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Form 990-EZ

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 07-01-2010, and ending 06-30-2011

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: ROSE HILL ELEMENTARY PTA. Number and street (or P O box, if mail is not delivered to street address) Room/suite: 2003 65TH AVE W. City or town, state or country, and ZIP + 4: TACOMA, WA 984669215

D Employer identification number: 91-1092970. E Telephone number: (425) 889-8421. F Group Exemption Number

G Accounting method: [X] Cash [ ] Accrual Other (specify). I Website: WWW.LWSD.ORG/ROSEHILL/PTA. J Tax-Exempt status (check only one): [X] 501(c)(3) [ ] 501(c)( ) (insert no) [ ] 4947(a)(1) or [ ] 527

H Check [X] 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 \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 48,856

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

Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows and 3 columns. Rows 1-9: Revenue (Total revenue: 45,730). Rows 10-17: Expenses (Total expenses: 55,393). Rows 18-21: Net Assets (End of year: 33,962).

**Part II Balance Sheets**

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II )

|  | (A) Beginning of year |           | (B) End of year |
|--|-----------------------|-----------|-----------------|
| <b>22</b> Cash, savings, and investments . . . . .   | 43,625                | <b>22</b> | 33,962          |
| <b>23</b> Land and buildings . . . . .   |                       | <b>23</b> |                 |
| <b>24</b> Other assets (describe in Schedule O) . . . . .  |                       | <b>24</b> |                 |
| <b>25 Total assets</b> . . . . .   | 43,625                | <b>25</b> | 33,962          |
| <b>26 Total liabilities</b> (describe in Schedule O) . . . . .   |                       | <b>26</b> |                 |
| <b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . . | 43,625                | <b>27</b> | 33,962          |

**Part III Statement of Program Service Accomplishments**

Check if the organization used Schedule O to respond to any question in this Part III

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

What is the organization's primary exempt purpose?

THE ORGANIZATION WORKS IN DIRECT PARTNERSHIP WITH ROSE HILL ELEMENTARY TO PROVIDE AN ORGANIZED VOLUNTEER SUPPORT SYSTEM AS WELL AS FINANCIAL RESOURCES THAT ARE NOT OTHERWISE AVAILABLE DUE TO SEVERE BUDGET CONSTRAINTS AT THE DISTRICT, CITY, STATE AND FEDERAL LEVELS

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**28** LAST YEAR, THE PTSA SUCCESSFULLY PROVIDED PROGRAMS THAT ENHANCED THE EDUCATION OF THE ROSE HILL ELEMENTARY STUDENTS THE ORGANIZATION PROVIDED ENRICHMENT PROGRAMS THAT INCLUDED THE FIRST MOVE CHESS PROGRAM THAT WAS OFFERED IN 2ND AND 3RD GRADE CLASSROOMS DURING SCHOOL HOURS, AFTER SCHOOL FOREIGN LANGUAGE, CHOIR, TOP NOTCH STUDENT PLAY PROGRAMS, SCIENCE FAIR, ART REFLECTIONS PROGRAM, STUDENT BANKING, VISION AND HEARING SCREENING, BOOK FAIRS, AND SCIENCE CLUB

(Grants \$ ) If this amount includes foreign grants, check here  **28a** 48,923

**29**

(Grants \$ ) If this amount includes foreign grants, check here  **29a**

**30**

(Grants \$ ) If this amount includes foreign grants, check here  **30a**

**31** Other program services (describe in Schedule O) . . . . .  
(Grants \$ ) If this amount includes foreign grants, check here  **31a**

**32 Total program service expenses** (add lines 28a through 31a) . . . . . **32** 48,923

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

Check if the organization used Schedule O to respond to any question in this 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 |
|---------------------------|--|--|---|--|
| See Additional Data Table |  |  |   |  |
|                           |  |  |   |  |
|                           |  |  |   |  |
|                           |  |  |   |  |

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2010) Part V Other Information. Questions 33-44d regarding organizational activities, tax reporting, and financial accounts. Includes checkboxes for 'Yes' and 'No' and input fields for amounts and dates.

Yes No

Table with 3 columns: Question (45, 45a, 46), Yes, No. Questions regarding controlled entities and political activities.

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 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

Table with 3 columns: Question (47, 48, 49a, 49b), Yes, No. Questions regarding lobbying, school status, and related organizations.

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"

Table with 5 columns: (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. Row 1 contains 'NONE'.

50(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"

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000, (b) Type of service, (c) Compensation. Row 1 contains 'NONE'.

