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Form 990-EZ

#### 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)

2009

OMB No 1545-1150

DLN: 93492300008140

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

For the 2009 calendar year, or tax year beginning 07-01-2009 , and ending 06-30-2010 Check if applicable C Name of organization D Employer identification number Please PETER KIRK ELEMENTARY PTSA Address change use IRS 91-1238434 Name change label or Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number print or 1312 6th Street Initial return type. (425) 242-0589 Terminated See Specific City or town, state or country, and ZIP + 4 F Group Exemption Amended return Instruc-Kirkland, WA 98033 Application pending tions.

G Accounting method Cash Accrual Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts Other (specify) 🟲 must attach a completed Schedule A (Form 990 or 990-EZ). 📆 Check F / If the organization I Website:▶ peterkırkptsa org is **not** required to attach **J Tax-Exempt status** (check only one)— 501(c) (3) **4**(insert no ) 4947(a)(1) or 527 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 **►** \$

Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I ) Contributions, gifts, grants, and similar amounts received 46,163 2 Program service revenue including government fees and contracts 2 63,734 Membership dues and assessments 3 2.034 3 4 28 Gross amount from sale of assets other than inventory 0 0 Revenue Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 0 5c Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here 🕨 Gross revenue (not including \$ 0 of contributions 6,212 6a Less direct expenses other than fundraising expenses 2.979 Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 3.233 6c Gross sales of inventory, less returns and allowances 7a Less cost of goods sold b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 0 0 8 8 Other revenue (describe **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 115.192 9 9 Grants and similar amounts paid (attach schedule) 📆 10 10 Benefits paid to or for members . . 0 11 0 12 Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors 39.600 Expenses 13 13 Occupancy, rent, utilities, and maintenance 14 0 14 Printing, publications, postage, and shipping 15 872 15 54,448 Other expenses (describe 16 16 Total expenses. Add lines 10 through 16 149,822 17 17 Excess or (deficit) for the year (Subtract line 17 from line 9) -34.630 18 18 NetAssets 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) 121,048 19 Other changes in net assets or fund balances (attach explanation) 0 20 20 Net assets or fund balances at end of year Combine lines 18 through 20 86,418 21

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 121,048 22 86,418 22 Cash, savings, and investments 23 Land and buildings 0 23 0 0 0 24 Other assets (describe 24 121,048 25 86,418 25 Total assets Total liabilities (describe 0 26 0 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 121,048 27 86,418

Part IIII Statement of Progra	m Service Accomplishn	nents (See the instruction	ns for Part III )		Expenses
What is the organization's primary exem				1 ' '	uired for section 501
To support the education, health, and w	elfare of all children and youth	1		1 ' ' '	3) and 501(c)(4)
Describe what was achieved in carrying describe the services provided, the nun program title				494	nizations and section 7 (a)(1) trusts, onal for others )
28 See Additional Data Table					
(Grants \$ )	this amount includes foreign	grants, check here .	▶┌	28a	
29					
(Grants \$ )	this amount includes foreign	grants, check here .	▶┌	29a	
<b>30</b> (Grants \$ ) If	this amount includes foreign	grants, check here .	▶┌	30a	
<b>31</b> O ther program services (attach scho(Grants \$ )	edule)	grants, check here	▶ ┌	31a	
32 Total program service expenses (add	lines 28a through 31a) .		<b>.</b> ►	32	79,017
Part IV List of Officers, Directors,	Trustees, and Key Employees.	List each one even if not c	ompensated (See the ins	structions	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 employee benefit p deferred compens	lans &	(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	33		No_		
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		Νο		
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T					
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a		Νο		
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	35b				
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	36		Νο		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨 🔭 37a 0					
b	Did the organization file <b>Form 1120-POL</b> for this year?	37b		Νo		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were					
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		No		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b					
39	Section 501(c)(7) organizations. Enter					
а						
Ь						
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under					
_	section 4911 ▶					
Ь	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	40ь		Νο		
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	40e		Νο		
41	List the states with which a copy of this return is filed 🕨					
42a	The organization's books are in care of Peter Madison Telephone no	• <u>(42</u>	5)242-	0589		
	8 19th Ave  Located at ► Kırkland, WA ZIP + 4 ►	<b>-</b> 98	033			
Ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority	Γ	Yes	N-		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b	res	No No		
	accounty.	42D		N o		
	If "Yes," enter the name of the foreign country •  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and					
	Financial Accounts.					
С	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No		
	If "Yes," enter the name of the foreign country			_		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	•	• •	<b>▶</b>		
		ſ	Yes	No		
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of					
	Form 990-EZ.	44		Νο		
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45		Νο		

