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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning	July 01st	, 2009, and ending	June 30th	, 20 10
B Check if applicable	C Name of organization			D Employer identification number
<input type="checkbox"/> Address change	Sunrise Elementary PTA Council 6-10-42			91-1286397
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address)			E Telephone number
<input type="checkbox"/> Initial return	2003 65th Ave W			425 486 4014
<input type="checkbox"/> Terminated	City or town, state or country, and ZIP + 4			F Group Exemption Number ►
<input type="checkbox"/> Amended return	Tacoma WA 98466			
<input type="checkbox"/> Application pending				

• 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

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 ► \$

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 157,056
	2 Program service revenue including government fees and contracts	2 3,679
	3 Membership dues and assessments	3 415
	4 Investment income	4
	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 \$ _____ of contributions reported on line 1)	6a
	b Less: direct expenses other than fundraising expenses	6b
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c
	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 ►	9 161,150
Expenses	10 Grants and similar amounts paid (attach schedule)	10 27,003
	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
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15
	16 Other expenses (describe ► See Attachment #2)	16 92,300
	17 Total expenses. Add lines 10 through 16 ►	17 119,303
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 41,847
	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 68,208
	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 ►	21 110,055

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	68,208	22 110,055
23 Land and buildings		23
24 Other assets (describe ►)		24
25 Total assets	68,208	25 110,055
26 Total liabilities (describe ►)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	68,208	27 110,055

P 1

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

What is the organization's primary exempt purpose? **See Attachment #3**

What is the organization's primary exempt purpose? GOVERNMENT
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.

28 See Attachment #4

30

31 Other program services (attach schedule)

32 Total program service expenses (add lines 28a through

Part IV List of Officers, Directors, Trustees, and Key Employees

See Attachment #5.

See Attachment #5

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	33	✓
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	✓
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?	35a	✓
b If "Yes," has it filed a tax return on Form 990-T 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	✓
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?	37b	✓
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?	38a	✓
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 ► _____ ; section 4912 ► _____ ; section 4955 ► _____		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	✓
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	✓
41 List the states with which a copy of this return is filed. ►		
42a The organization's books are in care of ► See attachment #6 Telephone no. ► Located at ► ZIP + 4 ►		
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)?	42b	✓
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: ►	42c	✓
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	44	✓
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	✓

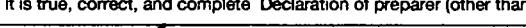
Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	46	✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	47	✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	48	✓
b	If "Yes," was the related organization a section 527 organization?	49a	✓
49b		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."		

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."

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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge			
	 Signature of officer		Date 	
	 Type or print name and title			
Paid Preparer's Use Only	Preparer's signature 	Date 	Check if self- employed 	Preparer's identifying number (See instructions) 
	Firm's name (or yours if self-employed), 		EIN 	

May the IRS discuss this return with the preparer shown above? See instructions

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

**Open to Public
Inspection**

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.

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

Name of the organization

Employer identification number

Sunrise Elementary PTA

91 | 1286397

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 a Type I b Type II c Type III—Functionally integrated d Type III—Other
 e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
 f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____
 (ii) A family member of a person described in (i) above? _____
 (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____
 h Provide the following information about the supported organization(s).

Yes	No
11g(i)	✓
11g(ii)	✓
11g(iii)	✓

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

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.")	3,592	3,721	3,602	3,258	3,679	17,852
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	98,840	3,775	74,193	59,544	157,056	393,408
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	102,432	7,496	77,795	62,802	160,735	411,260
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.)						411,260

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	102,432	7,496	77,795	62,802	160,735	411,260
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,258	1,271	1,733	793	415	6,470
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2,258	1,271	1,733	793	415	6,470
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.)						417,730
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	98.45	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	1.55	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18		%
19a 33½ % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33½ %, and line 17 is not more than 33½ %, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>			
b 33½ % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½ %, and line 18 is not more than 33½ %, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>			

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.

