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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning **JULY 1**, 2010, and ending **JUNE 30**, 20 **11**

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	C Name of organization EVERETT VIEW RIDGE PTA 7.3.50 Number and street (or P O box, if mail is not delivered to street address) Room/suite 2003 65TH AVENUE WEST City or town, state or country, and ZIP + 4 TACOMA, WASHINGTON, 98466-6215	D Employer identification number 91-1095591 E Telephone number 425-385-5400 F Group Exemption Number ▶ NA
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G Accounting Method Cash Accrual Other (specify) ▶ _____

I Website: ▶ _____

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

J Tax-exempt status (check only one) – 501(c)(3) 501(c) () ◀ (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 \$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 ▶ \$ **81908.65**

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

	Description		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	2356.38
	2 Program service revenue including government fees and contracts	2	9174
	3 Membership dues and assessments	3	2194
	4 Investment income	4	57.32
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	57300.59
c Less: direct expenses from gaming and fundraising events	6c	27705.89	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	29594.70	
Expenses	7a Gross sales of inventory, less returns and allowances	7a	4737.42
	b Less: cost of goods sold	7b	3890.65
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	846.77
	8 Other revenue (describe in Schedule O) * see attachment for detail *	8	6088.67
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	50312.11
Net Assets	10 Grants and similar amounts paid (list in Schedule O)	10	9495.31
	11 Benefits paid to or for members	11	0
	12 Salaries, other compensation, and employee benefits	12	0
	13 Professional fees and other payments to independent contractors	13	0
	14 Occupancy, rent, utilities, and maintenance	14	0
	15 Printing, publications, postage, and shipping	15	1845.26
	16 Other expenses (describe in Schedule O) * see attachment for details *	16	33376.77
	17 Total expenses. Add lines 10 through 16	17	44717.34
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5594.77
	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	37091.63
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	197.46
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	42883.86

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Part II Balance Sheets. (see the instructions for Part II.)
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	42597.95	46398.25
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	0	0
25 Total assets	42597.95	46398.25
26 Total liabilities (describe in Schedule O) *See attachment for details	5506.32	442.94
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	37091.63	42858.38

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **to support education, health welfare of children and youth**
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)
28 STUDENT SUPPORT / ENRICHMENT / EDUCATION (see attachment for details)	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 34437.54
29 PARENT INVOLVEMENT & EDUCATION (see attachment for details)	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a 1360.39
30 COMMUNITY / VOLUNTEER INVOLVEMENT & RECOGNITION (see attachment for details)	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a 3757.86
31 Other program services (describe in Schedule O)	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a 0
32 Total program service expenses (add lines 28a through 31a)	32 39555.79

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
Heidi Walters, Co-President 317 Heather Road, Everett, WA 98203	Volunteer Co-President	0	0	0
Rhonda Bennett Doran, Co-President 1523 Lombard Avenue, Everett WA 98203	Volunteer Co-President	0	0	0
Kirsten Hudson, Co-Vice President PO Box 25, Everett WA 98206	Volunteer Vice President	0	0	0
ShannonLee Affholter, Co-Vice President 1519 Hoyt Avenue, Everett WA 98201	Volunteer Co-Vice Pres.	0	0	0
Holly Pohland, Secretary 314 Heather Road, Everett WA 98203	Volunteer Secretary	0	0	0
Deanna Colon, Treasurer 4846 Glenhaven Dr, Everett, WA 98203	Volunteer Treasurer	0	0	0

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		✓
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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		✓
35a			
35b			
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?		✓
37b			
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	N/A
b	Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A		
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	✓
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		0
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	✓
41	List the states with which a copy of this return is filed. ▶ N/A		
42a	The organization's books are in care of ▶ <u>Deanna Colon, PTA Treasurer</u> Telephone no. ▶ <u>425-385-5400</u> Located at ▶ <u>View Ridge Elementary School, 202 Alder Street, Everett, WA</u> ZIP + 4 ▶ <u>98203-3235</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	✓
	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	✓
	If "Yes," enter the name of the foreign country: ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c	✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	✓
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a	✓
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	✓

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, and complete the tables for lines 50 and 51.

