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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, 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

| Address change Name change Search Stand S | _ | | 2010 Calendar year, or tax year beginning 07/01 , 2010, and ending | 06/30 | , 20 11 |
|--|--------|-------------|---|---------------|---------------------|
| Number and street (or P C box, if mails and delivered to street address) Room/astrice Teachina Teachina Room/astrice | В | Check if a | applicable C Name of organization D Em | ployer id | entification number |
| Terminded Comparison Com | Ļ | Address | change HAMILTON MIDDLE SCHOOL PTSA SEATTLE COUNCIL | 9 | 1-1290516 |
| Terministed motion Cloy from, state or commity, and 2IP + 4 F. Group Exemption Number F. Group Exemption Number Tacoma, WA 9846-6215 F. Group Sept. F. Group Exemption Number Tacoma, WA 9846-6215 F. Group Sept. Tacoma, WA | Ļ | Name ch | Number and street (or P O box, if mail is not delivered to street address) Room/suite E Te | ephone n | umber |
| Terrimented return Deputed in the property Proper | Ļ | ₹ | 12003 65th Avenue West | 20 | 16-547-6778 |
| Recomming Method Cash Account Other (specify) | Ļ | ₹ | City or town, state or country, and ZIP + 4 | | |
| Accounting Method | - | = | d return | - | · |
| Website: | _ | | | | _ |
| Tax-exempt status (check only one) | 1 | | · · · · · · · · · · · · · · · · · · · | | |
| K Check | '. | | | | |
| Committee Comm | _ | | | | <u> </u> |
| 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, Interest III) Part I | K | | | | |
| Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) | | to file a | return, be sure to file a complete return | | |
| 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 Contributions, gifts, grants, and similar amounts received. 1 | ī | Add line | s 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, | |
| Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received | lu | ne 25, co | lumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ | ▶ \$ | 75,406 |
| Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received. 2 Program service revenue including government fees and contracts 3 6,082 4 Investment income 5 Gross amount from sale of assets other than inventory 5 Gross amount from sale of assets other than inventory 5 Gross amount from sale of assets other than inventory 5 Gross amount from sale of assets other than inventory 5 Gross income from gaming (attach Schedule G if greater than \$15,000) 5 Gross income from gaming (attach Schedule G if greater than \$15,000) 5 Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported to the property of | | Part I | Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instr | uctions | s for Part I) |
| 1 Contributions, gifts, grants, and similar amounts received. 2 70 70 70 70 70 70 70 | | | Check if the organization used Schedule O to respond to any question in this Part I | | · |
| 2 Program service revenue including government fees and contracts 3 6,092 | _ | 1 | | т т | |
| 3 Membership dues and assessments 3 6,082 | | | | ├ | |
| 4 Investment income 5a Gross amount from sale of assets other than inventory 5b Less: cost or other basis and sales expenses 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). b Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reports that the sum of such gross income and borthobitoris exceeds \$15,000). c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c 0) 7a Gross sales of inventory, less returns \$ 12 | | | · · · · · · · · · · · · · · · · · · · | \vdash | |
| Sa Gross amount from sale of assets other than inventory be Less: cost or other basis and sales expenses 5b 0 0 c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c 0 of Garning and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported the first professional general professional general professional from fundraising events (not including \$ 0 of contributions f | | | · | ├ | |
| b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ 0.0 of contributions from fundraising events reported to pire a petitable of Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events b Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory (less etwos and allowances) c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7b Jane 10 Grants and similar amounts paid (list in Schedule O) 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 11 1 1,043 12 Salaries, other compensation, and employee benefits 13 Other expenses (describe in Schedule O) 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 31,422 Other changes in net assets or fund balances (explain in Schedule O) 10 Other changes in net assets or fund balances (explain in Schedule O) 11 Net assets or fund balances at end of year. Combine lines 18 through 20 21 47,166 | | _ | | 4 | 95 |
