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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 07-01-2009, and ending 06-30-2010

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	Please use IRS label or print or type. See Specific Instructions.	C Name of organization ROSE HILL ELEMENTARY PTA <hr/> Number and street (or P O box, if mail is not delivered to street address) Room/suite 2003 65TH AVE W <hr/> City or town, state or country, and ZIP + 4 TACOMA, WA 984669215	D Employer identification number 91-1092970 <hr/> E Telephone number (425) 889-8421 <hr/> F Group Exemption Number ▶
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Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
 Other (specify) ▶

I Website: WWW.LWSD.ORG/ROSEHILL/PTA

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

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. ▶ \$ 76,041

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

	Description		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	3,989
	2 Program service revenue including government fees and contracts	2	35,269
	3 Membership dues and assessments	3	
	4 Investment income	4	2
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c 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"/>		
	a Gross revenue (not including \$ 1,260 of contributions reported on line 1) <input type="checkbox"/>	6a	36,781
	b Less direct expenses other than fundraising expenses	6b	10,373
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	26,408	
7a	Gross sales of inventory, less returns and allowances	7a	
	b Less cost of goods sold	7b	
	c 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	65,668	
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	344
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ▶)	16	50,279
	17 Total expenses. Add lines 10 through 16	17	50,623
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	15,045
	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	28,580
	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	43,625

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	28,580	22	43,625
23 Land and buildings		23	
24 Other assets (describe ▶)		24	
25 Total assets	28,580	25	43,625
26 Total liabilities (describe ▶)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	28,580	27	43,625

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose?
 THE ORGANIZATION WORKS IN DIRECT PARTNERSHIP WITH ROSE HILL ELEMENTARY TO PROVIDE AN ORGANIZED VOLUNTEER SUPPORT SYSTEM AS WELL AS FINANCIAL RESOURCES THAT ARE NOT OTHERWISE AVAILABLE DUE TO SEVERE BUDGET CONSTRAINTS AT THE DISTRICT, CITY, STATE AND FEDERAL LEVELS

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

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

<p>28 LAST YEAR, THE PTSA SUCCESSFULLY PROVIDED PROGRAMS THAT ENHANCED THE EDUCATION OF THE ROSE HILL ELEMENTARY STUDENTS THE ORGANIZATION PROVIDED ENRICHMENT PROGRAMS THAT INCLUDED THE FIRST MOVE CHESS PROGRAM THAT WAS OFFERED IN 2ND AND 3RD GRADE CLASSROOMS DURING SCHOOL HOURS, AFTER SCHOOL FOREIGN LANGUAGE, CHOIR, TOP NOTCH STUDENT PLAY PROGRAMS, SCIENCE FAIR, ART REFLECTIONS PROGRAM, STUDENT BANKING, VISION AND HEARING SCREENING, BOOK FAIRS, AND SCIENCE CLUB (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	49,084
<p>29 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	29a	
<p>30 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	30a	
<p>31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	31a	
<p>32 Total program service expenses (add lines 28a through 31a)</p>	32	49,084

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T
35a 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?
35b 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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
40b 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
40c 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
40d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed WA
42a The organization's books are in care of BETH DAVIS Telephone no (425) 889-8421
8100 128TH AVE NE
Located at KIRKLAND, WA ZIP + 4 98033
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
If "Yes," enter the name of the foreign country
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
42c 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
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
44 Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.

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

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				

50(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		

51(d) Total number of other independent contractors each receiving over \$100,000

Please 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: 2010-10-13

BETH DAVIS TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: DEBBIE STEWART Date: 2010-11-12 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: GREENWOOD OHLUND & CO LLP CPA'S
1445 NW 56TH ST
SEATTLE, WA 98107

Preparer's identifying number (See instructions):
EIN:
Phone no: (206) 782-1767

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

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
ROSE HILL ELEMENTARY PTA

Employer identification number

91-1092970

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 **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 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)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 501(c)(3) organization, check this box and **stop here**

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 for 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

b 33 1/3% support test—2008. If the organization did not check the 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

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

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

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

Part III Support Schedule for Organizations Described in IRC 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.")	13,316		17,991	20,792	30,396	82,495
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	1,152		4,623	31,836	35,269	72,880
3 Gross receipts from activities that are not an unrelated trade or business under section 513	16,909		14,380	1,792		33,081
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	31,377		36,994	54,420	65,665	188,456
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)						188,456

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	31,377		36,994	54,420	65,665	188,456
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	16		13	5	2	36
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	16		13	5	2	36
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)	31,393		37,007	54,425	65,667	188,492

14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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	99.980 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	99.000 %

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 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	1.000 %

