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

B 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	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Discovery Elementary PTSA 2.6.9.		D Employer identification number 94-3152614
		Number & street (or P O box, if mail is not delivered to street addr)		E Telephone number
		2003 65th Avenue West		(425) 392-2941
		City or town, state or country, and ZIP + 4		F Group Exemption Number
		Tacoma WA 98466-6215		

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

G Accounting Method ☒ Cash ☐ Accrual
Other (specify) ►

I Website: ► N/A

J Tax-exempt status (check only one) -- ☒ 501(c)(3) (insert no) 4947(a)(1) or 527

H Check ☒ if organization is **not** required to attach Sch 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 ► \$ 125,564

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	3,280
	2	Program service revenue including government fees and contracts	2	55,478
	3	Membership dues and assessments	3	8,228
	4	Investment income	4	26
	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 ► See attachment #1)	8	58,552	
9	Total revenue. All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	125,564	
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	
	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 JGDEN, UT)	16	133,424
	17	Total expenses. Add lines 10 through 16	17	133,424
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-7,860
	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	63,325
	20	Other changes in net assets or fund balances (attach explanation) #3	20	-2,558
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	52,907

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	63,325	52,907
23 Land and buildings		
24 Other assets (describe ►)		
25 Total assets	63,325	52,907
26 Total liabilities (describe ►)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	63,325	52,907

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

Form 990-EZ (2009)

SCANNED SEP 13 2010

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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		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	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	40e	X
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 #7 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)?		
If "Yes," enter the name of the foreign country. ▶ _____	42b	X
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	X
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 ▶ <input type="checkbox"/>		
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	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.

- | | 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 | X |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . | 47 | X |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | X |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | X |
| b If "Yes," was the related organization a section 527 organization? . . . | 49b | X |
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

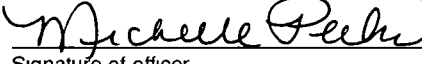

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
	 Signature of officer		7/20/2010 Date		
Paid Preparer's Use Only	 Preparer's signature		07-13-2010 Date	<input type="checkbox"/> Check if self-employed	P-00009699 Preparer's identifying no. (See instr.)
	HRB Tax Group Inc Firm's name (or yours if self-employed), address, and ZIP + 4		EIN 13-1871840 Phone no.		425-558-3541
	16025 NE 85TH STE101 Redmond, WA 98052				

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

Department of the Treasury
Internal Revenue Service

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

2009

Open to Public Inspection

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

Discovery Elementary PTSA 2.6.9.

94-3152614

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?

	Yes	No
11g(I)		X
11g(II)		X
11g(III)		X

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

[illegible]

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.")		5,382	5,594	5,594	8,828	25,398
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		110,820	69,357	129,858	124,570	434,605
5 The value of services or facilities furnished by a governmental unit to the organization without charge . .						
6 Total. Add lines 1 through 5		116,202	74,951	135,452	133,398	460,003
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.)						460,003

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		116,202	74,951	135,452	133,398	460,003
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		621	700	161	26	1,508
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b		621	700	161	26	1,508
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.)		116,823	75,651	135,613	133,424	461,511

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	99.67 %
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	0 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

- 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 ☒
- 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 ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 8

Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 8

For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.

Discovery Elementary PTSA 2.6.9.

94-3152614

Description of Other Revenue	Amount
Art Show	1,518
Book Fair	924
Emergency Pack Income	3,199
Fifth Grade Fundraising, student raised	22,772
Fifth Grade Fundraising, family funded	1,885
Movie Night	331
Popcorn Sales	1,255
School Supplies	15,690
Spirit Gear	2,288
Student Directory/Ads	430
Yearbook	8,260
Total	58,552

Attachment 3: page 1 - 990-EZ Page 1, Part I, Line 20

For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.

Discovery Elementary PTSA 2.6.9.

