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Form

990-EZDepartment 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**

July 1

, 2009, and ending

June 30

, 20 10

B Check if applicable:

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

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

C Name of organization

Whittier Elementary PTA 7.3.55 a.k.a. Whittier Parent Teacher Association

Number and street (or P O box, if mail is not delivered to street address) Room/suite

2003 65th Avenue West

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

Tacoma, WA 98466-6215

D Employer identification number

911216869

E Telephone number

425-252-8604

F Group Exemption

Number ►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method: ☒ Cash ☐ Accrual
Other (specify) ►**I Website:** ► N/A**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** ► \$**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received	1	15335
2	Program service revenue including government fees and contracts	2	10625
3	Membership dues and assessments	3	0
4	Investment income	4	0
5a	Gross amount from sale of assets other than inventory	5a	0
b	Less: cost or other basis and sales expenses	5b	0
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ☒		
a	Gross revenue (not including \$ 8983 of contributions reported on line 1)	6a	23731
b	Less: direct expenses other than fundraising expenses	6b	15015
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	8716
7a	Gross sales of inventory, less returns and allowances	7a	99
b	Less: cost of goods sold	7b	65
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	34
8	Other revenue (describe ► balance adjustment for \$20 and staledated check for \$65)	8	85
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	34795
10	Grants and similar amounts paid (attach schedule)	10	18560
11	Benefits paid to or for members	11	0
12	Salaries, other compensation, and employee benefits	12	0
13	Professional fees and other payments to independent contractors	13	0
14	Occupancy, rent, utilities, and maintenance	14	0
15	Printing, publications, postage, and shipping	15	10
16	Other expenses (describe ► see attached schedule)	16	14325
17	Total expenses. Add lines 10 through 16	17	32895
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1900
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	18927
20	Other changes in net assets or fund balances (attach explanation)	20	5
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	20832

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	19847	22 20832
23 Land and buildings	0	23 0
24 Other assets (describe ►)	0	24 0
25 Total assets	19847	25 20832
26 Total liabilities (describe ►)	(920)	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	18927	27 20832

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

Cat No 106421

Form **990-EZ** (2009)

28

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

What is the organization's primary exempt purpose? To support the education, health and welfare of all children.
 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.)

28	Student support, enrichment, and education: see attached schedule		
	(Grants \$ <u>17547</u>) If this amount includes foreign grants, check here ☐	28a	25790
29	Parent involvement and education: see attached schedule		
	(Grants \$ <u>687</u>) If this amount includes foreign grants, check here ☐	29a	787
30	Community/Volunteer involvement and recognition: see attached schedule		
	(Grants \$ <u>0</u>) If this amount includes foreign grants, check here ☐	30a	2167
31	Other program services (attach schedule)		
	(Grants \$ <u>275</u>) If this amount includes foreign grants, check here ☐	31a	275
32	Total program service expenses (add lines 28a through 31a)	32	29019

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
Ann Peterson 727 Hoyt Ave, Everett, WA	Co-President	0	0	0
Kaye Hall 1217 Grand Ave, Everett, WA	Co-President	0	0	0
Patti Sontra 907 Hoyt Ave, Everett, WA	Secretary	0	0	0
Mariko Thompson 1002 Colby Ave, Everett, WA	Treasurer	0	0	0
Jennifer Fox 1426 Rucker Ave, Everett, WA	Corresponding Secretary	0	0	0
Roberta Knight 1126 Hoyt Ave, Everett, WA	Reflections Chair	0	0	0
Jennifer Kuehn 917 Colby Ave, Everett, WA	Events Committee Chair	0	0	0
Jodina Mueller 923 Colby Ave, Everett, WA	Events Committee Chair	0	0	0
Birgit Stamm 1117 Colby Ave, Everett, WA	Membership Chair	0	0	0
Shannon Lee Affholter 1519 Hoyt Ave, Everett, WA	Fundraising Chair	0	0	0
Kelly Mardesich 3011 Victor Place, Everett, WA	Assemblies Chair	0	0	0
Joan Dykeman 1626 5th St. Marysville, WA	Staff Representative	0	0	0
Joan Hills 16215 N. Meadowdale Rd. Edmonds, WA	Staff Representative	0	0	0
Tina Baxter 1918 Oakes Ave, Everett, WA	Legislative Representative	0	0	0
Amy Stojkovic 2318 Pine St. Everett, WA	Events Committee Chair	0	0	0
		0	0	0
		0	0	0

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		✓
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.		
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?		✓
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		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b	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?		✓
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 N/A		
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
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		✓
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 ▶ 0		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
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.		✓
41	List the states with which a copy of this return is filed. ▶ N/A		
42a	The organization's books are in care of ▶ Mariko Thompson Telephone no. ▶ 425-252-8604 Located at ▶ 1002 Colby Ave, Everett, WA ZIP + 4 ▶ 98201-1522		
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: ▶		✓
	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.?		✓
	If "Yes," enter the name of the foreign country: ▶		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
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	46	☒
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	☒
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	☒
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	☒
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."

