

See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 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
Pine Lake PTSA 2.6.42

Number and street (or P O box, if mail is not delivered to street address) Room/suite
2006 65th Avenue West

City or town, state or country, and ZIP + 4
Tacoma WA 98466-6215

D Employer identification number
91-1352729

E Telephone number
(425)5570233

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: ▶ www.pinelakeptsa.org

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

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

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 49718.18

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	29664.56
	2	Program service revenue including government fees and contracts		2	10851.44
	3	Membership dues and assessments		3	3155.00
	4	Investment income		4	31.18
	5a	Gross amount from sale of assets other than inventory	5a 0.00		
	b	Less: cost or other basis and sales expenses	5b 0.00		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0.00
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a 240.00		
	b	Less: direct expenses other than fundraising expenses	6b 0.00		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	240.00
	7a	Gross sales of inventory, less returns and allowances	7a 5776.00		
	b	Less: cost of goods sold	7b 3655.92		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	2120.08
	8	Other revenue (describe ▶ _____)		8	0.00
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	46062.26
Expenses	10	Grants and similar amounts paid (attach schedule)		10	36537.53
	11	Benefits paid to or for members		11	0.00
	12	Salaries, other compensation, and employee benefits		12	0.00
	13	Professional fees and other payments to independent contractors		13	0.00
	14	Occupancy, rent, utilities, and maintenance		14	0.00
	15	Printing, publications, postage, and shipping		15	1310.34
	16	Other expenses (describe ▶ **see attached**)		16	17283.75
	17	**Total expenses.** Add lines 10 through 16 ▶		17	55131.62
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	(9069.36)
	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	38747.74
	20	Other changes in net assets or fund balances (attach explanation)		20	0.00
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	29678.38

RECEIVED
NOV 19 2010
OGDEN, UT

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	38747.74	22	29678.38
23	Land and buildings	0.00	23	0.00
24	Other assets (describe ▶ _____)	0.00	24	0.00
25	**Total assets**	38747.74	25	29678.38
26	**Total liabilities** (describe ▶ _____)	0.00	26	0.00
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	38747.74	27	29678.38

SCANNED DEC 16 2010

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

What is the organization's primary exempt purpose? **(See Attached)**

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 of Education** **(See Attached)** (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	32562.41
29	**Parent Involvement/Education** **(See Attached)** (Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	1943.81
30	**Community/Volunteer Involvement & Recognition** **(See Attached)** (Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	7385.85
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	0.00
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	41892.07

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
Lorrie Schleg **23970 SE 40th PL Issaquah WA 98029**	**President 8-10**	**0.00**	**0.00**	**0.00**
Monica DeRaspe-Bolles **2005 E LK SAMM PL SE Sammamish WA 98075**	**Treasurer 8-10**	**0.00**	**0.00**	**0.00**
Diane Laucius **23233 SE 31st ST Sammamish WA 98075**	**Secretary 8-10**	**0.00**	**0.00**	**0.00**
Frances Clairmont **21234 SE 26th ST Sammamish WA 98075**	**VP-Fundraising 8-10**	**0.00**	**0.00**	**0.00**
Stacy Heller **22702 SE 49th PL Issaquah WA 98029**	**VP- Communications 8-10**	**0.00**	**0.00**	**0.00**
Ina Ghangurde **19465 SE 28th PL Sammamish WA 98075**	**VP- Volunteers 8-10**	**0.00**	**0.00**	**0.00**
Sara Blessington **23347 SE 26th PL Sammamish WA 98075**	**VP- Volunteers 8-10**	**0.00**	**0.00**	**0.00**

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 0.00			
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 N/A			
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 ▶ 0.00 ; section 4912 ▶ 0.00 ; section 4955 ▶ 0.00			
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 ▶ 0.00			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.00			
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. ▶ N/A			
42a	The organization's books are in care of ▶ Kelly Lothringer Telephone no. ▶ (425)6570665			
	Located at ▶ 4519 229th PL SE Sammamish WA ZIP + 4 ▶ 98075			
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.?	42c		✓
	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 N/A			
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.

