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SCANNED DEC 2 1 2010

Department of the Treasury Internal Revenue Service

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)
Sponsoning 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 \$500,000 and total assets less than \$1,250,000 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

2009

Open to Public Inspection

Αī	For the	e 2009 calend	lar year,	r tax year beginning		, 2009	and	ending			, 20	
В	Check if	applicable	Please	C Name of organization	0= 4 4	ic o i			D Employer identification number			
	Address	Address change use IRS JANE ADDAMS PISA 6.15.24							01-0933175			
=	Name ch	•	print or	Number and street (or P O b	ox, if mail is not delive		Roc	om/suite	E Telephone number			
=	Initial ret Terminat		type. See	2003 (6514	AVE W				206	13	45256	
=			Specific	City or town, state or country					F Grou			
=	Amende Applicat	ion pending	Instruc- tions.	TACOMA W	SA 98460	, o				ıber ▶	~	
=	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting Method: 🔀 Cash 🗌 Accrual											
	a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶											
H Check ► ☑ If the organ											rganization is not	
											=	
	I Website: ► required to attach Schedule B (Form 990, J Tax-exempt status (check only one) — 🔀 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF).											
	Check				-				•		are then \$25,000. A	
			_	ation is not a section 509(a irn is not required, but if t		-		-	_			
_				9 to determine gross receip						ele rei	.uiii	
	art I			enses, and Changes						-tions	s for Part I \	
	T									1	31238	
	1		. •	s, grants, and similar ar						2	8925	
	2			venue including govern						3	1289	
	3		•	and assessments					}	4	1 7 8 1	
	4	Investmen					١.			4	<u> </u>	
	5a			n sale of assets other the	•							
	b			basis and sales expen				0			0	
ø	C			sale of assets other the						5c		
Š	6			rities (complete applicable pa			ııııy,	CHECK HEIE	L			
Revenue	a			t including $= 970$		ontributions	1	11620		*		
ď	1 .	reported o			<i></i>			<u>11520</u>	,			
	ţ	b Less: direct expenses other than fundraising expenses								, , , , , , , , , , , , , , , , , , ,	11520	
	_ C		-				1	6a)		6c	11780	
	7a			entory, less returns and	allowances		_			~		
	b		_			<u>7b</u>		0			0	
	_c	-	-	s) from sales of invento	ory (Subtract line	/b from line /a)				7c		
	8									8	52971	
_	9						.W I:_			9		
	10			amounts paid (attach s	· .					10	7650	
"	11	•		for members	4	용 NOV 2 2	3 20)10 S		11	0	
Se	12			npensation, and employ				AS.		12 13	1535	
ē	13			and other payments to						14	<u> 1555 </u>	
Expenses	15								• •	15	134	
_	16									16	17835	
	17									17	33154	
_	40								. –	18	19817	
ets	19			balances at beginnin						32 /	1 10 1 1	
SS				reported on prior year'						19	O	
Net Assets	20	•	-	net assets or fund balar						20	0	
ž	21		_	balances at end of year						21	19817	
	art			s. If Total assets on lin		are \$1,250,000 o	mor	e, file Fo	rm 990			
				(See the instructions					ginning of		(B) End of year	
2	2 (Cash savings	s, and in	vestments				· · · ·	O	-	22 19817	
2		_							0		23 0	
2				· · · · · · · · · · · · · · · · · · ·					0		24 ()	
2		otal assets		· · · · · · · · ·					\overline{o}		25 19817	
2		otal liabilitie					٠.,		0		26 0	
2				alances (line 27 of colu	ımn (B) must agre	ee with line 21)	<u></u> '		Ö		27 19817	
_				Reduction Act Notice,				Cat No 10			Form 990-EZ (2009)	

