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Form **990-EZ**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)

► 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.

OMB No 1545-1150

2009**Open to Public
Inspection**

A For the 2009 calendar year, or tax year beginning <u>JULY 1</u> , 2009, and ending <u>JUNE 30</u> , 2010														
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1"> <tr> <td rowspan="4">Please use IRS label or print or type. See Specific Instructions.</td> <td colspan="2">C Name of organization <u>REDMUND EL PTSA</u></td> <td>D Employer identification number <u>91-1088258</u></td> </tr> <tr> <td colspan="2">Number and street (or P O box, if mail is not delivered to street address) Room/suite <u>2003 65TH AVE WEST</u></td> <td>E Telephone number <u>425-556-9607</u></td> </tr> <tr> <td colspan="2">City or town, state or country, and ZIP + 4 <u>TACOMA, WA 98466-6215</u></td> <td>F Group Exemption Number ▶</td> </tr> <tr> <td colspan="3"></td> </tr> </table>	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <u>REDMUND EL PTSA</u>		D Employer identification number <u>91-1088258</u>	Number and street (or P O box, if mail is not delivered to street address) Room/suite <u>2003 65TH AVE WEST</u>		E Telephone number <u>425-556-9607</u>	City or town, state or country, and ZIP + 4 <u>TACOMA, WA 98466-6215</u>		F Group Exemption Number ▶			
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	City or town, state or country, and ZIP + 4 <u>TACOMA, WA 98466-6215</u>		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: ▶ redmondelpsa.org

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

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

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 ▶ \$ 57342

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	<u>15120</u>					
	2	Program service revenue including government fees and contracts	2	<u>0</u>					
	3	Membership dues and assessments	3	<u>2466</u>					
	4	Investment income	4	<u>86</u>					
	5a	Gross amount from sale of assets other than inventory	5a	<u>0</u>					
	5b	Less: cost or other basis and sales expenses	5b	<u>0</u>					
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	<u>0</u>					
	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 \$ _____ of contributions reported on line 1)	6a	<u>39470</u>					
b	Less: direct expenses other than fundraising expenses	6b	<u>37915</u>						
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	<u>1790</u>						
7a	Gross sales of inventory, less returns and allowances	7a	<u>0</u>						
b	Less: cost of goods sold	7b	<u>0</u>						
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	<u>0</u>						
8	Other revenue (describe ▶ _____)	8	<u>0</u>						
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	<u>19437</u>						
Expenses	10	Grants and similar amounts paid (attach schedule)	10	<u>1901</u>					
	11	Benefits paid to or for members	11	<u>0</u>					
	12	Salaries, other compensation, and employee benefits	12	<u>0</u>					
	13	Professional fees and other payments to independent contractors	13	<u>0</u>					
	14	Occupancy, rent, utilities, and maintenance	14	<u>0</u>					
	15	Printing, publications, postage, and shipping	15	<u>3960</u>					
	16	Other expenses (describe ▶ _____)	16	<u>14325</u>					
	17	Total expenses. Add lines 10 through 16	17	<u>20185</u>					
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<u><758></u>					
	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	<u>24750</u>					
	20	Other changes in net assets or fund balances (attach explanation)	20	<u>0</u>					
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	<u>23992</u>					

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	<u>24750</u>	<u>23992</u>	22
23 Land and buildings			23
24 Other assets (describe ▶ _____)			24
25 Total assets	<u>24750</u>	<u>23992</u>	25
26 Total liabilities (describe ▶ _____)			26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	<u>24750</u>	<u>23992</u>	27

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2009)

Expenses

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

28	_____		

	(Grants \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	28a	27433
29	_____		

	(Grants \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	29a	242
30	_____		

	(Grants \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	30a	1970
31	Other program services (attach schedule)		
	(Grants \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	31a	571
32	Total program service expenses (add lines 28a through 31a) ▶	32	32398

instructions for Part IV.)

[illegible]

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		<input checked="" type="checkbox"/>
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a _____		<input checked="" type="checkbox"/>
b Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b _____		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a _____		
b Gross receipts, included on line 9, for public use of club facilities 39b _____		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or 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		<input checked="" type="checkbox"/>
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.		<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed. ▶ <u>NIA</u>		
42a The organization's books are in care of ▶ <u>LISA HALL</u> Telephone no. ▶ <u>425-882-8687</u> Located at ▶ <u>116814 NE 87TH STREET REDMOND</u> ZIP + 4 ▶ <u>98052-3760</u>		
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)?		<input checked="" type="checkbox"/>
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 .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		<input checked="" type="checkbox"/>
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 _____ <input type="checkbox"/>		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>

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.

