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**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

Open to Public
Inspection

► 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 2009 calendar year, or tax year beginning **JULY 01**, 2009, and ending **JUNE 30**, 2010

<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CATHCART PARENT ORGANIZATION	D Employer Identification number 91-1401672	
	Number & street (or P.O. box, if mail is not delivered to street addr.) 8201 188TH ST SE	Room/ suite 	
	City or town, state or country, and ZIP + 4 Snohomish WA 98296	E Telephone number (360) 563-7075	
	F Group Exemption Number... ►		
	G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►		
	H Check <input checked="" type="checkbox"/> if organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF).		

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

I Website: ► N/A

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 ► **\$ 40,210****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	7,152
	2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3		
4 Investment income	4	35	
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 ►			
a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	33,023	
b Less direct expenses other than fundraising expenses	6b	8,656	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	24,367	
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. All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	31,554	
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10	41,985
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	665	
17 Total expenses. Add lines 10 through 16	17	42,650	
ASSETS	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-11,096
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	45,245	
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	34,149	

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		45,245	22 34,149
23 Land and buildings			23
24 Other assets (describe ►)			24
25 Total assets		45,245	25 34,149
26 Total liabilities (describe ►)		0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		45,245	27 34,149

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

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	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	X
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	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	X
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	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a		
b Did the organization file Form 1120-POL for this year?	37b	X
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	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved.	38b	
39 Section 501(c)(7) organizations. Enter.	39a	
a Initiation fees and capital contributions included on line 9	39b	
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	X
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		
41 List the states with which a copy of this return is filed ► NONE		
42a The organization's books are in care of ► See attachment #6 Telephone no ► Located at ►		
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	X
If "Yes," enter the name of the foreign country ►		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42c	X
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 ► 43 and enter the amount of tax-exempt interest received or accrued during the tax year		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
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	X

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
46

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Yes No
47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes No
48

49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No
49a

b If "Yes," was the related organization a section 527 organization? Yes No
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."

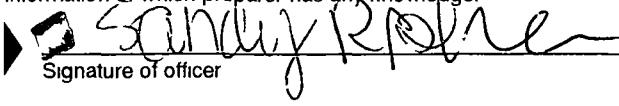
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 . . . ►

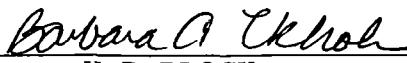
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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.	11-19-10
	►  Signature of officer	

► **SANDY ROPKA** PRESIDENT
Type or print name and title

Paid Preparer's Use Only	Preparer's signature ► 	Date 11-16-10	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying no (See instr) ►
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► H&R BLOCK 1413 AVENUE D SNOHOMISH, WA 98290		EIN ►	Phone no. ► 360-568-8988

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.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

CATHCART PARENT ORGANIZATION

Employer Identification number
91-1401672

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)		X
11g(ii)		X
11g(iii)		X

(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		
Total							

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

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")	34327	26855	7349	4672	7152	80355
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						
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	34327	26855	7349	4672	7152	80355
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b <i>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</i>						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						80355

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	34327	26855	7349	4672	7152	80355
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	102	62	66	83	35	348
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	102	62	66	83	35	348
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.)	34429	26917	7415	4755	7187	80703
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	99.57	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	99.68	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.43	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.32	%
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			► <input checked="" type="checkbox"/>
b 33 1/3 % support tests -- 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here . The organization qualifies as a publicly supported organization			► <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"/>

2009 DETAIL STATEMENTS

CATHCART PARENT ORGANIZATION

91-1401672

Page 1

STATEMENT #1 - Contributions, gifts, grants (EZ1 PFL Line 1)

.....	1,524
Donations.....	5,585
Ink Cartridge Recycling.....	43
TOTAL CARRIED TO EZ1 PFL Line 1.....	7,152

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

CATHCART PARENT ORGANIZATION

Employer identification number

91-1401672

Part I

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 <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input checked="" type="checkbox"/> Special fundraising events
d <input type="checkbox"/> 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

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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	(b) Event #2	(c) Other events	(d) Total events
		Fund Raiser (event type)	Fund Raiser (event type)	8 (total number)	(Add col. (a) through col. (c))
REVENUE	1 Gross receipts	7,842	4,088	21,093	33,023
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	7,842	4,088	21,093	33,023
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	3,214	382	5,060	8,656
	10 Direct expense summary. Add lines 4 through 9 in column (d)				► (8,656)
	11 Net income summary. Combine line 3, column (d), and line 10				► 24,367

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) thru col. (c))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				► ()
	8 Net gaming income summary. Combine line 1, column d, and line 7				►