orm 9	90-EZ (2009) JANE ADDAMS T	775A 6.15.24	01-	09331	75	Page 2
Part	Statement of Program Service Accomp	olishments (See the instru		l.)		Expenses
Vhat Descinann ach	(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others)					
28	000	9698				
29	28a	8569				
30		includes foreign grants, che Lemen + - See a		. ▶ □ nF	29a	0 70 1
	(Grants \$ 0) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	30a	3010
		includes foreign grants, che	eck here	 . ▶ □	31 <u>a</u>	2651
	Total program service expenses (add lines 28a t			, , >	32	23928
Part	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (lf not paid, enter -0)	(d) Contributio employee benefit deferred comper	ns to plans &	(e) Expense account and other allowances
40	ri Frey Butler 39 NE 110thst Seathe 98125	President 15-20 Hrs/wk	0	0		0
73	with McClelland 43-16th Ave No Seattle 98115	Vice-President 15-20 Hrs/wk	0	0		0
6	anistine Sampson 337 NE 61st St Seattle 98115	Secretary 3-5 Hrs/wk	0	0		O
190	lidi Henley 147-35MAVE/NE Apt 2 Seattle 98135	Treasurer 10-17 Hrs/WK	O	0		0
		·				
		-				
					-	

>

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

Page 3

			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	33		Х
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		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 why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year?	35b 36		X
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a ○ Did the organization file Form 1120-POL for this year?	37b 38a		Х
b 39 a b 40a	If "Yes," complete Schedule L, Part II and enter the total amount involved			
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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	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			
е	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. > None			
42a	The organization's books are in care of ► Heidi Henley, Treasurer Telephone no. ► 200 Located at ► 12351 Lake City Way NE Ste 103 Seath WA ZIP+4 ► 98	175	-54	756 137
b	At any time during the calendar year, did the ofganization 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)?	42b	Yes	No X
	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.			
С	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:	42c	,	X
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		. 1	▶ □
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	Yes	No ×
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

Form 9	90-EZ [*] (2009)	JANE	ADDAMS	PTSA	6.15.24		01-	0933175		Page 4
Part	501	ction 501(c)(3) (c)(3) organiza complete the	organizations a tions and section tables for lines	and section n 4947(a)(1) 50 and 51.	4947(a)(1) nor nonexempt cha	nexempt of aritable tru	charitab ists mus	le trusts only. At answer question	II section ons 46–4	า 9b
46			age in direct or in ce? If "Yes," comp				half of or	in opposition to	Ye	s No
47			age in lobbying ac				Part II		46	一文
48			ol as described in					E	48	X
49a	Did the organization make any transfers to an exempt non-charitable related organization?									X
b	If "Yes," v	was the related	organization a sec	tion 527 orga	nization?				49b	
50			he organization's f							
	employee	s) who each re	ceived more than \$							
	1	than \$100,00	employee paid more 00	``f	Title and average nours per week voted to position	(c) Con	pensation	(d) Contributions to employee benefit plans & deferred compensation		t and
	Mor	10								
		· <u>-</u>								
							·			
f	Total num	ber of other en	nployees paid over	\$100,000		\perp				
51	Complete	this table for	the organization's	five highest	compensated inc	dependent	contract	- ors who each rec	eıved mo	re than
	Ψ100,000		on nom the organ	Zation. II thei	e is none, enter	ivone.				
		ame and address of	each independent con	tractor paid more	than \$100,000		(b) Ty	pe of service	(c) Compe	nsation
	None									
								_		
			<u>.</u>							

d	Total num	nber of other inc	dependent contrac	tors each rec	eiving over \$100	.000	>	0		
			,			,	-			
	Unde	er penalties of perjur	y, I declare that I have e ect, and complete. Decl	examined this retu	urn, including accomp	anying sched	ules and sta	tements, and to the be	st of my kno	wledge
					- (outer than emet) i	- Jaseu OH all	""OTTIACO!	or which preparer has	ary Knowlet	19e