51(d) Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. [X] Yes [ ] No

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: Signature of officer (\*\*\*\*\*), Date (2011-10-25), Type or print name and title (BETH DAVIS TREASURER)

Paid Preparer's Use Only: Preparer's signature (DEBBIE STEWART CPA), Date (2011-11-07), Check if self-employed, Preparer's taxpayer identification number, Firm's name (GREENWOOD OHLUND & CO LLP CPA'S), address (1445 NW 56TH ST, SEATTLE, WA 98107), EIN, Phone no ((206) 782-1767)

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [ ] No

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

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.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ROSE HILL ELEMENTARY PTA

Employer identification number

91-1092970

**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 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 |
|-----------------|-----|----|
| <b>11g(i)</b>   |     |    |
| <b>11g(ii)</b>  |     |    |
| <b>11g(iii)</b> |     |    |

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

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3  |          |          |          |          |          |           |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |          |          |          |          |          |           |
| <b>6 Public Support.</b> Subtract line 5 from line 4   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010  | (f) Total |
|---|----------|----------|----------|----------|-----------|-----------|
| <b>7</b> Amounts from line 4  |          |          |          |          |           |           |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |          |          |          |          |           |           |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on                             |          |          |          |          |           |           |
| <b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )                                |          |          |          |          |           |           |
| <b>11 Total support</b> (Add lines 7 through 10)  |          |          |          |          |           |           |
| <b>12</b> Gross receipts from related activities, etc (See instructions )   |          |          |          |          | <b>12</b> |           |

**13 First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

|  |           |  |
|--|-----------|--|
| <b>14</b> Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) | <b>14</b> |  |
| <b>15</b> Public Support Percentage for 2009 Schedule A, Part II, line 14                      | <b>15</b> |  |

**16a 33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **17a 10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization **18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

**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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  |          | 17,991   | 20,792   | 30,396   | 7,342    | 76,521    |
| <b>2</b> 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 |          | 4,623    | 31,836   | 35,269   | 28,454   | 100,182   |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          | 14,380   | 1,792    |          | 13,052   | 29,224    |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5   |          | 36,994   | 54,420   | 65,665   | 48,848   | 205,927   |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| <b>b</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           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b  |          |          |          |          |          |           |
| <b>8 Public Support</b> (Subtract line 7c from line 6 )   |          |          |          |          |          | 205,927   |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6   |          | 36,994   | 54,420   | 65,665   | 48,848   | 205,927   |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  |          | 13       | 5        | 2        | 8        | 28        |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975   |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b   |          | 13       | 5        | 2        | 8        | 28        |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  |          |          |          |          |          |           |
| <b>13 Total support</b> (Add lines 9, 10c, 11 and 12 )   |          | 37,007   | 54,425   | 65,667   | 48,856   | 205,955   |
| <b>14 First Five Years</b> 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 <b>stop here</b> <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|  |           |          |
|--|-----------|----------|
| <b>15</b> Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) | <b>15</b> | 99.990 % |
| <b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15                    | <b>16</b> | 99.980 % |

**Section D. Computation of Investment Income Percentage**

|  |           |     |
|--|-----------|-----|
| <b>17</b> Investment income percentage for <b>2010</b> (line 10c column (f) divided by line 13 column (f)) | <b>17</b> | 0 % |
| <b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17                      | <b>18</b> |     |

**19a 33 1/3% support tests—2010.** 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—2009.** 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

**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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|                                     |
|-------------------------------------|
| <b>Facts And Circumstances Test</b> |
|-------------------------------------|






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## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 91-1092970  
**Name:** ROSE HILL ELEMENTARY PTA

### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

| (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 |
|---|--|--|---|--|
| JENNIFER MASON <br>8100 128TH AVE NE<br>KIRKLAND, WA 98033   | PRESIDENT 10 00  | 0  |   |  |
| KIM WHITE <br>8100 128TH AVE NE<br>KIRKLAND, WA 98033        | VICE PRESIDE 4 00  | 0  |   |  |
| BETH DAVIS <br>8100 128TH AVE NE<br>KIRKLAND, WA 98033       | TRESURER 4 00  | 0  |   |  |
| CAROLANN O'BRIEN <br>8100 128TH AVE NE<br>KIRKLAND, WA 98033 | SECRETARY 2 00   | 0  |   |  |
| KARIN JANIK <br>8100 128TH AVE NE<br>KIRKLAND, WA 98033      | DIRECTOR 2 00  | 0  |   |  |

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2010

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization ROSE HILL ELEMENTARY PTA

Employer identification number 91-1092970

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Internet and e-mail solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual... Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address 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. Includes a Total row at the bottom.

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

**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<br><b>RACCOON RALLY &amp;</b><br>(event type) | (b) Event #2<br>_____<br>(event type) | (c) Other Events<br>_____<br>(total number) | (d) Total Events<br>(Add col (a) through<br>col (c)) |
|---|--|--|---------------------------------------|---|--|
| <b>Revenue</b>  | <b>1</b> Gross receipts . . . . .  | 6,253  |                                       |   | 6,253  |
|   | <b>2</b> Less Charitable contributions . . . . .                                 |  |                                       |   |  |
|   | <b>3</b> Gross income (line 1 minus line 2) . . . . .                            | 6,253  |                                       |   | 6,253  |
| <b>Direct Expenses</b>  | <b>4</b> Cash prizes . . . . .   |  |                                       |   |  |
|   | <b>5</b> Non-cash prizes . . . . .   |  |                                       |   |  |
|   | <b>6</b> Rent/facility costs . . . . .   |  |                                       |   |  |
|   | <b>7</b> Food and beverages . . . . .  |  |                                       |   |  |
|   | <b>8</b> Entertainment . . . . .   |  |                                       |   |  |
|   | <b>9</b> Other direct expenses . . . . .   | 414  |                                       |   | 414  |
|   | <b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶ |  |                                       |   | 414  |
| <b>11</b> Net income summary Combine lines 3 and 10 in column (d) . . . . . ▶ |  |  |                                       | 5,839                                       |  |