	46-49b and complete the						Yes	No
	Old the organization engage in direct			lf of or in oppo	osition to	46	165	No
C	candidates for public office? If "Yes,	ididates for public office? If "Yes," complete Schedule C, Part I 🕏						
<b>47</b> [	Old the organization engage in lobby	the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 🕏						
<b>48</b> I	s the organization a school describe	ed in section 170(b)(1)(A)(	(II)? If "Yes," complete	Schedule E		48		No
<b>49a</b> [	Oid the organization make any transf	fers to an exempt non-char	ritable related organiza	ition?		49a		No
<b>b</b> I	f "Yes," was the related organization	n a section 527 organizatio	on?			49b		
	Complete this table for the organizatemployees) who each received more							
(a) N	ame and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	employee l	ributions to penefit plans & compensation	a	e) Exper ccount a er allowa	and
NONE								
<b>51</b> (	Total number of other employees p	ion's five highest compens		tractors who e	• • • • • • • • • • • • •	►	an \$10	0,000
<b>51</b> (		ion's five highest compens on Ifthere is none, enter "I	None "		each received n		an \$10 Compen	
<b>51</b> (	Complete this table for the organizat of compensation from the organization	ion's five highest compens on Ifthere is none, enter "I	None "					
<b>51</b> (	Complete this table for the organizat of compensation from the organization	ion's five highest compens on Ifthere is none, enter "I	None "					
<b>51</b> (	Complete this table for the organizat of compensation from the organization	ion's five highest compens on Ifthere is none, enter "I	None "					
<b>51</b> (	Complete this table for the organizat of compensation from the organization	ion's five highest compens on Ifthere is none, enter "I	None "					
51 ( (	Complete this table for the organizat of compensation from the organization	ion's five highest compens on Ifthere is none, enter "I endent contractor paid mor	None " e than \$100,000					
51 ( ( NONE	Total number of other independent  Under penalties of perjury, I declare and belief, it is true, correct, and cor	contractors each receiving	e than \$100,000	(b) Type	e of service	(c) C	Compen	sation
51 (d) Pleas	Total number of other independent  Under penalties of pergury, I declare and belief, it is true, correct, and corse	contractors each receiving	e than \$100,000	(b) Type	e of service	(c) C	Compen	sation
51 (d)  51(d)  Pleas	Total number of other independent  Under penalties of perjury, I declare and belief, it is true, correct, and cor	contractors each receiving	e than \$100,000	(b) Type	e of service	(c) C	Compen	sation
51 (d)  51(d)  Pleas Sign Here	Total number of other independent  Under penalties of perjury, I declare and belief, it is true, correct, and corsider  Signature of officer  Peter Madison Co-Treasurer	contractors each receiving	e than \$100,000  I over \$100,000  I, including accompanying sother than officer) is based  te CI se	chedules and state on all information Date	e of service	he best or has an	of my knowle	sation
51 ( ( NONE	Total number of other independent  Under penalties of pergury, I declare and belief, it is true, correct, and correct Major or print name and title  Preparer's signature  Firm's name (or yours)	contractors each receiving	e than \$100,000  I over \$100,000  I, including accompanying sother than officer) is based  te CI se	chedules and state on all information Date	e of service  atements, and to the on of which prepared to the one of the	he best or has an	of my knowle	sation

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

**Employer identification number** 

### OMB No 1545-0047

D NO 1343-004

2009

Open to Public Inspection

# **SCHEDULE A**

(Form 990 or 990EZ)

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.