94-3152614

Total	-2,558
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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	Employer Identification Number		
Discovery Elementary PTSA 2.6.9.	94-3152614		

Description of Other Expenses	Amount
Fund Raising Expenses	3,580
Art Docent	1,095
Art Show	337
Assemblies	1,463
Bel Program	7,500
Book Fair	154
Character Ed - Eagle Awards	230
Curriculum Grants	8,434
Destination Imagination	945
Eager Reader	824
Emergency Pack	1,217
Fifth Grade Farewell	769
Fifth Grade Fundraising	22,772
Fifth Grade Party	959
Garden	97
Golden Acorn/Oustanding Educator	562
Haiti Relief	929
Hospitality/Fall Welcome	103
Ice Cream Social	121
K-Kids	34
Learning Resource Room	250
Math Olympiad	198
Movie Night	69
PCMS/E15 Startup	10,200
Popcorn Supplies	1,254
Reflections	263
Running Club	35
Scholarship	500
School Supply	27,077
Science Docent	37
Science Fair	329
Science-To-Go Kate Poaster	10,500
Spirit Gear	1,355
Staff Appreciation	501
Staff Cookie Exchange	83
Sunshine Fund	734
Talent Show	212
Teacger Grants	8,504
Volunteer Appreciation	132
Yearbook	7,043
Admonistrtive	5,294
Service Fee	6,534
Leadership Education	195
Total	133,424

PRIMARY EXEMPT PURPOSE

Attachment 4: 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 Discovery Elementary PTSA 2.6.9.	Employer Identification Number 94-3152614

Primary Purpose

To enhance the educational experience of children and their families by working in oartnership with teachers, educational staff, the local community.

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 5: 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 Discovery Elementary PTSA 2.6.9.		Employer Identification Number 94-3152614	
Part III - Statement of Program Service Accomplishments			
Grants and allocations	Amount includes foreign grants	Program service expenses	133,424

Exempt Purpose Achievements

The PTSA gives each child a legislative voice while providing safe, fun and educationally enriching activities, supported by its own fundraising.

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 6: 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.
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Name of Organization Discovery Elementary PTSA 2.6.9.	Employer Identification Number 94-3152614
--	--

(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
Shelly Russell 2522 232nd Ave SE Sammamish, WA 98075	Co-President 10.00	0	0	0
Ken Peatross 21504 SE 22nd St Sammamish, WA 98075	Co-President 10.00	0	0	0
Ina Ghangurde 19465 SE 68th Place Sammamish, WA 98075	Vice President 10.00	0	0	0
Lea Bachman 23961 SE 8th Pl SE Sammamish, WA 98075	Vice President 10.00	0	0	0
Susmitha Kothari 1314 226th Ct SE Sammamish, WA 98075	Secretary 10.00	0	0	0
Michelle Peiker 20120 SE 23rd Pl Sammamish, WA 98075	Co-Treasurer 10.00	0	0	0
Janet Schwinn 21816 SE 13th Place Sammamish, WA 98075	Co-Treasurer 10.00	0	0	0
Gail Lindley-Holmes 19801 SE 8th St Sammamish, WA 98075	Co-VP of Programs 10.00	0	0	0
Suasan Schreiber 22564 SE 12th Place Sammamish, WA 98075	Co-VP of Programs 10.00	0	0	0
Suasan Peters 2679 230th Ave SE Sammamish, WA 98075	Co-VP of Fund Raising 10.00	0	0	0
Erin Earles 913 244th Ct SE Sammamish, WA 98075	Co-VP of Fund Raising 10.00	0	0	0

BOOKS ARE IN CARE OF

Attachment 7 - 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 Discovery Elementary PTSA 2.6.9.	Employer Identification Number 94-3152614
Part V - Line 42a	

Individual Name . . . Michelle Peiker
or
Business Name:

Street Address . . . 20120 SE 23rd Place

U S Address

Zip code 98075 City Sammamish State WA
or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (425) 391-8233

Fax Number