| C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | | | · · · · · · · · · · · · · · · · · · · | <u> 의</u> . ` | |
| a Gross income from gaming (attach Schedule G if greater than \$15,000). b Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on the professor Schedule G if the sum of such gross income and contributions exceeds \$15,000). c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7a Gross sales of inventory, less returns and allowences. 7a Gross sales of inventory, less returns and allowences. 7a Gross sales of inventory (Subtract line 7b from line 7a). 8 Other revenue (describe in Schedule O). 9 Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 71,713 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits. 13 Occupancy, rent, utilities, and maintenance. 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9. 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 Net assets or fund balances at end of year. Combine lines 18 through 20. 10 Net assets or fund balances at end of year. Combine lines 18 through 20. 11 Net assets or fund balances at end of year. Combine lines 18 through 20. 11 Net assets or fund balances at end of year. Combine lines 18 through 20. 12 Salaries, or fund balances at end of year. Combine lines 18 through 20. 14 Occupancy figure reported on prior year's return). 15 Other expenses describe in end assets or fund balances (explain in Schedule O). 16 Other changes in net assets or fund balances (explain in Schedule O). 17 Other expenses describe in end of year. Combine lines 18 through 20. 18 Other expenses describe in end of year. Combine lines 18 through 20. 19 Other expenses de | | i | | <u> </u> | |
| a Gross income from gaming (attach Schedule G if greater than \$15,000). b Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on the sum of such gross income and contributions exceeds \$15,000). c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7a Gross sales of inventory, less returns and allowences. 7b Less: cost of goods sold contributions exceeds \$15,000). 6c Less: cost of goods sold contributions exceeds \$15,000). 7c Gross profit or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7b Jane 100 Jan | | 1 | | 5c | 0 |
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| sum of such gross income and contributions exceeds \$15,000) 6c 0 c Less: direct expenses from gaming and fundrialsing events (add lines 6a and 6b and subtract line 6c) | | E h | | <u> </u> | |
| sum of such gross income and contributions exceeds \$15,000) 6c 0 c Less: direct expenses from gaming and fundrialsing events (add lines 6a and 6b and subtract line 6c) | | e e | · · · · · · · · · · · · · · · · · · · | 1 1 | |
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| d Net income or (loss) from garafig and further alising events (add lines 6a and 6b and subtract line 6c) | | | | 9 | |
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| 8 | | | Less. cost of goods sold 3,65 | <u>3</u> | |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | | | | 7с | 1,437 |
| 10 Grants and similar amounts paid (list in Schedule O) 11 11 11,043 | | - 1 | , | 8 | 315 |
| 11 Benefits paid to or for members | _ | | | 9 | 71,713 |
| Printing, publications, postage, and shipping | 12 | 1 | | 10 | 46,100 |
| Printing, publications, postage, and shipping | 20 | 11 | | 11 | 1,043 |
| Printing, publications, postage, and shipping | - | ន្ល 12 | Salaries, other compensation, and employee benefits | 12 | 0 |
| Printing, publications, postage, and shipping | ~ | 일 13 | Professional fees and other payments to independent contractors | 13 | 0 |
| 16 Other expenses (describe in Schedule O) | m | <u>8</u> 14 | Occupancy, rent, utilities, and maintenance | 14 | 0 |
| Total expenses. Add lines 10 through 16. 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | III I | Û 15 | | 15 | |
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| 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | \Box | 17 | Total expenses. Add lines 10 through 16 | | |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | ٣ | 40 | Excess or (deficit) for the year (Subtract line 17 from line 9) | | |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | Ž. | គ្គ 19 | | | 10,733 |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | K. | <u> </u> | | 1 1 | 21 422 |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | Š | g 20 | | <u> </u> | 31,432 |
| 47,100 | | Ž 21 | | | |
| | F | | | | |

| | t II Balance Sheets. (see the instructions | | | | | | |
|---|---|--|-----------------|----------|------------------|-----------|-------------------------|
| | Check if the organization used Schedule | O to respond to any ques | stion in this | Part II | | • | · · · 🗀 |
| | | | | (A) Beg | inning of year | • | B) End of year |