**Public Charity Status and Public Support** 

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

Name of the organization PETER KIRK ELEMENTARY PTSA

MENTARY PTSA 91-1238434

Pai	rt I	Reas	on for Pul	olic Charity Stat	<b>us</b> (All org	anızatıons	must comp	lete this pai	t.) See inst	ructions	
The c	rganı			e foundation because							
1	$\Gamma$	A churc	h, conventio	on of churches, or as:	sociation of	churches <b>se</b>	ection 170(b)	(1)(A)(i).			
2	$\sqcap$	A schoo	ol described	ın <b>section 170(b)(1)</b>	( <b>A</b> )(ii). (Att	ach Schedul	le E)				
3	$\sqcap$	A hospi	tal or a coop	perative hospital serv	vice organiza	atıon describ	ed in <b>section</b>	170(b)(1)(A	(iii).		
4	Γ			organization operate y, and state	ed in conjunc	tion with a h	nospital desci	rıbed ın <b>secti</b> o	on 170(b)(1)(	( <b>A)(iii).</b> Ente	er the
5 6	section 170(b)(1)(A)(iv). (Complete Part II)										
,	'	describ	ed in	A)(vi) (Complete Pa		i part of its s	ирроге пош а	i government	ar unit or non	ithe genera	Гривнс
8	Г			described in <b>section</b>		.)(vi) (Com	plete Part II	)			
9	Ţ.			t normally receives					tions, membe	rship fees. a	nd gross
_	•			ties related to its ex							
		-		ss investment incom	•	_		-			
			_	anızatıon after June 3				•		.,	
10	$\vdash$	•		anized and operated	•			•	•		
11	, T	•	_	anized and operated	•	•	•			arry out the	purposes of
	·	one or r	nore publicly	y supported organiza bes the type of suppo <b>b</b> Type II	tions describ orting organiz	bed in section zation and co	n 509(a)(1)	or section 50 11e through	9(a)(2) See	section 509(	
e	Γ	other th		x, I certify that the o on managers and oth							
f			rganızation r	eceived a written de	termination 1	from the IRS	that it is a T	ype I, Type I	I or Type III	supporting	organization,
g			ugust 17, 2 g persons?	006, has the organiz	ation accept	ted any gift o	or contributio	n from any of	the		
				ectly or indirectly co	ntrols, eithe	r alone or to	gether with p	ersons descr	ıbed ın (ıı)		Yes No
		and (III)	below, the g	governing body of the	the support	ed organizat	tion?			11g(i)	
		(ii) a fa	mily membe	r of a person describ	ed in (i) abo	ve?				11g(ii)	
		(iii) a 3	5% controll	ed entity of a person	described in	n (ı) or (ıı) ab	ove?			11g(iii)	
h		Provide	the followin	g information about t	he supporte	d organizatio	on(s)				
Name of (ii) (described on col supported EIN lines 1-9 above you organization d					(iv) Is the organizat col (i) lis your gove docume	e Ion In ted In IrnIng	(v) Did you no organizat col (i) of suppo	tify the tion in fyour	(vi) Is the organizati col (i) orga	on in inized	(vii) A mount of support?
				(see instructions))	Yes	No	Yes	No	Yes	No	
Total							1				

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b)</b> 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	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) <b>Dublic Support</b> Subtract line F from						
6	<b>Public Support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b</b> ) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	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						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and <b>stop here</b>						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
<b></b>	and <b>stop here.</b> The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	<b>▶</b> □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and <b>stop here.</b> The organization				,		▶
17a	10%-facts-and-circumstances test-	<b>-2009.</b> If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						<b>▶</b> ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

**▶**□

# 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")				57,447	53,834	111,28
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the				72,510	63,374	135,884
3	organization's tax-exempt purpose Gross receipts from activities that						
	are not an unrelated trade or business under section 513				0	0	(
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				0	0	(
5	The value of services or facilities furnished by a governmental unit to the organization without charge	,			0	0	(
6	Total. Add lines 1 through 5		0	0	129,957	117,208	247,165
	A mounts included on lines 1, 2, and 3 received from disqualified				5,068	7,933	13,001
b	persons A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the				0	0	(
_	amount on line 13 for the year Add lines 7a and 7b		0	0	5,068	7,933	13,001
	Public Support (Subtract line 7c		,	7	3,000	7,555	<u> </u>
	from line 6 )						234,164
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)					· ·	
9	A mounts from line 6	0	0	0	129,957	117,208	247,165
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				68	28	96
Ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				0	0	(
С	Add lines 10a and 10b	0	0	0	68	28	96
11	Net income from unrelated business activities not included in line 10b, whether or not the				0	0	(
12	business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part				0	0	(
13	IV ) <b>Total support</b> (Add lines 9, 10c,	0	0	0	130,025	117,236	247,263
13 14	IV )				,	·	
14	IV ) Total support (Add lines 9, 10c, 11 and 12 ) First Five Years If the Form 990 is:	for the organization	on's first, second		,	·	zation,
14	IV ) Total support (Add lines 9, 10c, 11 and 12 ) First Five Years If the Form 990 is check this box and stop here	for the organization	on's first, second	third, fourth, or fi	,	·	zation,
14	IV ) Total support (Add lines 9, 10c, 11 and 12 ) First Five Years If the Form 990 is check this box and stop here  ction C. Computation of Pub	for the organization  lic Support Po  (line 8 column (	on's first, second  ercentage f) divided by line	third, fourth, or fi	,	501(c)(3) organi	zation,
14 Se 15 16	Total support (Add lines 9, 10c, 11 and 12)  First Five Years If the Form 990 is the check this box and stop here  Ction C. Computation of Pub  Public Support Percentage for 2009	for the organization of th	ercentage f) divided by line art III, line 15	, third, fourth, or fi	,	501(c)(3) organi	yation, ▶
14 Se 15 16	IV ) Total support (Add lines 9, 10c, 11 and 12 ) First Five Years If the Form 990 is a check this box and stop here  Ction C. Computation of Pub Public Support Percentage for 2009 Public support percentage from 2009	for the organization  lic Support Po  (line 8 column (  08 Schedule A, P	ercentage f) divided by line art III, line 15	, third, fourth, or fi	fth tax year as a	501(c)(3) organi	yation, ▶

