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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 \$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

OMB No 1545-1150

2008

Open to Public  
Inspection

A For 2008 calendar year, or tax year beginning JULY 01, 2008, and ending JUNE 30, 20 09

B Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

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

C Name of organization

Sunrise Elementary PTA Council 6-10-42

No &amp; street (or P O box, if mail is not delivered to street address)

2003 65th Ave W

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

Tacoma WA 98466

D Employer identification number

91-1286397

E Telephone number

(425) 486-4014

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 Organization type (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 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 ▶ \$ 63,595

## 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	
	2	Program service revenue including government fees and contracts	2	59,544
	3	Membership dues and assessments	3	3,258
	4	Investment income	4	793
	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) (attach schedule)	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	
6b	Less direct expenses other than fundraising expenses	6b		
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
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	63,595	
EXPENSES	10	Grants and similar amounts paid (attach schedule) #1	10	29,961
	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	
	16	Other expenses (describe ▶ See attachment #2 )	16	57,432
	17	Total expenses. Add lines 10 through 16	17	87,393
ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-23,798
	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	92,006
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	68,208

## 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

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	92,006	22 68,208
23	Land and buildings		23
24	Other assets (describe ▶ )		24
25	Total assets	92,006	25 68,208
26	Total liabilities (describe ▶ )	0	26 0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	92,006	27 68,208

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

Form 990-EZ (2008)

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

What is the organization's primary exempt purpose? See attachment #3

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

28 See attachment #4

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

28a	83,114
-----	--------

29

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

29a

30

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

30a

31 Other program services (attach schedule)

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

**31a**

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

32	83,114
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Part IV	List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instr. for Part IV)
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[illegible]

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

	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 but not reported to the IRS? 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 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?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		X
36 Was there a liquidation, dissolution, termination, or substantial contraction 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 unpaid at the start 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 (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	40b	X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d 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		
42a The books are in care of See attachment #6 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)?	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 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 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 operating 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(s) a section 527 organization?
- 50 Complete this table for the 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"

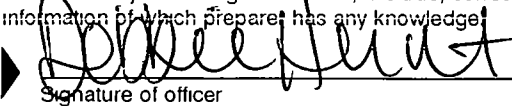
	Yes	No
46		X
47		X
48		X
49a		X
49b		X

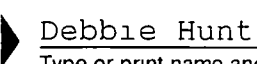
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

- 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"

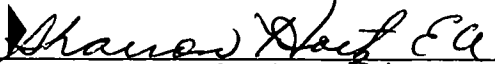
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors each receiving over \$100,000		

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**  Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

 Debbie Hunt Treasurer  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature 	Date 11-17-2009	Check if self-employed <input type="checkbox"/>	Preparer's Identifying No. (See instr.) 8-0008699
Firm's name (or yours if self-employed), address, and ZIP+4 H&R Block 16025 NE 85th STE 101	EIN 43-862223	Phone no 425- 558-3541	

May the IRS discuss this return with the preparer shown above? See instructions

Yes ☒ No ☐

Department of the Treasury  
Internal Revenue Service

**To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.**

2008

**Open to Public Inspection**

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

Sunrise Elementary PTA Council 6-10-42

91-1286397

The organization is not a private foundation because it is (Please check only **one** organization )

- (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?

	Yes	No
11g(I)		X
11g(II)		X
11g(III)		X

**h** Provide the following information about the organizations the organization supports

[illegible]

Schedule A (Form 990 or 990-EZ) 2008

**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)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	3,648	3,592	3,721	3,602	3,258	17,821
<b>2</b> 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 . . .	44,695	98,840	3,775	74,193	59,544	281,047
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1-5	48,343	102,432	7,496	77,795	62,802	298,868
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						298,868

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6	48,343	102,432	7,496	77,795	62,802	298,868
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,721	2,258	1,271	1,733	793	9,776
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	3,721	2,258	1,271	1,733	793	9,776
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						308,644

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	96.8300 %
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	3.1700 %
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	%

**19a 33 1/3 % support tests -- 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

**b 33 1/3 % support tests -- 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

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

Open to Public

## Inspection

**For calendar year 2008 or tax period beginning** 07-01-2008, and ending 06-30-2009.

Name of Organization

Sunrise Elementary PTA Council 6-10-42

Employer Identification Number	
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91-1286397

Total	57,432
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# **SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID**

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

Open to Public Inspection		For Calendar year 2008, or tax year period beginning 07-01-2008 and ending 06-30-2009.	
Name of Organization		Employer Identification Number	
Sunrise Elementary PTA Council 6-10-42		91-1286397	
Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
Library Funds	Sunrise Elementary School 14075 172 nd Ave NE Redmond, WA 98052		Support school library
Science Coordinator Grant	Sunrise Elementary School 14075 172nd Ave NE Redmond, WA 98052		Support Science
Relationship	Description of Property	Book Value	How Book Value is Determined
none	Cash	5,761	
none	Cash	24,200	
Total			29,961
Relationship	Description of Property	Book Value	How FMV is Determined
none	Cash		
none	Cash		

## PRIMARY EXEMPT PURPOSE

Attachment 3: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2007 or tax period beginning	07-01	, and ending	06-30-2009.
Name of Organization Sunrise Elementary PTA Council 6-10-42				Employer Identification Number 91-1286397

### Primary Purpose

We, as part of Sunrise community, believe that the team effort of staff, parents, and students is based on mutual trust, respect, and honest communication. Students are provided opportunities to develop responsible decision-making skills through a balanced, integrated curriculum. A nurturing, affirming, learning environment provides freedom for all to risk and grow.

## PROGRAM SERVICE ACCOMPLISHMENT

Attachment 4: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2008 or tax period beginning	07-01-2008, and ending	06-30-2009.
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Name of Organization	Employer Identification Number
Sunrise Elementary PTA Council 6-10-42	91-1286397

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	83,114
Exempt Purpose Achievements			

To support the education, health and wefare of all children and youth.

# CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 5: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2008 or tax period beginning 07-01-2008, and ending 06-30-2009.
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Name of Organization Sunrise Elementary PTA Council 6-10-42	Employer Identification Number 91-1286397
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(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
Amy Cast 17700 NE 136th St Redmond, WA 98052	President 5.00	0	0	0
Allison Stewart 15722 NE 183rd St Woodinville, WA 98072	Vice President 5.00	0	0	0
Wemdy McCartney 14100 173rd Place Redmond, WA 98052	Secretary 5.00	0	0	0
Debbie Hunt 14320 173rd Place NE Redmond, WA 98052	Treasurer 5.00	0	0	0
Francy Hastie 12935 177th Pl NE Redmond, WA 98052	Director 3.00	0	0	0
Jane Jessen 13826 171st Ave NE Redmond, WA 98052	Director 3.00	0	0	0

BOOKS ARE IN CARE OF

Attachment 6 - 990-EZ Page 3, Part V, Line 42a

For calendar year 2008 or tax period beginning 07-01, and ending 06-30-2009.

Name of Organization

Sunrise Elementary PTA Council 6-10-42

Employer Identification Number

91-1286397

Part V - Line 42a

Individual Name

or

Business Name

Debbie Hunt

Street Address

14320 173rd Pl NE

U S Address

Zip code 98052

City Redmond

State WA

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number

(425) 486-4014

Fax Number