| 22 | Cash, savings, and investments | | [| | 31,432 | 22 | 47,166 |
| 23 | Land and buildings | | [| - | 0 | 23 | 0 |
| 24 | Other assets (describe in Schedule O) | | | | 0 | 24 | 0 |
| 25 | Total assets | | [| | 31,432 | 25 | 47,166 |
| 26 | Total liabilities (describe in Schedule O) | | [| | | 26 | 0 |
| 27 | Net assets or fund balances (line 27 of column | (B) must agree with line 2 | n | | 31,432 | | 47,166 |
| Part | <u>`</u> | · / | | Part III | | | Expenses |
| | Check if the organization used Schedule | | | | | (Requ | ured for section |
| What | is the organization's primary exempt purpose? | See Schedule O, Statement | | | | 501(c |)(3) and 501(c)(4) |
| | be what was achieved in carrying out the organization | | | e manno | er, describe | | izations and section |
| | ervices provided, the number of persons benefited, and | | | | ., | for otl | (a)(1) trusts, optional |
| | | | ` | | | 10, 00 | |
| 28 | Classroom and teacher support- classroom supplie | s and equipment, guest teach | iers, staff tra | ining a | nd | | |
| | appreciation | | | | | | |
| | | | | | | | |
| | • | includes foreign grants, ch | | | | 28a | 0 |
| 29 | Student and Parent Community building and events | science fair, science night, | 8th grade pro | omotio | ı, PTSA | | |
| | meetings and events, school pride | | | | | | |
| | | | | | | | |
| | (Grants \$ 5,168) If this amount | includes foreign grants, ch | eck here . | | . ▶ 🗆 | 29a | o |
| 30 | School supplies, music and art supplies, library boo | ks and PE equipment, tech s | upport | | | | |
| | | | | | | | |
| | | | | | | | |
| | (Grants \$ 22,820) If this amount | includes foreign grants, ch | eck here | | ▶ □ | 30a | 0 |
| | Other program services (describe in Schedule O) | | | • • | · - u | 000 | |
| ٠. | , - | includes foreign grants, ch | eck bore | | | 31a | _ |
| 32 | Total program service expenses (add lines 28a | through 31a) | eck nere . | • • | · | 32 | 0 |
| Part | | v Employees List each one e | ven if not cor | nnenea | ted (see the i | | |
| r ai | Check if the organization used Schedule | | | | | i isti uc | clions for rait iv |
| | | (b) Title and average | (c) Compen | | (d) Contributio | ns to | (e) Expense |
| | (a) Name and address | hours per week | (If not pa | ııd, | employee benefit | plans & | |
| <u> </u> | | devoted to position President, 4 | enter -0 | | deferred comper | ารสบอก | L other allowances |
| | stie Rodgers | | | | | | |
| | | · - | | 0 | | 0 | 0 |
| | 65th Avenue West, Tacoma, WA 98466-6215 | Socretary 2 | | | | 0 | 0 |
| | e Collins | Secretary, 2 | | 0 | | | 0 |
| | | | | | | 0 | 0 |
| 2003 | e Collins | Secretary, 2 Treasurer, 2 | | | | 0 | 0 |
| 2003 Diani | e Collins 65th Avenue West, Tacoma, WA 98466-6215 | Treasurer, 2 | | | | 0 | 0 |
| 2003 Diani 2003 | e Collins 65th Avenue West, Tacoma, WA 98466-6215 ne Casper | | | | | 0 | 0 |
| 2003 Diani 2003 Jo Ci | e Collins 65th Avenue West, Tacoma, WA 98466-6215 ne Casper 65th Avenue West, Tacoma, WA 98466-6215 | Treasurer, 2 | | 0 | | 0 | 0 |
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| 2003 Diani 2003 Jo Ci 2003 Kare 2003 Beth 2003 Amy | e Collins 65th Avenue West, Tacoma, WA 98466-6215 ne Casper 65th Avenue West, Tacoma, WA 98466-6215 ross-Whitier 65th Avenue West, Tacoma, WA 98466-6215 n Gustafson 65th Avenue West, Tacoma, WA 98466-6215 Dennis 65th Avenue West, Tacoma, WA 98466-6215 Liddicoat | VP, 2 Co-President, 2 VP, 2 | | 0 0 | | 0 0 0 0 | 0 0 0 |
| 2003 Diani 2003 Jo Ci 2003 Kare 2003 Beth 2003 Amy | e Collins 65th Avenue West, Tacoma, WA 98466-6215 ne Casper 65th Avenue West, Tacoma, WA 98466-6215 ross-Whitier 65th Avenue West, Tacoma, WA 98466-6215 n Gustafson 65th Avenue West, Tacoma, WA 98466-6215 Dennis 65th Avenue West, Tacoma, WA 98466-6215 Liddicoat | VP, 2 Co-President, 2 VP, 2 | | 0 0 | | 0 0 0 0 | 0 0 0 |

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|---|-------------|--|---------------|----------|--|
| 33 | | Check if the organization used Schedule O to respond to any question in this Part V | · · | Van | |
| 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) 34 ✓ | 33 | Did the organization engage in any activity not previously reported to the IRS2 If "Yes," provide a detailed | | res | NO |
| Were any significant changes made to the organizating 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) | 00 | | 33 | | ✓ |
| 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, 8a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization oft not report the morane on Form 990-T. 36 Did the organization have unrelated business gross income of \$1,000 or more or was it a section \$001(c)(4), 501(c)(5), or \$501(c)(5), or \$501(| 34 | · | - | | |
