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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public
InspectionDepartment 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 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.

A For the 2009 calendar year, or tax year beginning 07-01, 2009, and ending 06-30, 2010

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

C Name of organization: OLYMPIC VIEW ELEMENTARY PTA
 Number and street (or P.O. box, if mail is not delivered to street address): 504 N.E. 95TH ST.
 City or town, state or country, and ZIP + 4: Seattle, WA 98115-2128

D Employer identification number: 23-7194120

E Telephone number: (206) 367-2921

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) ►

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

I Website: ► WWW.SEATTLESCHOOLS.ORG

J Tax-exempt status (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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 206,494

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	6,346
	2	Program service revenue including government fees and contracts	2	42,620
	3	Membership dues and assessments	3	2,000
	4	Investment income	4	99
	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)	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	155,429
	6b	Less direct expenses other than fundraising expenses	6b	69,544
	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	85,885
	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. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	136,950
	Expenses	10	Grants and similar amounts paid (attach schedule)	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	650
14		Occupancy, rent, utilities, and maintenance	14	
15		Printing, publications, postage, and shipping	15	
16		Other expenses (describe ► STM130)	16	125,297
17	Total expenses. Add lines 10 through 16	17	125,947	
Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11,003
	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	123,324
	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	134,327

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	123,324	134,327
23 Land and buildings		
24 Other assets (describe ►)		
25 Total assets	123,324	134,327
26 Total liabilities (describe ►)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	123,324	134,327

SCANNED NOV 29 2010

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Expenses

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

28a	110,812
-----	---------

29a	
-----	--

30a	
-----	--

31a	
32	110,812

Instructions for Part IV)

ns to plans & isation	(e) Expense account and other allowances
0	0

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A blank coordinate plane with a horizontal x-axis and a vertical y-axis intersecting at the origin. The axes are represented by solid black lines.

[illegible]

	0	0	0	0

0

3

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

		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? 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 why the organization did not report the income on Form 990-T		
a	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?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
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		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions		
b	Did the organization file Form 1120-POL for this year?		X
38 a	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 period covered by this return?		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
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		
40 a	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 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		X
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		X
41	List the states with which a copy of this return is filed ▶		
42 a	The organization's books are in care of ▶ PETER HARRIS Telephone no ▶ 206-367-2921 Located at ▶ OLYMPIC VIEW PTA Seattle, WA ZIP + 4 ▶ 98115		
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 ▶		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 ?		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 ▶ <input type="checkbox"/> 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		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		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section

501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

	Yes	No
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	46	X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization a section 527 organization?	49b	

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."

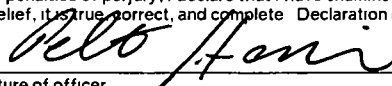

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

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
NONE		

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

Sign Here	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.			
	 Signature of officer		Date 11/4/10	
	PETER HARRIS, O.V.P.T.A. TREASURER Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's Identifying No. (See inst.)
		10-28-2010		P00060056
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN ▶ 91-1424565 Phone no ▶ 206-526-5624		
Waller and Waller CPAs 444 NE Ravenna Blvd Ste 410 Seattle, WA 98115				

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

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

OLYMPIC VIEW ELEMENTARY PTA

Employer identification number

23-7194120

Part I	Reason for Public Charity Status (All organizations must complete this part) See instructions
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The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
 - 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
 - 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
 - 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
 - 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 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
 - 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
 - 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)
 - 9 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
 - 10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
 - 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
a ☐ Type I b ☐ Type II c ☐ Type III-Functionally integrated d ☐ Type III-Other
 - 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)
 - f 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 _____
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(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? _____
 - h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

EEA

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar 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 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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2009. 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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

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) 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")	38,337	14,493	46,395	25,856	6,346	131,427
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	102,439	190,984	140,566	232,487	204,395	870,871
3 Gross receipts from activities that are not an unrelated trade or bus. under sec 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	140,776	205,477	186,961	258,343	210,741	1,002,298
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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)						1,002,298

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	140,776	205,477	186,961	258,343	210,741	1,002,298
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	166	612	957	418	99	2,252
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	166	612	957	418	99	2,252
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
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)						1,004,550

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))	15	99.78	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	99.75	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.22	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.25	%

19a 33 1/3% support tests - 2009. 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 - 2008. 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 ☐

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

2009

Open to Public Inspection

OLYMPIC VIEW ELEMENTARY PTA

23-71941 20

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17
Form 990-EZ filers are not required to complete this part

- a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☒ Special fundraising events

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☒ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Total ▶

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

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.