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2009

#### Software ID: Software Version:

**EIN:** 91-1238434

Name: PETER KIRK ELEMENTARY PTSA

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carry manner, describe the services provid for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)		
28 Arts, Culture & Humanities 550 s (Grants \$ 0)	If this amount includes foreign grants, check here 🕨 🥅	9,665	
<b>29</b> Science and Math Enrichment - 5 (Grants \$ 0)		28a 19,859 29a	
<b>30</b> Grant for facilities improvements (Grants \$ 29,890)	550 students If this amount includes foreign grants, check here ►	0 <b>30a</b>	
School Services - 550 students (Grants \$ 0)	If this amount includes foreign grants, check here 🕨 🦵	1,917	
Literature programs - 550 Students (Grants \$ 0)	If this amount includes foreign grants, check here 🕨 🦵	16,864	
General Enrichment programs - 550 (Grants \$ 24,961)	Students If this amount includes foreign grants, check here	0	
School and Community Programs - 5 (Grants \$ 0)	50 students plus parents and community at large If this amount includes foreign grants, check here ►	30,712	

#### 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
Meredith Goldstein 1937 5th St Kirkland, WA 98033	President 20	0	0	0
Cherie Cantu 615 9th Ave Kirkland, WA 98033	Vice President 10	0	0	0
Kathy Royal 880 16th Ave W Kırkland, WA 98033	Co-Treasurer 15	0	0	0
Michelle Neves 838 20th Ave W Kirkland, WA 98033	Membership Chair 5	0	0	0
Heather Gertmenian 246 7th Ave W Kirkland, WA 98033	Communication Chair 5	0	0	0
Mary Von Scheliha 619 17th Ave Kirkland, WA 98033	Co-Secretary 10	0	0	0
Peter Madison 8 19th Ave Kirkland, WA 98033	Co-Treasurer 15	0	0	0
Ashley Debruler 527 15th Ave Kırkland, WA 98033	School and Community Chair 5	0	0	0
Tanıa Busch Isaksen 11031 NE 97th St Kırkland, WA 98033	Science and Math Chair 5	0	0	0
Melissa Jackson 11228 NE 97th St Kirkland, WA 98033	Art Enrichment Chair 5	0	0	0
Elena Camerini 11228 NE 97th St Kirkland, WA 98033	Language Arts Enrichment Chair 5	0	0	0
Susanne Canın 9604 111th Ave Kırkland, WA 98033	Misc School Services Chair 5	0	0	0
Bharatı Ravı 501 10th Ave W Kırkland, WA 98033	Co-Secretary 10	0	0	0

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DLN: 93492300008140

OMB No 1545-0047

**SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

Open to Public Inspection

then	S),
<del></del>	
◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C	

- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes." to Form 990, Part IV. Line 4, or Form 990-F7, Part VI, line 47 (Lobbying Activities), then