Sign Here REASURER HEIDIS. HENLEY
Type or print name and title Check if self-employed ▶ □ Preparer's identifying number (See instructions) Preparer's signature Date Paid Preparer's Firm's name (or yours if self-employed), address, and ZIP + 4 EIN Use Only Phone no ▶ May the IRS discuss this return with the preparer shown above? See instructions ► Yes No
Form 990-EZ (2009)

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 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

			JANIE A	DDAMS YTS	SA 6	, 15.	14	_	01:	0933	3175
Pa	rt I	Reason	for Public Ch	arity Status (All org	ganizatio	ons mus	t comple	ete this	part.) Se	e instruc	tions.
The	orga	anization is no	ot a private foun	dation because it is.	(For lines	1 throug	jh 11, ch	eck only	one box.)	
1		A church, co	nvention of chu	rches, or association	of church	nes desci	ribed in s	ection 1	70(b)(1)(A	\)(i).	
2		A school des	scribed in <mark>sectio</mark>	on 170(b)(1)(A)(ii). (Att	ach Sche	edule E.)					
3		A hospital or	a cooperative h	nospital service organ	ization de	escribed	ın sectio	n 170(b)	(1)(A)(iii).		
4			search organiza me, city, and st	ition operated in conj ate.	unction v	vith a ho	spital des	scribed ii	n section	170(b)(1)(A)(iii). Enter the
5			ion operated for (b)(1)(A)(iv). (Coi	the benefit of a collegent	ge or uni	versity ov	vned or c	perated	by a gove	emmenta	l unit described in
6	☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	X	•		/ receives a substantia (1)(A)(vi). (Complete P	-	its suppo	rt from a	governm	nental uni	t or from	the general public
8		A community	y trust described	in section 170(b)(1)	(Å)(vi). (C	omplete	Part II.)				
9				receives: (1) more that							
				ed to its exempt funct							
				ent income and unre						511 tax)	from businesse
			_	after June 30, 1975.							
10				nd operated exclusive							
11	Ш			and operated exclusive blicly supported organ							
				at describes the type							
		a Type	_				ctionally				Type III-Other
_		• •		tify that the organizat			-	-			• .
-	ш			on managers and other							
		•	section 509(a)(2)	_			, ,				
f		If the organi	zation received	a written determinati	on from	the IRS	that it is	a Type I	l. Type II	or Type	III supporting
·		_	, check this box								[
g		•		the organization acce	pted any	gift or c	ontributio	on from a	iny of the		
Ŭ		following per		J		Ū			•		
				r indirectly controls, e				h persor	ns describ	oed in (ii)	Yes No
		and (iii) b	elow, the gover	ning body of the supp	ported or	_					11g(i)
				erson described in (i) a							11g(ii)
1.				of a person described							11g(iii)
<u>h</u>				ation about the suppo					6-2.1	- 45	fuil Amount of
(1)		e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization sted in your	(v) Did you notify the organization in		organizat	s the ion in col	(vii) Amount of support
				above or IRC section (see instructions))	governing	document?		of your cort?		zed in the S?	
				(000 11.00 000.10))	Yes	No	Yes	No	Yes	No	
						-					
											'
Tot	ai										
				l-+							L <u></u>

Sche	dule'A (Form 990 or 990-EZ) 2009 JANE A	opams (PTSA 6	.15.24	01-10	0933179	S Page 2
	Support Schedule for Org (Complete only if you chec	anizations [Described in	Sections 17	0(b)(1)(A)(iv)		
Sec	tion A. Public Support		o o, , ,	5. 5 5 a.c.	•/		
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	0	0	32527	32527
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	O	0	0	0	32527	32527
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)		e en	7,200			0
6	Public support. Subtract line 5 from line 4.	<u> </u>		<u> </u>	28 1800	基本的 生物的	32527
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 0005	(h) 0000	(-) 0007	(-1) 0000	() 0000	(0 T
		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4		<u> </u>	0	. 0	32927	32527
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	0	0
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	20444	20444
11	Total support. Add lines 7 through 10 .			编展 特心 建			52971
12	Gross receipts from related activities, etc	(see instruction	ons)			12	20444
13	First five years. If the Form 990 is for organization, check this box and stop he	re	on's first, secor	nd, third, fourth	i, or fifth tax y	rear as a section	
Sec	tion C. Computation of Public Su	pport Perce	ntage				
14	Public support percentage for 2009 (line	6, column (f) di	vided by line 1	1, column (f))		14	%
15	Public support percentage from 2008 Sci		•			15	<u>%</u>
40-	201/ 0/		- t t - At t				