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

f Total number of other employees paid over \$100,000 **f** _____

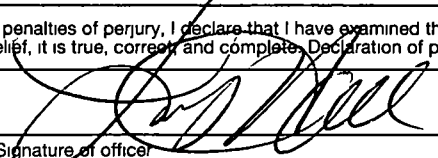
- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

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 11/10/10

Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature _____ Date _____ Check if self-employed ☐ Preparer's identifying number (See instructions) _____

Firm's name (or yours if self-employed), address, and ZIP + 4 _____ EIN _____

Phone no _____

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

Department of the Treasury
Internal Revenue Service

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

Name of the organization

REDMUND EL PTSA

Employer identification number

91: 1088257

Part I	Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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).

[illegible]

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.")	1647	1732	1472	1955	1901	8707
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	35785	43124	42466	42078	39670	203123
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 Total. Add lines 1 through 5	37432	44856	43938	44033	41571	21830
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
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	0	0	0	0	0	0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						21830

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	37432	44856	43938	44033	41571	21830
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	64	115	103	95	86	463
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	64	115	103	95	86	463
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
13 Total support. (Add lines 9, 10c, 11, and 12.)	37496	44971	44041	44128	41657	212293
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	99.8	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	99.8	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	.2	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	.2	%

- 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 ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

[illegible]

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

Employer identification number

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.

- 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.

[illegible]

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 HAWK WALK (event type)	(b) Event #2 CHESS CLUB (event type)	(c) Other events CATALOG SALES (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	9685	9037	5033	23755
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	9685	9037	5033	23755
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	4362	9037	3175	16575
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶	(16575)			
	11 Net income summary. Combine line 3, column (d), and line 10 ▶	7180			

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 Noncash 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 ▶					

		Yes	No
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?	9a	
b	If "No," explain: _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," explain: _____		
11	Does the organization operate gaming activities with nonmembers?	11	
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?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated in:		
a	The organization's facility 13a %		
b	An outside facility 13b %		
14	Enter 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 of the third party:		
	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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		

Redmond EI PTSA

EIN 91-1088258 Form 990-EZ
2009

Part 1 - Revenue

Event

Bake Sales	882
Box Tops and Ink Cartridge Recycling	581
Chess Club	9037
Catalog Sales	5033
E-Scrip	904
Family Activity/Movie Night	1841
Grants	1500
Hawk Rock N Walk	9685
PACE	1211
Popcorn Sales	530
Restaurant Night	0
Scholastic Book Fair	3463
Student Directory	396
Used Book Fair	741
Spirit Wear	315
Valentine Post Office	600
Yearbooks	2954

Total Income **39670** (Line 6a)

Corporate & Misc Donation	15120	(Line 1)
Membership	2466	(Line 3)
Interest	86	(Line 4)

Gross Receipts **57342** (Line L)

Part 1 - Expenses

Accelerated Reader Parties	582
Accelerated Reader Test Grants	362
Arrive Safe Day	0
Assemblies	2441
Bank Service Charges	35
Capital Equipment	4821
Charitable Annual Report Fees	10
Chess Club	8937
Classroom Supply Support Grant	3671
Diana Hay Legach Fund fo r NSH	0
Donuts/Muffins	297
Emergency Preparedness	406
Enrichment - General	115
Enrichment - Science	264
Enrichment - Art	84

Enrichment - Math	1371	
Grade Level Learning Enhancement	4273	
Family Net Grant	338	
Field Trip Grant	0	
Field Trip Scholarship	0	
Founders Day	87	
Graduation Committees	219	
Hospitality	273	
Insurance	265	
Lake Washington Levy Committee	100	
LWPTSA Council Scholarship	100	
LWPTSA Council Scholarship Fee/Auction	74	
Leadership Training	668	
Legos Club	173	
Lunch Buddy Grant	1000	
Math Olympiad	0	
Nature Vision	1350	
Passport Club	1021	
Peace Builder Grant	347	
PO Box	72	
Principal Fund	500	
PTSA Webhosting	0	
Reflections	270	
Safety Patrol	300	
Salmon Project	350	
Service Awards	382	
Supplies / Paper	1133	
Teacher Staff Appreciation	1030	
Third Grade Swimming Lessons	0	
Volunteer Recognition (PTSA)	198	
Total Expenses	37915	(Line 6b)

Newsletter	1756	
Student Directory	136	
Yearbooks	2068	
Total	3960	(Line 15)

PTSA (Dues to Council - State and National)		
PTSA	1901	(Line 10)

Catalog Sales	3176	
Family Activity/Movie Night	1910	
Hawk, Rock N Walk	4362	
Popcorn Sales	668	
Scholastic Book Fair	3463	
Spirit Wear	216	

Used Book Fair	83	
Valentine Post Office	448	
Total Fund Raising Expenses	14325	(Line 16)

Total Expenses	20185	(Line 17)
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Part III