Se Se f the Se Na PET	ER KIRK ELEMENTARY PTSA	-A D Part I e 35a mplo	o not c I-B Do (rega yer ide	omplet not co rding ntifica	e Part II-B emplete Part proxy tax)	t ∥-A <b>), then</b> er
1 2 3	Provide a description of the organization's direct and indirect political campaign activities in Part Political expenditures Volunteer hours	IV	<b>F</b>	\$ <u></u>		
Par	t I-B Complete if the organization is exempt under section 501(c)(3).					
1	Enter the amount of any excise tax incurred by the organization under section 4955		•	\$		
2	Enter the amount of any excise tax incurred by organization managers under section 4955		•	\$		
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?				┌ Yes	┌ No
4a	Was a correction made?				┌ Yes	┌ No
b	If "Yes," describe in Part IV					
Par	t I-C Complete if the organization is exempt under section 501(c) except s	ecti	on 50	1(c)	(3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function act	ıvıtıe	s 🕨	\$		
2	Enter the amount of the filing organization's funds contributed to other organizations for section 5 exempt funtion activities	27	<b>-</b>	\$		
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 1	7 b	•	\$		
4	Did the filing organization file Form 1120-POL for this year?				┌ Yes	┌ No
5	State the names, addresses and employer identification number (EIN) of all section 527 political	orgar	nızatıor	ns to w	hich paym	ents

were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

(a) Name	<b>(b)</b> Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

e Grassroots ceiling amount (150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

Pa	art II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).							
	Check   If the filing organization belongs to a Check   If the filing organization checked box		d" provisions apply	,				
<u> </u>	Limits on Lobbying E  (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals		
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)					
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)					
c	Total lobbying expenditures (add lines 1a and 18	b)						
d	Other exempt purpose expenditures							
e	Total exempt purpose expenditures (add lines 1c and 1d)							
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both					
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir						
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0				
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000				
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00				
	Over \$17,000,000	\$1,000,000						
		•						
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)						
h	Subtract line 1g from line 1a If zero or less, enter	er -0-						
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -						
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No		
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five		
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı		
	Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	<b>(e)</b> Total		
2a	Lobbying non-taxable amount							
b	Lobbying ceiling amount (150% of line 2a, column(e))							
c	Total lobbying expenditures							
d	Grassroots non-taxable amount							

	rt II-B Complete if the organization is exempt under section 501(c)(3) and has f	NOT f	iled F	orm		age 3 B	
	(election under section 501(h)).	(a)		(a)		(b)	
		Yes	No	'	A mour	ıt	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of						
а	Volunteers?	Yes					
Ь	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νο				
c	Media advertisements?		Νο				
d	Mailings to members, legislators, or the public?		Νo				
e	Publications, or published or broadcast statements?		Νo				
f	Grants to other organizations for lobbying purposes?	Yes				20	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo				
i	Other activities? If "Yes," describe in Part IV		Νo				
j	Total lines 1c through 1i					20	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo				
b	If "Yes," enter the amount of any tax incurred under section 4912						
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c	)(5),	or s	ectio	n	
			-		Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?			1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2			
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3			
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				ectio	n	
1	Dues, assessments and similar amounts from members	1					
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).						
а	Current year	2a	<u> </u>				
b	Carryover from last year	2b					
c	Total	2c					
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and						

#### Part IV Supplemental Information

Taxable amount of lobbying and political expenditures (see instructions)

political expenditure next year?

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
SchC_P2B_S00_L01	,	Lobbying activity includes volunteer time for school levy reach outs and money to the state PTA for educational issue lobbying at the state level

4

5

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#### **TY 2009 Grants and Similar Amounts Paid Schedule**

Name: PETER KIRK ELEMENTARY PTSA

**EIN:** 91-1238434

**Software ID:** 09000073

**Software Version:** v1.00

Item No.	1		
Class of Activity	Cash		
Donee's Name	Lake Washington School District		
Donee's Address			
Amount (FMV)	11,618		
Purpose of Payment to Affiliate	Support for after school programs at Peter Kırk Elementary		
Relationship			
Description			
Book Value			
How BV Determined			
How FMV Determined			
Date of Gift			
<u></u>	-		

# **TY 2009 Other Expenses Schedule**

Name: PETER KIRK ELEMENTARY PTSA

**EIN:** 91-1238434

**Software ID:** 09000073

**Software Version:** v1.00

VI.00		
Description	Amount	
council, state, national fees	4,516	
Bank Charges	70	
Insurance	375	
Legislation/Levy	200	
State Convention & Workshops	380	
Art Enrichement	3,305	
Science and Math Enrichment	6,138	
Fundraising Event Expenses	3,646	
Language Arts Enrichment	2,195	
School and Community	25,862	
Miscellaneous School Services	1,917	
Communications	1,017	
Executive Committee Misc.	1,455	
2008-2009 Carry Over Expenses	3,372	