R e v e n u e		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events Add col (a) through col (c)
		AUCTION (event type)	SCRIPT SALES (event type)	(total number)	
1	Gross receipts	69,331	30,705	55,393	155,429
2	Less Charitable contributions				
3	Gross revenue (line 1 minus line 2)	69,331	30,705	55,393	155,429
D i r e c t E x p e n s e s	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	13,816	28,174	27,554
10	Direct expense summary Add lines 4 through 9 in column (d) ▶				(69,544)
11	Net income summary Combine line 3, column (d), and line 10 ▶				85,885

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.

R e v e n u e		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
1	Gross revenue				
D i r e c t E x p e n s e s	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 line 1, column (d), and line 7 ▶				

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		

		Yes	No
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 ▶ _____		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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 ▶ \$ _____		

Federal Supporting Statements**2009 PG01**

Name(s) as shown on return

FEIN

OLYMPIC VIEW ELEMENTARY PTA**23-7194120****TAX EXEMPT PURPOSE**

Statement #2

Unformatted Statement**SUPPORT OF OLYMPIC VIEW ELEMENTARY SCHOOL EDUCATIONAL AND
CULTURAL PROGRAMS****EXEMPT PURPOSE ACHIEVEMENTS****PG01**
Statement #3**Unformatted Statement****TO SUPPLEMENT BASIC STATE & LOCAL FUNDING OF THE OLYMPIC VIEW
ELEMENTARY SCHOOL BUDGET FOR CAMPS, PROGRAMS, MUSIC, ART, SCHOOL
SUPPLIES, LIBRARY BOOKS, STAFF & VOLUNTEER APPRECIATION COMPUTERS
AND FAMILY SERVICES****Form 990EZ, Part I, Line 16
Other Expenses Schedule 2**

<u>Description</u>	<u>Amount</u>
ENCUMBERED EXPENSES	1,586
ADMINISTRATIVE EXPENSES	3,097
COMMITTEES	9,814
STUDENT PROGRAM EXPENSE	104,592
PROGRAMS-OTHER	4,213
PROJECTS	2,005
ROUNDING	(10)
Total	<u>125,297</u>

Name(s) as shown on return

FEIN

OLYMPIC VIEW ELEMENTARY PTA

23-7194120

ATTACHMENT TO STATEMENT 130 ENCUMBERED EXPENSES

Description	Amount
MEMBERSHIP SERVICE FEES	\$ 1,586
Total:	\$ 1,586

ATTACHMENT TO STATEMENT 130 ADMINISTRATIVE EXPENSES

Description	Amount
REGULATORY	\$ 20
POSTAGE & OFFICE SUPPLIES	753
REQUIRED INSURANCE	510
BANK SERVICE CHARGES	74
WEB SUPPORT	1,740
Total:	\$ 3,097

ATTACHMENT TO STATEMENT 130 COMMITTEES

Description	Amount
ARTS ENRICHMENT	\$ 1,502
SCIENCE ENRICHMENT	1,150
SOCIAL EVENTS	1,199
MEMBERSHIPS	548
VOLUNTEER COORDDINATOR	5,415
Total:	\$ 9,814

Name(s) as shown on return

FEIN

OLYMPIC VIEW ELEMENTARY PTA

23-7194120

ATTACHMENT TO STATEMENT 130 STUDENT PROGRAMS EXPENSE

Description	Amount
AFTER SCHOOL PROGRAMS	\$ 25,139
ARTIST IN RESIDENCE (CHOIR)	1,500
CAMPS	1,654
DRAMA (SCHOOL PLAY)	9,557
FIELD DAY	1,495
FIELD TRIP SCHOLARSHIPS	250
FIELD TRIPS	3,250
INSTRUCTIONAL BUDGET SUPPLEMENT	45,000
LIBRARY & INFORMATIONAL TECH	6,000
MULTI-ARTS SUPPLIES	750
P.E. EQUIPMENT PURCHASES	750
PE SUMMER CAMP	4,050
T-SHIRT EXPENSES	1,098
YEARBOOK EXPENSES	4,099
Total:	\$ 104,592

ATTACHMENT TO STATEMENT 130 PROGRAMS OTHER

Description	Amount
EAGLE PRIDE	\$ 1,198
RECOGNITION & HOSPITALITY	713
STAFF APPRECIATION WEEK	569
TEACHER CLASSROOM NEEDS	1,733
Total:	\$ 4,213