| 155 If the organization had income from business activities, such as those reported on fime 2, 5a, and 7a (among others), but not reported on Firm 990-T; explain in Schedule O why the organization do not report the income on Form 990-T. 1 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 6035(e) notice, reporting, and proxy tax requirements? 1 If "Yes," has it flied a tax return on Form 990-T for this year (see instructions)? 2 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete splicable parts of Schedule N | | | | | 1 |
| not reported on Form 990-T, explain in Schedule 0 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 \$010(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? b 1"Yes," has it filed a tax return on Form 990-T for this year (see instructions)? 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 Did the organization file Form 1120-PDL for this year? But the organization file Form 1120-PDL for this year? But 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 1"Yes," complete Schedule L, Part II and enter the total amount involved 38a 38b 38b 38a 38b 38a 38b 38a 38b 38a 38b 38a | | - | 34 | | |
| a Did the organization have unrelated business gross income of \$1.000 or more or was it a section \$0.1(c)(4), \$0.1(c)(5), or 5.01(c)(6) organization subject to section \$6.03(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)? 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 Did the organization file Form 1120-POL for this year? Did the organization file Form 1120-POL for this year? 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? If "Yes," complete Schedule I, Part II and enter the total amount involved Section \$0.1(c)(7) organizations. Enter: amount of tax imposed on the organization during the year under: section \$4.11 \subset or \$1.00 or year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule I, Part II and enter the total amount involved Section \$0.1(c)(8) organizations. Enter amount of tax imposed on the organization during the year under: section \$4.00 \text{ or year that has not been reported on any of its prior Forms 990 or 990-E2? If "Yes," complete Schedule I, Part I. C Section \$0.1(c)(3) and \$0.1(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections \$4.12 \text{ or year that has not been reported on any of its prior Forms 990 or 990-E2? If "Yes," complete Schedule I, Part I. List the states with which a copy of this return is filed. ▶ 1 List the states with which a copy of this return is filed. ▶ 2 Section \$0.1(c)(3) and \$0.1(c)(4) organizations. Enter amount of tax on line \$40c reimbursed by the organization of the organization have an interest in or a signature or orter authori | 35 | | | _ | - |
| 501(c)(S), or 501(c)(G) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 5 | | | | | |
| b if "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? 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 | а | | 250 | | ✓ |
| 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 The amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 150 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? If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 39s 10 39s 200 390 250 390 250 390 390 390 390 390 390 390 390 390 39 | h | | | | |
| during the year? If "Yes," complete applicable parts of Schedule N The amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 150 37b 37b 37b 38a 37b | | | 002 | | |
| b Did the organization file Form 1120-PQL for this year? 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 Section 501(c)(7) organizations. Enter: initiation fees and capital contributions included on line 9 5 Gross receipts, included on line 9, for public use of club facilities 39b Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4915 ▶ 0 5 Section 501(c)(3) and 501(c)(4) organizations. Did the organization 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. 6 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. 6 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax inposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 6 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 12 List the states with which a copy of this return is filed. ▶ 13 Located at ▶ 1610 North 41st Street, Seattle, WA 98103 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: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization have an interest in or a signature or o | | | 36 | | ✓ |
| aba 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 pnor 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 | 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 150 | | | |
| any such loans made in a pnor year and still outstanding at the end of the tax year covered by this return? b | b | | 37b | | ✓ |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0 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 during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction and prory year that has not been reported on any of its prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part 1 | 38a | | | | |