9 Enter the state(s) in which the organization operates gaming activities. _____

Yes	No
9a	X

a Is the organization licensed to operate gaming activities in each of these states?
b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

10a	X
11	X

b If "Yes," explain _____

11 Does the organization operate gaming activities with nonmembers?

11	X
12	X

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
13 Indicate the percentage of gaming activity operated in		
a The organization's facility	13a	%
b An outside facility	13b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name ►		
Address ►		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	X
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 ►		
Gaming manager compensation ► \$ _____		
Description of services provided ►		
<input type="checkbox"/> Director/officer	<input type="checkbox"/> Employee	<input type="checkbox"/> 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	X
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 ► \$		

SCHEDULE OF OTHER EXPENSES

Attachment 2: page 1 - 990-EZ Page 1, 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

CATHCART PARENT ORGANIZATION

Employer Identification Number

91-1401672

Description of Other Expenses	Amount
Administration	137
Administration Software	218
Bank Fees	20
Liability Insurance	105
Accounting	175
Website	10
Total	665

SCHEDEULE OF GRANTS AND SIMILAR AMOUNTS PAID

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

Open to Public
InspectionFor Calendar year 2009, or tax year period beginning 07-01-2009
and ending 06-30-2010.

Name of Organization	Employer Identification Number		
CATHCART PARENT ORGANIZATION	91-1401672		
Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
Family Social Events	Cathcart Elementary		
Campbell Memorial Fund	'Cathcart Elementary	5,892	
FPS	'Cathcart Elementary	767	
Principal Funds	'Cathcart Elementary	25	
		6,684	
Relationship	Description of Property	Book Value	How Book Value is Determined
		5,892	
		767	
		25	
Total		6,684	

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

Attachment 1: page 2 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid
 Open to Public Inspection For Calendar year 2009, or tax year period beginning 07-01-2009 and ending 06-30-2010.

Name of Organization	Employer Identification Number		
CATHCART PARENT ORGANIZATION	91-1401672		
Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
Special Projects	' ' Cathcart Elementary	60	
Staff Support	' ' Cathcart Elementary	21,126	
Student Benefit	' ' Cathcart Elementary	5,021	
	' , ,	9,094	
		35,301	
Relationship	Description of Property	Book Value	How Book Value is Determined
		60	
		21,126	
		5,021	
		9,094	
Total		35,301	

PRIMARY EXEMPT PURPOSE

Attachment 3: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning	07-01	, and ending	06-30-2010.
Name of Organization				Employer Identification Number
CATHCART PARENT ORGANIZATION				91-1401672

Primary Purpose

Non-Profit Fundraising for Cathcart Elementary School

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 4: page 1 - 990-EZ Page 3, 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 CATHCART PARENT ORGANIZATION		Employer Identification Number 91-1401672	
Part III - Statement of Program Service Accomplishments			
Grants and allocations	Amount includes foreign grants	Program service expenses	41,985
Exempt Purpose Achievements			

Cathcart Elementary School - All funds earned by the Cathcart Parent Organization are used to purchase supplies and/or equipment and to help low income families with school expenses.

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 5: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2009 or tax period beginning	07-01-2009, and ending	06-30-2010.	
Name of Organization CATHCART PARENT ORGANIZATION			Employer Identification Number 91-1401672	
(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben Plans & Def Comp.	(E) Expense Account & Other Allowances
SANDY ROPKA 7615 172ND ST SE Snohomish, WA 98296 LARRY TRUMBULL 17818 105TH AVE SE Snohomish, WA 98296 Amy Hartmann Snohomish, WA 98296 Nicole Weins 11022 198th Pl SE Snohomish, WA 98296 Tara Hublou 6831 185th St SE Snohomish, WA 98296 MINDI GARDNER 6531 WHEELER ST Snohomish, WA 98296 CATHERINE HENNIG 17719 105TH AVE SE Snohomish, WA 98296 Tauna Meyer 17215 59th Ave SE Snohomish, WA 98296 KIM FOGLESONG 9132 160TH ST SE Snohomish, WA 98296	PRESIDENT 1st VP Fundraising Co-VP Fundraising CO 1ST VP FUNDRAISING Secretary 2ND VP FAM EVENTS Co-2nd VP Family Events Treasurer VOLUNTEER COORDINATE	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

BOOKS ARE IN CARE OF

Attachment 6 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2009 or tax period beginning	07-01	, and ending	06-30-2010.
Name of Organization CATHCART PARENT ORGANIZATION			Employer Identification Number 91-1401672	
Part V - Line 42a				

Individual Name CATHERINE HENNIG
or
Business Name

Street Address 17719 105TH AVE SE

U S Address

Zip code 98296 City Snohomish State WA

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (360) 668-5504

Fax Number