			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 . . . . ▶ 0

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 . . ▶ 0

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ MDeRaspe - Bolles
Signature of officer — Date

▶ **Monica DeRaspe-Bolles, Treasurer** — **11-15-2010**
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's identifying number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶		EIN ▶	
		Phone no. ▶	

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

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
Pine Lake PTSA 2.6.42	91 1352729

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 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?

		Yes	No
(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?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

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

Part 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.")	28641.	31874.	34209.	33794.	32820.	161338.
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	23005.	23305.	26261.	19146.	16867.	108584.
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0.	0.	0.	0.	0.	0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0.	0.	0.	0.	0.	0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0.	0.	0.	0.	0.	0.
6 **Total.** Add lines 1 through 5	51646.	55179.	60470.	52940.	49687.	269922.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	801.	1066.	671.	870.	720.	4128.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	801.	1066.	671.	870.	720.	4128.
8 **Public support** (Subtract line 7c from line 6.)						265794.

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	51646.	55179.	60470.	52940.	49687.	269922.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0.	153.	100.	64.	31.	348.
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.	153.	100.	64.	31.	348.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0.	0.	0.	0.	0.	0.
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	51646.	55332.	60570.	53004.	49718.	270270.

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	98.3 %
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	98.4 %

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 %
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	.1 %

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 ▶ ☐

Pine Lake PTSA 2.6.42
EIN 91-1352729
2009

FORM 990-EZ, Part I

Part 1, Line 1	**Contributions, Gifts, Grants**		
	Pass the Hat	16,891.00	
	WSPTA/NPTA Membership	6,860 00	
	Council PTA Assessment	457.00	
	Matching Funds	2,118.34	
	Picture rebates	1,606.00	
	Magazine Drive Rebates	10.00	
	Issaquah Press Rebates	575.75	
	E-Scrip Rebates	337.42	
	Partners in Health Collection	809.05	
Total Line 1			**29,664.56**
Part 1, Line 2	**Program Service Revenue**		
	Emergency Kits	3,063.50	
	Hoe Down	5,506 55	
	Bingo	743.00	
	Wrestling Meet	1,538.39	
Total Line 2			**10,851.44**
Part 1, Line 3	**Membership Dues**	3,155.00	**3,155.00**
Part 1, Line 4	**Investment Income**	31.18	**31.18**
Part 1, Line 6	**Special Events/Activities**		
	6a) Gross revenue		
	Directories	240.00	
	6b) Less Direct Expenses	0.00	
	6c) Net Income/(Loss)		**240.00**
Part 1, Line 7	**Gross Sales of Inventory**		
	7a) Gross Sales		
	Entertainment Books	10.00	
	Papa Murphy Cards	590.00	
	Resource Books	1,005.00	
	Totes	4,171.00	
	7b) Less Cost of Goods		
	Papa Murphy Cards	(200.00)	
	Totes	(3,455 92)	
	7c) Net Income/(Loss)		**2,120.08**
Part 1, Line 9	**Total Revenue**		**46,062.26**

Pine Lake PTSA 2.6.42
EIN 91-1352729
2009

FORM 990-EZ, Part 1 (Continued)

Part 1, Line 10	**Grants and similar amounts paid**		
	See attached Schedule	36,537.53	**36,537.53**
Part 1, Line 15	**Printing, postage, etc.**		
	Student Directories	1,157.96	
	Postage, Printing	152 38	
Total Line 15			**1,310.34**
Part 1, Line 16	**Other Expenses**		
	WSPTA/NPTA Member Fees	6,860.00	
	Council PTA Assessment	457.00	
	Administrative Expenses	915.08	
	Leadership Education	260.00	
	Student Recognition	570 56	
	Staff/Volunteer Recognition	2,226 80	
	Emergency Kits	613.37	
	Hoedown	2,621.76	
	Bingo	915.39	
	Wrestling Meet	1,195.63	
	Other Projects	648.16	
Total Line 16			**17,283.75**
Part 1, Line 17	**Total Expenses**		**55,131.62**
Part 1, Line 18	**Excess or (Deficit)**		**(9,069.36)**