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

		Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	✓
b	If "Yes," was the related organization a section 527 organization?	49b	✓
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

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

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

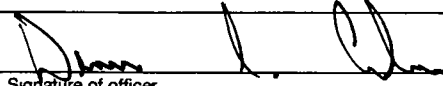
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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

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 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: 2-10-2012
 DEANNA COLON, VIEW RIDGE PTA TREASURER
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check if self-employed PTIN: _____
 Firm's name: _____ Firm's EIN: _____
 Firm's address: _____ Phone no: _____

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization EVERETT VIEW RIDGE PTA 7.3.5.0	Employer identification number 91-1095591
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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)		
11g(ii)		
11g(iii)		

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

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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 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)						
6 Public support. 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
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33¹/₃% 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 ► <input type="checkbox"/>		
b 33¹/₃% support test—2009. If the organization did not check a 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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		

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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4228	7035	4716	7014	4550	27543
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	85670	82486	91019	87039	81908	428122
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 Total. Add lines 1 through 5	89898	89521	98033	91755	86458	455665
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	0	0	0	0	0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						455665

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	89898	89521	98033	91755	88128	457335
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	84	147	113	117	54	515
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	84	147	113	117	54	515
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
13 Total support. (Add lines 9, 10c, 11, and 12.)	89982	89668	98146	91872	88182	457850
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 checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%
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 <input type="checkbox"/>		
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 <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"/>		

PART 1: REVENUE, EXPENSES, AND NET ASSETS

LINE 1	CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS	\$2,356.38
	-----	\$743.82
		\$80.44
		\$1,179.12
	PRIVATE DONATIONS	\$353
LINE 2	PROGRAM SERVICE REVENUE, GOV'T FEES, AND CONTRACTS	\$9,174
	BOOK EXCHANGE PROFITS	\$65
	FALL BOOK FAIR PROCEEDS	\$2,612.68
	SPRING BOOK FAIR PROCEEDS	\$3,313.76
	AQUASOX READING PROGRAM REVENUES	\$1,575.00
	REFLECTIONS WORKSHOPS	\$690
	BOGO BOOK FAIR INCOME	\$917.83
LINE 3	MEMBERSHIP DUES RECEIVED	\$2,194
LINE 4	INTEREST INCOME (CHECKING)	\$57.32
LINE 5a	GROSS AMOUNT FROM SALE OF ASSETS	\$0
LINE 5b		\$0
LINE 5c		\$0
LINE 6a	GROSS INCOME FROM GAMING	\$0
LINE 6b	GROSS INCOME FROM FUNDRAISING EVENTS	\$57,300.59
	FALL FUNDRAISER SALES	\$46,701.28
	COUNCILOR'S HOLIDAY FUND	\$355.00
	MAMA MIA READ AND FEED	\$878.99
	CARNIVAL PROCEEDS (TICKET SALES)	\$9,120.32
	CARNIVAL CONCESSIONS	\$245
LINE 6c	DIRECT EXPENSES FROM FUNDRAISING	\$27,705.89
	FALL FUNDRAISER MERCHANDISE EXPENSE	\$24,344.02
	COUNCILOR'S HOLIDAY FUND	\$355
	MAMA MIA READ AND FEED EXPENSE	\$291.76
	CARNIVAL	\$2,715.11