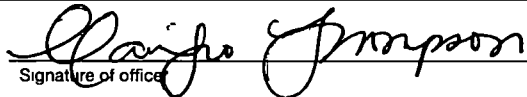
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

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		11/1/10 Date	
Paid Preparer's Use Only	Mariko Thompson, Treasurer Type or print name and title			
	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

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

Whittier Elementary PTA 7.3.55

Employer identification number

91 : 1216869

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 33⅓ % 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 33⅓ % 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)		

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

[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						☐

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 33⅓% support test—2009. If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☐
b 33⅓% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% 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 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.")	27704	8828	6223	6427	15335	64517
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	37265	41990	34011	47478	34455	195199
3 Gross receipts from activities that are not an unrelated trade or business under section 513	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	
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	
6 Total. Add lines 1 through 5	64969	50818	40234	53905	49790	259716
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	240	2879	3119
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	2154	2154
c Add lines 7a and 7b	0	0	0	240	5033	5273
8 Public support. (Subtract line 7c from line 6.)						254443

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	64969	50818	40234	53905	49790	259716
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	0	0
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	0	0	0	0	0	0
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	37	0	0
13 Total support. (Add lines 9, 10c, 11, and 12.)	64969	50818	40234	53942	49790	268700
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	95 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	100 %

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	0 %

19a 33⅓ % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33⅓ %, and line 17 is not more than 33⅓ %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☒

b 33⅓ % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓ %, and line 18 is not more than 33⅓ %, 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.

N/A

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.

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization

Whittier Elementary PTA 7.3.55

Employer identification number

91 : 1216869

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.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply
- | | |
|--|---|
| a ☐ Mail solicitations | e ☐ Solicitation of non-government grants |
| b ☐ Internet and email solicitations | f ☐ Solicitation of government grants |
| c ☐ Phone solicitations | g ☐ Special fundraising events |
| d ☐ In-person solicitations | |
- 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

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
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.

[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 Wrapping Paper (event type)	(b) Event #2 Camp Auction (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col. (c))
Revenue	1 Gross receipts	13886	17550	7772	39208
	2 Less: Charitable contributions	0	10854	0	10854
	3 Gross income (line 1 minus line 2)	13886	6521	7772	28179
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	6917	9306	4654	20877
	6 Rent/facility costs	0	0	0	0
	7 Food and beverages	0	148	0	148
	8 Entertainment	0	0	0	0
	9 Other direct expenses	0	0	0	0
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(21025)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				7154

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	0	0	806	806
	2 Cash prizes	0	0	0	0
Direct Expenses	3 Noncash prizes	0	0	300	300
	4 Rent/facility costs	0	0	0	0
	5 Other direct expenses	0	0	0	0
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☒ Yes _____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				(300)
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				506

- 9** Enter the state(s) in which the organization operates gaming activities: Washington
- a** Is the organization licensed to operate gaming activities in each of these states?
- b** If "No," explain:
The Washington State Gambling Commission does not require PTAs to have a gambling license if the hold only two gambling events in a calendar year and the gross receipts for both is less than \$5000.
- 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	100 %
b	An outside facility	13b	0 %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name ▶ Mariko Thompson			
Address ▶ 1002 Colby Ave, Everett, WA 98201			
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 ▶ Ann Peterson			
Gaming manager compensation ▶ \$ 0			
Description of services provided ▶			
☒ Director/officer ☐ Employee ☐ 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 ▶ \$		

Attachment for Part 1, Line 10

Expenses: grants and similar amounts paid

Membership fees	\$	687.00
Library Fund	\$	2,785.28
Field Trips	\$	4,500.00
Uniforms	\$	1,500.00
Shoe Fund	\$	200.00
Laminator	\$	75.00
Kindergarten Toy Workshop	\$	500.00
5th Grade Camp	\$	7,119.08
AR Program	\$	1,103.62
Honor Choir	\$	90.00
TOTAL	\$	18,559.98

Part 1, Line 16

Other Expenses

Books for Bookfair	\$	4,913.15
Yearbook printing fees	\$	2,675.40
Insurance premium	\$	260.00
Incorporation Renewal Fee	\$	10.00
Charitable Solicitations Renewal Fee	\$	10.00
Secretarial Supplies	\$	16.17
Refund for 5th Grade Camp	\$	82.00
Bad checks	\$	42.00
Kindergarten social	\$	50.00
Field Day	\$	1,295.68
Coffee hours	\$	40.94
Assemblies	\$	1,395.00
Reflections Awards	\$	127.61
Art Docent supplies	\$	397.67
5th Grade Party	\$	150.00
Safety Patrol Party	\$	592.39
Teacher membership incentives	\$	1,510.65
Acorn Awards	\$	325.00
Staff Appreciation Week	\$	331.02
Coffee Pot for social hours	\$	59.12
Checks	\$	22.60
Adjustment to real bank balance	\$	18.40
	\$	14,324.80

Part 1 Line 20

An unexplained discrepancy in the amount of an extra five dollars (\$5) was found in the books. There is probably a small recording error in the accounts.

PART III

Line 28

Student support, enrichment and education:

Includes contributing to fields trips for all grades at the school (there are approximately 400 students at Whittier elementary); overnight student camp for 5th graders; technology, music and art program enrichments including the Art Docent program, Reflections and Honor Choir; library collection enhancements and reading programs including the Accelerated Reader program; Yearbook; back to school festivities including kindergarten social, Back to School BBQ, and Oktoberfest; after school events such as Sockhop Dance and Fitness nights; field day; end of year festivities including 5th grade party and party for safety patrol; health room and uniform support; student safety patrol; assemblies benefiting the entire student body; and toy workshop for kindergarteners.

\$25790

Line 29

Parent Involvement/Education:

Includes membership fees paid to local PTA council for which we receive PTA support and educational materials; and coffee hours which foster parent involvement and sense of community.

\$787

Line 30

Community/Volunteer Involvement and Recognition:

Includes Golden Acorn Awards and recognition for outstanding educators and parent volunteers; classroom teacher reimbursements for PTA member teachers who spend their own money on classroom materials; school events that get teachers involved like Oktoberfest pumpkin carving contest; and staff appreciation week which included events like an on-site espresso cart that benefited all staff.

\$2167

Line 31

Other program services:

A grant to the PTA council's shoe fund which provides shoes to needy children; and maintenance support for the school's laminator.

\$275