Pine Lake PTSA 2.6.42
EIN 91-1352729
2009

FORM 990-EZ, Part I

Part 1, Line 10 - Grants and Similar amounts paid

Purpose	Recipient's Name	Recipients Address	Amount	Relationship to Officers
Donation to support E-15 Elementary PTSA	Issaquah School District	565 NW Holy St Issaquah WA 98027	100 00	None
Donation to support Echo Glen	Issaquah School District	565 NW Holy St Issaquah WA 98027	200.00	None
Donation to support ISF	Issaquah School Foundation	P.O. Box 835 Issaquah WA 98027	1625.00	None
Donation to Support Pacific Cascade Middle	Issaquah School District	565 NW Holy St Issaquah WA 98027	4000.00	None
Summer School Schlarships	Pine Lake Middle School	3200 228th Ave Sammamish WA 98075	300.00	None
Donation to support Tiger Mountain High	Issaquah School District	565 NW Holy St Issaquah WA 98027	200 00	None
Donation to VIS	Volunteers for Issaquah Schools	P O.Box 1401 Issaquah WA 98027	1690.24	None
Disaster Relief to support Whatcom County Middle School PTSA	Whatcom County Middle School PTSA	Bellingham WA	250.00	None
Donation to support All School Write	Pine Lake Middle School	3200 228th Ave Sammamish WA 98075	4000.00	None
Donation to support Assemblies and	Pine Lake Middle School	3200 228th Ave Sammamish WA 98075	1000 00	None
Donation to support Curriculum Enrichment	Pine Lake Middle School	3200 228th Ave Sammamish WA 98075	14408.20	None
After School Tutoring Program	Pine Lake Middle School	3200 228th Ave Sammamish WA 98075	2104.31	None
After School Library Program	Pine Lake Middle School	3200 228th Ave Sammamish WA 98075	5000.00	None
Counceling Department for Student needs	Pine Lake Middle School	3200 228th Ave Sammamish WA 98075	850.73	None
Donation to Support Haiti Relief	Partners in Health	P.O. Box 845578 Boston MA 02284-5578	809.05	None
Total Part 1, Line 10			**36537.53**	

Pine Lake PTSA 2.6.42
EIN 91-1352729
2009

FORM 990-EZ, Part III

Statement of Program Service Accomplishments

The mission of the Pine Lake Middle School PTSA is to support, work and speak on behalf of students at Pine Lake Middle School and the community, to assist parents in developing the skills they need to raise and protect their children, and to provide opportunities to engage our children academically.

Part III, Line 28 Student Support/Enrichment/Education 32562.41

* We provided school grants for the purchase of educational materials and supplies to enrich classroom learning and address student needs.
* We funded an afterschool library and tutoring program available to all students with a safe and constructive place to go after school.
* We provided a grant to the district summer school program.
* We supported student achievement in the arts with the Reflections program.
* We funded a student recognition program that honors outstanding student achievement.
* We provided decorations and refreshments for 8th grade promotion.
* We provided emergency supplies for all students in case of a natural disaster.
* We provided support to ISF which funds student enrichment and student programs throughout the Issaquah School District
* We provided support to the Echo Glen art enrichment program.
* We provided support to Tiger Mountain High School enrichment programs
* We provided support to Volunteers for Issaquah Schools and the League of Education Voters to support bonds and levy information campaigns in our district.
* We provided a grant to the district for the purchase of Difibrillator and maintenace equipment to be located at schools in our district.

Part III, Line 29 Parent Involvement/Education 1943.81

* We printed and distributed student directories to promote communication within our school community.
* We communicated with school families through our website.
* We provided opportunities for parents to attend seminars of special interest to parents of middle school children
* We provided opportunities for PTSA leaders and/or members to attend workshops, conferences, legislative assembly and the state PTA convention.

Part III, Line 30 Community/Volunteer Involvement and Recognition 7385.85

* We provided support to E-15 Elementary School PTSA.
* We provided support to Whatcom Middle School PTSA.
* We provided support to Pacific Cascade Middle School PTSA
* We provided an opportunity for students and the community to raise funds for Partners in Health for disaster relief in Haiti.
* We provided support and recognition to Pine Lake Middle School teachers and Staff
* We provided support and recognition to Pine Lake Middle School volunteers

Part III, Line 32 Total Program Service Expenses 41892.07