View Ridge PTA Supplemental Info July 1, 2010-June 30, 2011
EIN 91-1095591

LINE 6d	NET INCOME FROM EVENTS AND ACTIVITIES (6a+6b-6c)	\$ 29,594.70
LINE 7a	GROSS SALES INVENTORY, LESS RETURNS AND ALLOWANCES	\$4,737.42
	POPCORN FRIDAY	\$811.25
	LOGO WEAR SALES	\$3,411.00
	HOLIDAY STORE PROCEEDS	\$515.17
LINE 7b	COST OF GOODS SOLD	\$3,890.65
	LOGO SALES EXPENSES	\$3,187.00
	HOLIDAY STORE EXPENSES	\$703.65
LINE 7c	GROSS PROFIT FROM SALES OF INVENTORY (7a-7b)	\$846.77
LINE 8	OTHER REVENUE	\$6,088.67
	YEARBOOK PAYMENTS RECEIVED	\$4,026.55
	AFTER SCHOOL ACTIVITIES	\$140
	5TH GRADE CAMP FUNDRAISING	\$1,754.89
	RECOVERED FROM BOUNCED CHECKS	\$108
	REIMBURSED PHOTO COPIES	\$9.23
	REFUND FROM SECRETARY OF STATE	\$50
LINE 9	TOTAL REVENUE	\$50,312.11
LINE L	5b+6c+7b+9	\$81,908.65
LINE 10	GRANTS AND SIMILAR AMOUNTS PAID	\$9,495.31
	5TH GRADE OUTDOOR EDUCATION	\$600
	AFTER SCHOOL PROGRAM SCHOLARSHIPS	\$270
	BOOKS PURCHASED FOR LIBRARY	\$2,025.87
	MUSICAL PERFORMANCE EXPENSES	\$338.56
	L.A.P. SPECIALIST SUPPORT	\$270.20
	MUSIC SPECIALIST SUPPORT	\$500
	PE SPECIALIST SUPPORT	\$499.46
	TECHNOLOGY SPECIALIST SUPPORT	\$446.75
	PLAYGROUND EQUIPMENT	\$791.85
	TEACHER GRANTS	\$1,702.62
	OPERATION SCHOOL BELL	\$1,400
	SHOE FUND	\$650
LINE 11-14	BENEFITS...SALARIES...FEES...OCCUPANCY	\$0
LINE 15	PRINTING, PUBLICATIONS, POSTAGE, AND SHIPPING	\$1,845.26

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	STUDENT DIRECTORY	\$504.50
	POSTAGE	\$18.09
	PHOTOCOPIES	\$1,322.67
LINE 16	OTHER EXPENSES	\$33,376.77
	5TH GRADE BRIDGING	\$389.38
	AFTER SCHOOL ACTIVITIES HOLDING FUND	\$140
	ANNUAL CORPORATION FEES	\$10.00
	AQUASOX READING PROGRAM	\$1,612.23
	ART DOCENT	\$660.38
	ASSEMBLIES	\$3,100.00
	BAD CHECKS	\$117.50
	BOGO BOOK FAIR	\$817.21
	BOOK EXCHANGE	\$127.00
	BOOK FAIR SCHOLARSHIPS	\$229.22
	BOOK FAIRS (SPRING AND FALL)	\$4,521.72
	BOOK FAIRS STARTING CASH	\$200
	CARNIVAL EXPENSES	\$2,715
	CHARITABLE SOLICITATIONS RENEWAL	\$90.00
	DADS AND MOMS PROGRAMS	\$491.28
	FIELD DAY	\$48.52
	FIELD TRIPS	\$6,000.00
	GOLDEN ACORN OUTSTANDING EDUCATOR	\$598.90
	HOSPITALITY	\$270.34
	INSURANCE	\$290
	LEADERSHIP CONFERENCES	\$40.00
	MAILBOXES	\$78.58
	MATH NIGHT	\$114.81
	MEMBERSHIP FEES PAID	\$2,030.25
	MISC. - HELIUM (118.54) AND FOLDING TABLES (536.46)	\$655.00
	MOVIE NIGHT	\$150
	NEW CHECKS	\$131.02
	OPEN HOUSE EXPENSES	\$174.11
	PATROL/MEDIATOR EXPENSES	\$398.98
	PIONEER DAY	\$136.94
	PTA MEETING CHILDCARE	\$450
	REFLECTIONS WORKSHOPS EXPENSES	\$422.79
	SPECIAL GUEST DAY	\$441.43
	STAFF APPRECIATION	\$263.83
	STORAGE UNIT RENTAL	\$660.00
	VOLUNTEER APPRECIATION	\$121.95
	VOLUNTEER SUPPORT	\$32.71
	WELLNESS	\$501.83
	YEARBOOK	\$4,143.75