b 10%-facts-and-circumstances test—2008. 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.

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ □

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Sche	dule'A (Form 990 or 990-EZ) 2009 JANE A	DDAms	PTSA 6	. 15.24	01-093	3175	Page 3
Pa	Support Schedule for Orga (Complete only if you checke	nizations De	escribed in S	Section 509(a	1)(2)		
Sec	tion A. Public Support						
C	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	<u></u>					
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	•		-				<u> </u>
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .					1	
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						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support		T #1 222				I
	alendar year (or fiscal year beginning ın) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	·- <u>-</u>					
с 11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for to organization, check this box and stop	here			h, or fifth tax y		
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2009 (lin	e 8, column (f) divided by lin	ne 13, column	(f))	15	%
16	Public support percentage from 2008 S			<u> </u>	· · ·	16	%
Sec	tion D. Computation of Investmer	ιτ income Po	ercentage				

Total support. (Add lines 9, 10c, 11, and 12.)

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

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2008 Schedule A, Part III, line 15

16 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2008 Schedule A, Part III, line 17

18 Investment income percentage from 2008 Schedule A, Part III, line 17

19 33½ % support tests − 2009. If the organization did not check the box on line 14, and line 15 is more than 33½ %, and line 17 is not more than 33½ %, check this box and stop here. The organization qualifies as a publicly supported organization ▶

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

From 990-EZ Attachments Jane Addams PTSA 6.15.24 EIN 01-0933175

Part I

Line 10: Grants to Jane Addams K-8 School, 11051 34th Ave NE, Seattle WA 98125

Amount: \$5,650. Purpose: Subsidizing Partial Cost of Tutor for students

Amount: \$2,000. Purpose: Transportation Assistance for 5-8 Grade Field Experience trips.

Line 16: Amount includes business licenses & fees, insurance, student enrichment programs, teacher appreciation, family event expenses, fundraising expenses, and other miscellaneous expenses.

Part III

Our organizations primary exempt purpose is improving the education, health and safety of all children in our school community.

- Line 28: Student Enrichment Programs: We provided funds to provide after-school classes for an estimated 120 students in grades K-5; contributed to the transportation cost for the 5-8 Grade Field Experience overnight trips; contributed to field trip costs. We will continue all of these programs in the future. We plan to expand these programs, and to provide more scholarship help for students to attend after-school classes & field trips.
- Line 29: Student Enrichment / Educational Programs: Contributed to the school to offset partial cost of a tutor whose services were used by an estimated 35-50 students throughout the year; provided up to \$100 in reimbursements for each full-time instructor for classroom projects; used proceeds from Scholastic Book Fair to provide books for the library. As Jane Addams K-8 is a new school, we started with only a few of these types of programs during this first year, and anticipate expanding these existing programs. We plan to add others programs consistent with the school curriculum for the purpose of helping students in their academic environment in the coming years.
- Line 30: Student / Parent Involvement Programs: These programs to encourage parent participation with their children in the school environment include providing snacks during the family-oriented events such as curriculum night, math night & science fair events; field day; volunteer appreciation; membership meeting speaker appreciation; teacher appreciation week events. We are hosting more family events next year such as movie nights & parent socials.
- Line 31: Miscellaneous Programs: School Spirit; building & grounds beautification projects; open house tour expenses to recruit new students; Pennies for Peace fundraiser for underprivileged children.