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

Attachment 1: Page 1 – 990-EZ Page1, Part 1, Line 10 - Grants and Similar Amounts Paid

Open to Public Inspection	For Calendar Year 2009 or Tax Period beginning 07-01-2009, and ending 06-30-2010			
Name of Organisation	Sunrise Elementary PTA Council 6-10-42	Employers Identification	91-1286397	Purpose of Payment
Class of Activity	Recipients Name and Address	Amount (FMV)		
Library Funds	Sunrise Elementary School 14075 172nd Ave NE Redmond, WA 98052			Support School Library
Science Co-ordinator Grant	Sunrise Elementary School 14075 172nd Ave NE Redmond, WA 98052			Support Science
Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined
None	Cash	1,003		
None	Cash	26,000		
			Total	27,003

Schedule of Other Expenses

Attachment 2: Page 1 – 990-EZ Page1, Part I, Line 16

Open to Public Inspection	For Calendar Year 2009 or Tax Period beginning 07-01-2009, and ending 06-30-2010
Name of Organization	Employer Identification Number
Description of Other Expenses	Amount
Sunrise Elementary PTA Council 6-10-42	91-1286397
Administration	967
Northshore PTA Council	4,106
Committees	3,217
Special Allocations	9,175
Fundraising Projects	74,835
Total	92,300

PRIMARY EXEMPT PURPOSE

Attachment 3: Page 1 – 990-EZ Page2, Part III

Open to Public Inspection	For Calendar Year 2009 or Tax Period beginning 07-01-2009, and ending 06-30-2010
Name of Organization	Employer Identification Number

Sunrise Elementary PTA Council 6-10-42 91-1286397

Primary Exempt Purpose:

We, as part of Sunrise community, believe that the team effort of staff, parents and students is based on mutual trust, respect and honest communication. Students are provided opportunities to develop responsible decision making skills through a balanced, integrated curriculum. A nurturing, affirming, learning environment provides freedom for all to risk and grow.

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 4: Page 1 – 990-EZ Page2, Part III, Line 28

Open to Public Inspection	For Calendar Year 2009 or Tax Period beginning 07-01-2009, and ending 06-30-2010
Name of Organization	Employer Identification Number

Sunrise Elementary PTA Council 6-10-42 91-1286397

Part III – Statement of Program Service Accomplishments

Grants and Allocations Amount includes Foreign Grants		Program Service Expenses	114,230
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Exempt Purpose Achievements:

To support the education, health and welfare of all children and youth.

CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

Attachment 5: Page 1 – 990EZ Page2, Part IV

Open to Public Inspection	For Calendar Year 2009 or Tax Period beginning 07-01-2009, and ending 06-30-2010
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Name of Organization	Employer Identification Number
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Sunrise Elementary PTA Council 6-10-42	91-1286397
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(A) Name and Address	(B) Title and Average Hours per week	(c) Compensation	(D) Cont to Employee Benefit Plans	(E) Expense Account & Other Allowances
Pam Means 13301 180 th Ave NE Redmond WA 98052	President 5.00	0	0	0
Miti Morris 16622 178 th Ave NE Woodinville WA 98072	Treasurer 5.00	0	0	0
Kim Norris 13226 171 st Ave NE Redmond WA 98052	Director 3.00	0	0	0
Kelli Mocherman 17790 NE 134 th PI Redmond WA 98052	Director 3.00	0	0	0
Wendy McCartney 14100 177 th Ct NE Redmond WA 98052	Secretary 1.5	0	0	0
Nicki Foran 17514 NE 141 st ST Redmond WA 98052	Director 3.00	0	0	0
Katie Schramm 13608 180 th Ave NE Redmond WA 98052	Co President 3.00	0	0	0
Alise Marcell 17900 236 th PI NE Redmond WA 98052	Co Treasurer 3.00	0	0	0
Gabriella Priss 13833 174 th PI NE Redmond WA 98052	Director 3.00	0	0	0

BOOKS ARE IN THE CARE OF

Attachment 6: Page 1 – 990EZ Page3, Part V, Line 42a

Open to Public Inspection	For Calendar Year 2009 or Tax Period beginning 07-01-2009, and ending 06-30-2010
Name of Organization	Employer Identification Number
Sunrise Elementary PTA Council 6-10-42	91-1286397

Individual Name: Miti Morris

Street Address: 16622 178TH Ave NE

ZIP: 98072

City: Woodinville

State: WA

Phone: 425 788 5764