



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



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**

Department of the Treasury
Internal Revenue Service

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form
- The organization may have to use a copy of this return to satisfy state reporting requirements

► 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

- 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) ►

| Website: ► N/A

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.

Additional lines 5b, 5b, and 7b, to line 8 to determine gross receipts if \$500,000 or more, file Form 820 instead of Form 820, F-2, \$ 125 564

Part 1 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part 1)		
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) JUDEN, 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 -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.)

(See the instructions for Part II.)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	63,325	22
23	Land and buildings	23	
24	Other assets (describe ►	24	
25	Total assets	63,325	25
26	Total liabilities (describe ►	0	26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	63,325	27
		52,907	
		52,907	
		0	
		52,907	

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

Form 990-EZ (2009)

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

What is the organization's primary exempt purpose? See attachment #4

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, & other relevant information for each program title.

28 See attachment #5

Expenses

(Required for section 501(c)(3)
and 501(c)(4) organizations and
section 4947(a)(1) trusts, optional
for others.)

(Grants \$)

3) If this amount includes foreign grants, check here

1

133.424

29

(Grants \$)

If this amount includes foreign grants, check here

1

30

(Grants \$)

If this amount includes foreign grants, check here

1

31 Other program services (attach schedule)

(Grants \$)

1) If this amount includes foreign grants, check here

1

32 Total program service expenses (add lines 28a through 31a)

41

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instr. for Part IV.)

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	35a	X
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?	35b	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	36	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	37b	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	38a	
b Did the organization file Form 1120-POL for this year?	38b	
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?	39a	
b If "Yes," complete Schedule L, Part II and enter the total amount involved.	39b	
39 Section 501(c)(7) organizations Enter	40a	
a Initiation fees and capital contributions included on line 9	40b	
b Gross receipts, included on line 9, for public use of club facilities	40c	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____	40d	
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	40e	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	42a	
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	42b	
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	42c	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 ► _____	ZIP + 4 ► _____
b 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)?	42d	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 .		
c At any time during the calendar year, did the organization maintain an office outside of the U S ?	42e	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 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

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 X

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

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

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

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

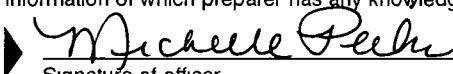
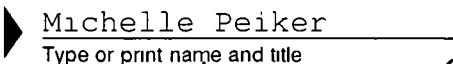
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

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  Type or print name and title Treasurer Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Sharron Holtz, EA	Date 07-13-2010	Check if self-employed <input type="checkbox"/> Preparer's identifying no. (See instr.) P-00009699
	Firm's name (or yours if self-employed), address, and ZIP + 4	HRB Tax Group Inc 16025 NE 85TH STE101 Redmond, WA 98052	EIN 43-1871840	Phone no. 425-558-3541

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

Discovery Elementary PTSA 2.6.9.

Employer Identification number
94-3152614

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? . . .

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

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		
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")		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 ► <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	99.67	%
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 ► <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"/>			

SCHEDULE OF OTHER REVENUE

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

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 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

SCHEDULE OF OTHER CHANGES IN NET ASSETS OR FUND BALANCES

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

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
Description of Changes			Total Amount
Outstanding checks			- 2,558
			Total
			- 2,558

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	Discovery Elementary PTSA 2.6.9.		Employer Identification Number 94-3152614		
Description of Other Expenses			Amount		
Fund Raising Expenses Art Docent Art Show Assemblies Bel Program Book Fair Character Ed - Eagle Awards Curriculum Grants Destination Imagination Eager Reader Emergency Pack Fifth Grade Farewell Fifth Grade Fundraising Fifth Grade Party Garden Golden Acorn/Oustanding Educator Haiti Relief Hospitality/Fall Welcome Ice Cream Social K-Kids Learning Resource Room Math Olympiad Movie Night PCMS/E15 Startup Popcorn Supplies Reflections Running Club Scholarship School Supply Science Docent Science Fair Science-To-Go Kate Poaster Spirit Gear Staff Appreciation Staff Cookie Exchange Sunshine Fund Talent Show Teacger Grants Volunteer Appreciation Yearbook Admonistrive Service Fee Leadership Education			3,580 1,095 337 1,463 7,500 154 230 8,434 945 824 1,217 769 22,772 959 97 562 929 103 121 34 250 198 69 10,200 1,254 263 35 500 27,077 37 329 10,500 1,355 501 83 734 212 8,504 132 7,043 5,294 6,534 195		
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		Employer Identification Number	
Discovery Elementary PTSA 2.6.9.		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.	
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
Susan Schreiber 22564 SE 12th Place Sammamish, WA 98075	Co-VP of Programs 10.00	0	0	0
Susan 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 _____