ATTACHEMNT TO STATEMENT 130 PROJECTS

Description	Amount
FAMILY ENGAGEMENT	\$ 27
PLAYGROUND	1,978
Total:	\$ 2,005

990EZ PAGE 1 LINE 1 DIRECT PUBLIC SUPPORT

Description	Amount
DIRECT-ASK CAMPAIGN	\$ 5,693
CONTRIBUTIONS OTHER	653
Total:	\$ 6,346

Name(s) as shown on return

FEIN

OLYMPIC VIEW ELEMENTARY PTA

23-7194120

FORM 990EZ LINE 2 PROGRAM SERVICE REVENUE

Description	Amount
AFTER SCHOOL PROGRAMS	\$ 19,866
DRAMA	12,555
YEARBOOK	3,869
T-SHIRTS	1,220
SOCIAL EVENTS	1,060
PE SUMMER CAMP	4,050
Total:	\$ 42,620

FORM 990EZ LINE 6A SPECIAL EVENTS AND ACTIVITIES GROSS REVENUE

Description	Amount
OLYMPIC VIEW LIVE AUCTION	\$ 60,117
RAISE THE PADDLE	9,214
PLANT SALE	27,095
GIFT/GIFT WRAP SALE	12,385
FALL CARNIVAL	10,673
BOOK FAIRS	4,625
DINING OT REBATES	34
SCRIP SALES DIRECT	23,106
SCRIP SALES BROKER	6,759
ELECTRONIC SCRIP REBATE	840
BOX TOPS FOR EDUCATION	581
Total:	\$ 155,429

FORM 990EZ LINE 6B DIRECT EXPENSES OTHER THAN FUNDRAISING

Description	Amount
LIVE AUCTION EXPENSE	\$ 13,816
PLANT SALE EXPENSE	15,767
GIFT/GIFT WRAP SALE EXPENSE	6,114
BOOK FAIR EXPENSE	3,025
FALL CARNIVAL	2,648
SCRIP PURCHASES	8,178
SCRIP DELIVER EXPENSE BROKER	91
SCRIPT EXPENSES OTHER	19,905
Total:	\$ 69,544

Name(s) as shown on return

FEIN

OLYMPIC VIEW ELEMENTARY PTA

23-7194120

SCH G OTHER EVENTS REVENUE

Description	Amount
PLANT SALE	\$ 27,095
GIFT/GIFT WRAP SALE	12,385
CARNIVAL	10,673
BOOK FAIRS	4,625
DINING OUT REBATES	34
BOX TOPS FOR EDUCATION	581
Total:	<u>\$ 55,393</u>

SCH G OTHER EVENTS DIRECT EXPENSES

Description	Amount
PLANT SALE	\$ 15,767
GIFT/GIFT WRAP SALES	6,114
CARNIVAL	2,648
BOOK FAIR	3,025
Total:	<u>\$ 27,554</u>

OLYMPIC VIEW ELEMENTARY SCHOOL PTA Board Fiscal Year ending 6/30/10

Name & Address	Position	Ave. Hours/wk	Compensation
Lamar Hurd 7828 11 th Ave NE, Seattle, WA 98115	Co-President	5	0
Holly Sanders 12719 7 th Ave. NW, Seattle, WA 98177	Co-President	5	0
Andrea Bowers 9816 8 th Ave NE Seattle, WA 98115	Secretary	5	0
Brooke Einstein 854 NE 102 nd Street, Seattle, WA 98115	VP Membership	2	0
Wendy Ostenson 6529 2 nd Ave NE, Seattle, WA 98115	Co-VP Activities	5	0
Sarah Ketchley 317 NE 75 th Street Seattle, WA 98115	Co-VP Activities	5	0
Jen Johnson 9619 8 th Ave NE, Seattle, WA 98115	Co-VP Fundraising	10	0
Suzy Leth 1216 NW 126 th Street Seattle, WA 98115	Co-VP Fundraising	10	0
Barb Bosselman 535 NE 98 th St, Seattle, WA 98115	Co-Treasurer	5	0
Peter Harris 9612 7 th Ave NE Seattle, WA 98115	Co-Treasurer	5	0
Heather Mullin 7721 Sunnyside Ave. N Seattle, WA 98103	Arts Council Chair	1	0
Denise Wechsler 13044 6 th Ave NW Seattle, WA 98177	Legislative Chair	1	0
Jeny Carlson 12556 Meridian Ave N Seattle, WA 98133	Science Council Chair	1	0