Line 28 - Student Support/Enrichment/Education	27433
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Accelerated Reader Parties	582
Accelerated Reader Test Grants	362
Arrive Safe Day	0
Assemblies	2441
Capital Equipment	4821
Chess Club	9037
Classroom Supply Support Grant	3671
Diana Hay Legacy Fund for NSH	0
Emergency Preparedness	406
Enrichment - General	115
Enrichment - Math	1371
Enrichment - Science	264
Enrichment - Art	84
Family Net	338
Field Trip Grant	0
Field Trip Scholarship	0
Graduation Committees	219
Lunch Buddy Grant	1187
Math Olympiad	0
Passport Club	1272
Peace Builder Grant	347
Reflections	270
Safety Patrol	300
Salmon Project	350
Third Grade Swimming Lessons	0

Student Support/Enrichment/Education:

Accelerated Reader tests encourages students to read in order to increase reading and comprehension ability to earn points, take tests, and earn rewards to attending an A.R. party. Arrive Safe Day encourages students to make good choices when traveling to and from school. Assemblies are for the entire school and their families to attend. Capital Equipment encompasses PTSA purchasing microscopes for classrooms, playground equipment, items for school beautification, books for the library, etc. Chess Club teaches children strategies and experience the learning and competition of chess. They can play in local chess tournaments and compete in statewide competitions. Classroom Supply Support provides funds for teachers to purchase supplies for the classrooms. Emergency Preparedness provides items to ensure the safety of students and staff in the event of an emergency. Enrichment-Art teaches all students about history or art and encourages

participation in art projects. Enrichment-General provides enriching opportunities to support and enhance student learning throughout the year by providing programs such as Spanish class that may be of interest to students. Enrichment-Science provides funding for science projects in class or after school programs in science as well as an annual Science Night for all students and their families to attend. Family Net Program provides aid to low income families to purchase items such as food, clothing and hygiene supplies for students at our school. Enhancement-Math provides opportunities to support and enhance student learning throughout the year by providing funding for Math programs to improve their abilities in math. Field Trip Grant and Scholarships is so that every child in every class can afford to go on at least one class field trip (bus transportation and admission to event). Graduation Ceremony is for graduating sixth graders at the end of the year as we provide diplomas, cake, punch for students and their families. Diane Hay Legacy Grant for the Neighborhood Schoolhouse is funding for students to attend extracurricular classes that their families cannot afford. Lunch Buddy Grant provides funding for "at risk" students who are partnered with an adult mentor in our community (students chosen based on family need – i.e. single parent family, low income family, domestic violence family, etc.) Math Olympiad is an after school math program for students to enhance their math skills and offers competitions between schools. Peace Builder is a program at the school which promotes peaceful resolution of disagreements, anti-bullying information, kindness, helpfulness and praising of children. Reflections is a national art program that any child can participate in. Safety Patrol funds provides rewards to students who serve as Safety Patrol crossing guards throughout the year. Salmon Project is for acquisition for salmon eggs and care of baby salmon until their release in local streams. Third Grade Swimming Lessons is so that all 3rd graders can be taught how to swim.

Line 29 - Parent Involvement/Education

2424

Leadership Training	668
Newsletter	1756
PTSA Webhosting	0

Leadership training expenses are fees paid by the PTSA and PTSA Board Members to attend local and regional classes and seminars as it relates to the PTSA and school needs. Newsletter is to keep parents informed of what is happening at school as it relates to PTSA functions. PTSA webhosting is to provide an online site where parents can obtain information relation to school and PTSA and events.

Line 30 - Community Involvement/Volunteer Involvement \$ Recognition

1970

Lake Washington Levy Committee	100
Lake Washington PTSA Scholarship Fee and Basket Auction	174
Founders Day Luncheon	87
Teacher Staff Appreciation	1030
Volunteer Recognition (PTSA)	198

Lake Washington Levy Committee is for support of school levy issues. Lake Washington PTSA Scholarship Fee and Basket Auction is a donation to the Council's scholarship fund that they offer to deserving graduation (from high school) students. Founders Day Luncheon is for PTA Board members and invited guests (staff members) to get together within school district to view entries of Reflection participants. Teachers and Staff Appreciation week is when PTSA celebrates the staff with special treats, services and gifts from the school community. Volunteer Recognition is a day dedicated to all the people who volunteered their time and resources to benefit the students and staff – usually with a luncheon. Service Awards is recognition for those volunteers who have gone “above and beyond” in their dedication to helping students and staff.

Line 31 - Other Program Services**571**

Donuts for Dads/Muffins for Mom	297
Hospitality	273

Donuts for Dads/Muffins for Moms is a monthly reading time for parents and children before school in the library. This event is a partnership with the local Neighborhood Schoolhouse program which is a community support program. Hospitality is for serving refreshments on the first day of school, open house and Curriculum Night of parents who come into visit the school for an event.

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