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

Additional Data

Software ID:
Software Version:
EIN: 91-1092970
Name: ROSE HILL ELEMENTARY PTA

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
STEPHANIE MOE-QUIGGLE 8100 128TH AVE NE KIRKLAND, WA 98033	PRESIDENT 0	0		
JEN MASON 8100 128TH AVE NE KIRKLAND, WA 98033	VICE-PRESIDE 0	0		
TAMI GIBB 8100 128TH AVE NE KIRKLAND, WA 98033	VICE-PRESIDE 0	0		
KIM WHITE 8100 128TH AVE NE KIRKLAND, WA 98033	TRESURER 0	0		
CAROLANN O'BRIEN 8100 128TH AVE NE KIRKLAND, WA 98033	SECRETARY 0	0		
KARIN JANIK 8100 128TH AVE NE KIRKLAND, WA 98033	DIRECTOR 0	0		
KARI ELY 8100 128TH AVE NE KIRKLAND, WA 98033	DIRECTOR 0	0		
LAUREN WHITING 8100 128TH AVE NE KIRKLAND, WA 98033	DIRECTOR 0	0		
KAREN DUOOS 8100 128TH AVE NE KIRKLAND, WA 98033	DIRECTOR 0	0		
SUSAN MATTHEWS 8100 128TH AVE NE KIRKLAND, WA 98033	DIRECTOR 0	0		
VICTORIA TRUSEDELL 8100 128TH AVE NE KIRKLAND, WA 98033	DIRECTOR 0	0		
KATHY NGUYEN 8100 128TH AVE NE KIRKLAND, WA 98033	DIRECTOR 0	0		
JAYNE TRACY 8100 128TH AVE NE KIRKLAND, WA 98033	DIRECTOR 0	0		
ANNE ALLAN 8100 128TH AVE NE KIRKLAND, WA 98033	DIRECTOR 0	0		
CELINE SWANSON 8100 128TH AVE NE KIRKLAND, WA 98033	DIRECTOR 0	0		
VICKY CROSS 8100 128TH AVE NE KIRKLAND, WA 98033	DIRECTOR 0	0		
ANGIE JOHNSON 8100 128TH AVE NE KIRKLAND, WA 98033	DIRECTOR 0	0		

Part III 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	(b) Event #2	(c) Other Events	(d) Total Events
		SPRING AUCTION (event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	28,535			28,535
	2 Less Charitable contributions	1,260			1,260
	3 Gross income (line 1 minus line 2)	27,275			27,275
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	8,259			8,259
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				8,259
11 Net income summary Combine lines 3, column d, and line 10. ▶				19,016	

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))
Direct Expenses	1 Gross revenue				
	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No		
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Combine lines 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	No
b If "No," Explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	No
b If "Yes," Explain _____		
11 Does the organization operate gaming activities with nonmembers?	11	No
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	No

	Yes	No						
<p>13 Indicate the percentage of gaming activity operated in</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">a The organization's facility</td> <td style="width:10%; text-align:center;">13a</td> <td style="width:10%;"></td> </tr> <tr> <td>b An outside facility</td> <td style="text-align:center;">13b</td> <td></td> </tr> </table>	a The organization's facility	13a		b An outside facility	13b			
a The organization's facility	13a							
b An outside facility	13b							
<p>14 Enter the name and address of the person who prepares the organization's gaming/special events books and records</p> <p>Name ▶ <u>BETH DAVIS</u></p> <p>Address ▶ <u>8100 128TH AVE NE</u> <u>KIRKLAND, WA 98033</u></p>								
<p>15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?</p>	15a	No						
<p>b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____</p> <p>c If "Yes," enter name and address</p> <p>Name ▶ _____</p> <p>Address ▶ _____</p>								
<p>16 Gaming manager information</p> <p>Name ▶ _____</p> <p>Gaming manager compensation ▶ \$ _____</p> <p>Description of services provided ▶ _____</p> <p><input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor</p>								
<p>17 Mandatory distributions</p> <p>a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?</p>	17a	No						
<p>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 ▶ \$ _____</p>								

TY 2009 Compensation Explanation

Name: ROSE HILL ELEMENTARY PTA

EIN: 91-1092970

Person Name	Explanation
STEPHANIE MOEQUIGGLE	
JEN MASON	
TAMI GIBB	
KIM WHITE	
CAROLANN OBRIEN	
KARIN JANIK	
KARI ELY	
LAUREN WHITING	
KAREN DUOOS	
SUSAN MATTHEWS	
VICTORIA TRUSEDELL	
KATHY NGUYEN	
JAYNE TRACY	
ANNE ALLAN	
CELINE SWANSON	
VICKY CROSS	
ANGIE JOHNSON	

TY 2009 Other Expenses Schedule

Name: ROSE HILL ELEMENTARY PTA

EIN: 91-1092970

Description	Amount
EXPENSES	
OFFICE	368
CONFERENCES/MEETINGS	95
INSURANCE	250
MISCELLANEOUS	225
FILING FEES	30
BOARD EDUCATION	201
BANK FEES	26
AFTER SCHOOL ENRICHMENT	5,361
SCHOOL PLAY	5,240
BOOK FAIR	3,145
SCHOOL PRIDE SHIRTS	3,394
SCIENCE CLUB	1,575
YEARBOOKS	1,984
MEMBERSHIP	1,533
BASEBALL	1,133
OTHER PROGRAM	2,134
KINDGERGARTEN	4,852
WRITING	2,561
DANCE	590
WINTER SPORTS	1,000
SCHOOL PARTNERSHIP	14,582