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LINE 17	TOTAL EXPENSES	\$44,717.34
LINE 18	EXCESS (OR DEFICIT) FROM THE YEAR	\$5,594.77
LINE 19	NET ASSETS OR FUND BALANCES	\$37,091.63
LINE 20	INTEREST ACCRUED ON 2 CD'S	\$197.46
LINE 21	NET ASSETS OR FUND BALANCES AT THE END OF YEAR. (LINE 18+19+20)	\$42,883.86

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PART II BALANCE SHEETS

LINE 22	CASH, SAVINGS, AND INVESTMENTS	\$46,398.25
	CHECKING ACCOUNT BALANCE 6/30/2011	\$30,383.14
	CD1 BALANCE 6/30/2011	\$7,433.50
	CD2 BALANCE 6/30/2011	\$8,581.61
LINE 23	LAND AND BUILDINGS	\$0
LINE 24	OTHER ASSETS	\$0
LINE 25	TOTAL ASSETS	\$46,398.25
LINE 26	TOTAL LIABILITIES	\$3,539.87
	CHECKS WRITTEN BEFORE BUT CLEARED AFTER 6/30/2011	\$442.94
	FUNDS HELD FOR OTHERS	\$3,096.93
LINE 27	NET ASSETS	\$42,858.38
	TOTAL ASSETS	\$46,398.25
	LIABILITIES	\$3,539.87

PART III: PROGRAM SERVICE ACCOMPLISHMENTS

LINE 28	STUDENT SUPPORT, ENRICHMENT, AND EDUCATION	\$34,437.54
	AFTER SCHOOL SCHOLARSHIPS	\$270
	AQUASOX READING PROGRAM	\$1,612.23
	ART DOCENT	\$1,029.13
	ASSEMBLIES	\$3,100
	BOOK EXCHANGE	\$127
	BOGO BOOK FAIR	\$817.21
	BOOK FAIR SCHOLARSHIPS	\$292.22
	SCHOOL CARNIVAL	\$2,715.11
	BOOK FAIRS	\$4,521.72
	FIELD DAY	\$276.70
	FIELD TRIPS	\$6,000
	PLAYGROUND EQUIPMENT	\$276.58
	HOLIDAY STORE	\$703.65
	MATH NIGHT	\$114.81
	MOVIE NIGHT	\$150
	MUSICAL PROGRAMS/PERFORMANCES	\$338.56
	OPERATION SCHOOL BELL	\$1,400
	PE EQUIPMENT	\$500.00
	PLAYGROUND EQUIPMENT	\$515.27
	REFLECTIONS ART PROGRAM	\$422.79
	SHOE FUND FOR NEEDY KIDS	\$650
	5TH GRADE BRIDGING	\$398.38
	OUTDOOR EDUCATION FOR 5TH GRADERS	\$600
	ACCELERATED READING PROGRAM	\$739.69
	SPECIALIST SUPPORT	\$1,716
	SCHOOL WIDE STUDENT DIRECTORY	\$504.50
	YEARBOOK	\$4,143.75
	WELLNESS	\$501.83
LINE 29	PARENT INVOLVEMENT AND EDUCATION	\$ 1,360.39
	MOMS AND DADS MORNING PROGRAMS	\$ 491.28
	HOSPITALITY	\$270.34
	PTA MEETING CHILDCARE	\$450
	VOLUNTEER TEA	\$148.77
LINE 30	COMMUNITY / VOLUNTEER INVOLVEMENT & RECOGNITION	\$3,757.86
	LEADERSHIP CONFERENCES	\$40
	SAFETY PATROL/MEDIATOR SUPPORT	\$548.42
	GOLDEN ACORN/OUTSTANDING EDUCATORS AWARD	\$598.90
	SPECIAL GUEST DAY	\$441.43
	STAFF APPRECIATION	\$263.83
	TEACHER CLASSROOM GRANTS	\$1,702.62

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	VOLUNTEER APPRECIATION TEA AND SUPPORT	\$162.66
LINE 31	OTHER PROGRAM SERVICES	\$0
LINE 32	TOTAL PROGRAM SERVICE EXPENSES	\$39,555.79