c		X
44		X
45		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities...
47 Did the organization engage in lobbying activities...
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)?...
49a Did the organization make any transfers to an exempt non-charitable related organization?
49b If "Yes," was the related organization(s) a section 527 organization?
50 Complete this table for the five highest compensated employees...

Table with 5 columns: (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. Handwritten entry: We have no Employees.

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation. Handwritten entry: NONE.

Sign Here: Under penalties of perjury, I declare that I have examined this return... Signature of officer: P. Scott Warlock, Treasurer; Date: November 15, 2010.

Paid Preparer's Use Only: Preparer's signature, Date, Check if self-employed, Preparer's Identifying Number, Firm's name, EIN, Phone no.

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

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.

		(a) Event #1 <u>Auction</u> (event type)	(b) Event #2 <u>Movements</u> (event type)	(c) Other Events <u>NONE</u> (total number)	(d) Total Events (Add col (a) through col (c))	
Revenue	1	Gross receipts	260,967	37,939	NONE	298,906
	2	Less: Charitable contributions	173,900	NONE		173,900
	3	Gross revenue (line 1 minus line 2)	87,067	37,939		125,006
Direct Expenses	4	Cash prizes	NONE	NONE		NONE
	5	Non-cash prizes	NONE			NONE
	6	Rent/facility costs	2,080			2,080
	7	Other direct expenses	28,227			28,227
	8	Direct expense summary. Add lines 4 through 7 in column (d)				(30,307)
	9	Net income summary. Combine lines 3 and 8 in column (d)				94,699

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			()
	8	Net gaming income summary. Combine lines 1 and 7 in column (d)			

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?

b If "No," Explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain: _____

11 Does the organization operate gaming activities with nonmembers?

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?

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Provide 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

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:

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

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

F.H. Coe Elementary PTA, Seattle Council 6.15.70
TIN: 91-1005216
Fiscal Year: July 1, 2008 through June 30 2009
2008 Form 990

ATTACHMENT 1

Part 1, Line 2 "Program Service Revenue including Government Fees & Contracts"

Islandwood	10,163
Instrumental Music	2,253
Summer Math Camp	14,303
Chess Club	1,309
Bookfair	<u>76</u>
Total	<u><u>28,104</u></u>

F.H. Coe Elementary PTA, Seattle Council 6.15.70
 TIN: 91-1005216
 Fiscal Year: July 1, 2008 through June 30 2009
 2008 Form 990

ATTACHMENT 2

A review of the 2007 Form 900 for F.H. Coe Elementary PTA indicates that the prior year tax return was filed with an out of balance Balance Sheet. It appears that the prior Treasurer excluded from the Beginning and Ending Net Assets the Temporarily Restricted Net Assets as shown below:

	Beginning Of Year (as originally filed)	End Of Year (as originally filed)	Beginning Of Year (as adjusted)	End Of Year (as adjusted)
Total Assets	\$ 203,027.96	\$ 295,852.28	\$ 203,027.96	\$ 295,852.28
Total Liabilities	-	-	-	-
Temporarily Restricted Reserves	-	-	95,268.78	88,412.49
Retained Earnings	107,759.18	207,439.79	107,759.18	207,439.79
Total Liabilities & Net Assets	<u>107,759.18</u>	<u>207,439.79</u>	<u>203,027.96</u>	<u>295,852.28</u>
Difference	95,268.78	88,412.49	-	-

F.H. Coe Elementary PTA, Seattle Council 6.15.70
TIN: 91-1005216
Fiscal Year: July 1, 2008 through June 30 2009
2008 Form 990

ATTACHMENT 4

Part IV "List of Officers, Directors, Trustees, and Key Employees"

Position	Name	Address
Co-President	Hill, Jennifer	815 West Howe Street, Seattle, 98119
Co-President	Pierce, Harry	2909 10th Place West, Seattle, WA 98119
Secretary	Sanderson, Karrie	364 Blaine Street, Seattle WA 98109
Nominating	Reys, Mark	2900 3rd Avenue North, Seattle, 98109
Membership	Emmons, Leslie	3037 11th Avenue West, Seattle, 98119
Treasurer	Woolridge, Joelle	845 W Nickerson St #1, Seattle, 98119
Assistant Treasurer	Eickerman, Kimberly	2337 West Viewmont Way West, Seattle, 98199
Finance Chair	Reys, Mark	2900 3rd Avenue North, Seattle, 98109
Fundraising	Angelos, Dena	2122 5th Avenue North, Seattle, 98119
Fundraising	Marshall, Andrea	2424 7th Avenue West, Seattle, 98119
Recognition	Evans, Lisa	2424 7th Avenue West, Seattle, 98119

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ▶
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form). **Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization F. H. Coe PTA Seattle Council 6-15-70	Employer identification number 91 1005216
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P O box, see instructions 2424 7th Avenue West	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Seattle, WA. 98119-2513	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ **P. Scott Warnock, Treasurer**

Telephone No. ▶ **(206) 284-7738** FAX No. ▶ **() N/A**

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **Feb. 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20..... or
- ▶ tax year beginning **July 1, 2008**, and ending **June 30, 2009**.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$ N/A
3b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$ N/A
3c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization	Employer identification number
	Number, street, and room or suite no. If a P O box, see instructions.	For IRS use only
	City town or post office, state, and ZIP code. For a foreign address, see instructions	

Check type of return to be filed (File a separate application for each return):

- | | | | |
|--------------------------------------|---|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of _____
 Telephone No. ▶ (_____) _____ FAX No. ▶ (_____) _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until _____, 20_____.
- For calendar year _____, or other tax year beginning _____, 20_____, and ending _____, 20_____.
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension _____

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ *P. Scott [Signature]* Title ▶ *Treasurer* Date ▶ *11/12/09*