**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<br>bingo/progressive bingo                   | (c) Other gaming   | (d) Total gaming<br>(Add col (a) through<br>col (c)) |
|------------------------|--|--|--|--|--|
| <b>Revenue</b>         | <b>1</b> Gross revenue . . . . .   |  |  |  |  |
|                        | <b>2</b> Cash prizes . . . . .   |  |  |  |  |
| <b>Direct Expenses</b> | <b>3</b> Non-cash prizes . . . . .   |  |  |  |  |
|                        | <b>4</b> Rent/facility costs . . . . .   |  |  |  |  |
|                        | <b>5</b> Other direct expenses . . . . .   |  |  |  |  |
| <b>Direct Expenses</b> | <b>6</b> Volunteer labor . . . . .   | <input type="checkbox"/> Yes      %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes      %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes      %<br><input type="checkbox"/> No |  |
|                        | <b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶    |  |  |  |  |
| <b>Direct Expenses</b> | <b>8</b> Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶ |  |  |  |  |

**9** Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

**a** Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," Explain \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," Explain \_\_\_\_\_

- 11** Does the organization operate gaming activities with nonmembers? . . . . .  Yes  No
- 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

|  |            |
|--|------------|
| <b>a</b> The organization's facility . . . . . | <b>13a</b> |
| <b>b</b> An outside facility . . . . .         | <b>13b</b> |

**14** Provide 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? . . . . .  Yes  No

**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

Name ▶

Address ▶

**16** Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer                       Employee                       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? . . . . .  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

**Part IV** Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

| Identifier | ReturnReference | Explanation |
|------------|-----------------|-------------|
|------------|-----------------|-------------|

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

**Name of the organization**  
ROSE HILL ELEMENTARY PTA

**Employer identification number**

91-1092970

| Identifier     | Return Reference             | Explanation   |
|----------------|------------------------------|---|
| OTHER EXPENSES | FORM 990-EZ, PART I, LINE 16 | EXPENSES COMMUNICATION 72 COPYING FUND 400 COUNCIL SCHOLARSHIP 100 GOVERNMENT FILING 52 DISCRETIONARY FUND 127 SUPPLIES 122 CONFERENCES/MEETINGS 459 INSURANCE 454 BANK FEES 45 AFTER SCHOOL ENRICHMENT 6,673 SCHOOL PLAY 6,338 MATH PROGRAM 2,012 SCHOOL PRIDE SHIRTS 332 SCIENCE CLUB 1,645 YEARBOOKS 1,830 MEMBERSHIP 1,429 OTHER PROGRAM 24,085 SCHOOL PARTNERSHIP 2,114 SCHOOL PRIDE 3,850 OTHER EXPENSES 2,263 TOTAL 54,402 |

| Identifier             | Return Reference      | Explanation  |
|------------------------|-----------------------|--|
| PRIMARY EXEMPT PURPOSE | FORM 990-EZ, PART III | THE ORGANIZATION WORKS IN DIRECT PARTNERSHIP WITH ROSE HILL ELEMENTARY TO PROVIDE AN ORGANIZED VOLUNTEER SUPPORT SYSTEM AS WELL AS FINANCIAL RESOURCES THAT ARE NOT OTHERWISE AVAILABLE DUE TO SEVERE BUDGET CONSTRAINTS AT THE DISTRICT, CITY, STATE AND FEDERAL LEVELS |

| Identifier        | Return Reference               | Explanation  |
|-------------------|--------------------------------|--|
| FIRST ACHIEVEMENT | FORM 990-EZ, PART III, LINE 28 | LAST YEAR, THE PTSA SUCCESSFULLY PROVIDED PROGRAMS THAT ENHANCED THE EDUCATION OF THE ROSE HILL ELEMENTARY STUDENTS. THE ORGANIZATION PROVIDED ENRICHMENT PROGRAMS THAT INCLUDED THE FIRST MOVE CHESS PROGRAM THAT WAS OFFERED IN 2ND AND 3RD GRADE CLASSROOMS DURING SCHOOL HOURS, AFTER SCHOOL FOREIGN LANGUAGE, CHOIR, TOP NOTCH STUDENT PLAY PROGRAMS, SCIENCE FAIR, ART REFLECTIONS PROGRAM, STUDENT BANKING, VISION AND HEARING SCREENING, BOOK FAIRS, AND SCIENCE CLUB. |

## TY 2010 Compensation Explanation

**Name:** ROSE HILL ELEMENTARY PTA

**EIN:** 91-1092970

| Person Name     | Explanation |
|-----------------|-------------|
| JENNIFER MASON  |             |
| KIM WHITE       |             |
| BETH DAVIS      |             |
| CAROLANN OBRIEN |             |
| KARIN JANIK     |             |