| 39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39a | L | | 38a | | ↓ ✓ |
| a Initiation fees and capital contributions included on line 9 (6 gross receipts, included on line 9 (6 robustices) and 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0 obsection 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 of the organization of 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. 6 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. 6 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 6 All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 886-T. 41 List the states with which a copy of this return is filed. ▶ 42a The organization's books are in care of ▶ Dianne Casper. 7 Telephone no. ▶ 206-547-6778 8 Dection 501(c)(4) organization have an interest in or a signature or other authority over a financial Account in a foreign country: ▶ 8 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 6 At any time during the calendar year, did the organization maintain an office outside of the U.S.? 1 Yes No. 1 Yes," enter the name of the foreign country: ▶ 8 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 8 Section 9497(a)(1) nonexempt charatable trusts filing Form 990-EZ in lieu of Form 1041—Check here completed instead of For | | | - | | |
| Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 ▶ 0 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 | | , , , , , , , , , , , , , , , , , , , | | | |
| section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0 b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction in any prory year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | _ | · · · · · · · · · · · · · · · · · · · | | | |
| 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 during the year, or did it engage in an 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 f"ves," complete Schedule L, Part I. c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 412 List the states with which a copy of this return is filed. ▶ 143 The organization's books are in care of ▶ Dianne Casper 144 Located at ▶ 1510 North 41st Street, Seattle, WA 98103 154 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: ▶ 155 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 156 At any time during the calendar year, did the organization maintain an office outside of the U.S.? 157 Yes," enter the name of the foreign country: ▶ 158 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 year? If "Yes," Form 990 must be completed instead of Form 990-EZ 159 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 150 Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed ins | 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: | 1 | | 1 |
| 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 | | | | | |
| reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part 1 | b | | | | |
| 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. | | | | | / |
| organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . | _ | | 40b | | ļ |
| d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed. ▶ 11 List the states with which a copy of this return is filed. ▶ 12 The organization's books are in care of ▶ Dianne Casper Located at ▶ 1610 North 41st Street, Seattle, WA 98103 13 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)? 16 "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. 17 "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt chantable 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 year? If "Yes," Form 990 must be completed instead of Form 990-EZ 18 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 20 Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 21 Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 22 Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 32 Did the organization receive any payments for indoor tanning services during the year? 33 If "Yes," provide an year year year year year year year year | C | | | | |
| d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization | | 4055 and 4059 | | | |
| 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. List the states with which a copy of this return is filed. ▶ 41 List the states with which a copy of this return is filed. ▶ 42a The organization's books are in care of ▶ Dianne Casper Located at ▶ 1610 North 41st Street, Seattle, WA 98103 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account? If "Yes," enter the name of the foreign country: ▶ 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.? If "Yes," enter the name of the foreign country: ▶ 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. 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. 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. c Did the organization receive any payments for indoor tanning services during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. C Did the organization receive any payments for indoor tanning services during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. | d | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c | | | |
| transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed. ▶ The organization's books are in care of ▶ Dianne Casper | | <u> </u> | | | |
| List the states with which a copy of this return is filed. ► 42a The organization's books are in care of ▶ Dianne Casper Located at ▶ 1610 North 41st Street, Seattle, WA 98103 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ 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.? If "Yes," enter the name of the foreign country: ▶ 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 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 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 c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an | е | | | | |
| The organization's books are in care of ▶ Dianne Casper Located at ▶ 1610 North 41st Street, Seattle, WA 98103 Dianne Casper Located at ▶ 1610 North 41st Street, Seattle, WA 98103 Dianne Casper Located at ▶ 1610 North 41st Street, Seattle, WA 98103 Dianne Casper ZIP + 4 ▶ 98103 Dianne Casper ZIP + 4 ▶ 98103 ZIP + 4 ▶ 98103 Dianne Casper ZIP + 4 ▶ 98103 ZIP + 4 ▶ 98102 ZIP + 4 ▶ 98103 ZIP + 4 ▶ 98103 ZIP + 4 ▶ 98103 ZIP + 4 ▶ 9 | | | 40e | | ✓ |
| Located at ▶ 1610 North 41st Street, Seattle, WA 98103 Description At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ 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.? If "Yes," enter the name of the foreign country: ▶ 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 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an | | | 200 54 | | |
| b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ 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.? If "Yes," enter the name of the foreign country: ▶ 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 | 42 a | | | | 8 |
| over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ 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.? If "Yes," enter the name of the foreign country: ▶ 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 ▶ ↓ Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | b | | 30 | 103 | |
| 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.? | _ | | | Yes | No |
| 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.? | | account)? | 42b | | 1 |
| and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? | | | | | |
| c At any time during the calendar year, did the organization maintain an office outside of the U.S.? | | | | | |
| If "Yes," enter the name of the foreign country: 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 | _ | | 40- | | , |
| Section 4947(a)(1) nonexempt charitable trusts filling 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 | С | · · · · · · · · · · · · · · · · · · · | 42C | 1 | _ ✓ |
| and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 Yes No. 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 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 If "No," provide an | | | • • | • | |
| 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 If "No," provide an | | | - | | |
| completed instead of Form 990-EZ | | | | Yes | No |
| 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 | 44a | | ļ | | |
| completed instead of Form 990-EZ | | · | 44a | <u> </u> | ↓ ✓ |
| c Did the organization receive any payments for indoor tanning services during the year? | b | | AAL | | 1, |
| d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an | • | • | | - | 1 |
| | | | | | + |
| | | | 44d | _ | |

Form **990-EZ** (2010)

| | | | | | | | | | Yes | No |
|------------|----------|---|----------------|---------------------------------------|-------------|-----------------|---|--------------|-------------------|--|
| 45 | ls anv | related organization a controlled | entity of | the organization within t | he mean | ing of section | n 512(b)(13)? | 45 | | _ |
| | • | ne organization receive any payme | • | ū | | - | ' '' ' | - | | ┌┷ |
| | | ing of section 512(b)(13)? If "Yes | | | | | | | | |
| | | 990-EZ (see instructions) | | | ay noou | to be comp | icica inologa or | 450 | l | |
| | | | | | | on balantes | | 45a | | |
| | | ne organization engage, directly o | | | | | | | İ | |
| | | ndidates for public office? If "Yes | s," comple | te Schedule C, Part I . | · · · | | | 46 | | <u> </u> |
| Part V | | Section 501(c)(3) organizatio | ns and s | section 4947(a)(1) no | nexemp | ot charitabl | e trusts only. A | II sec | tion | |
| | | 501(c)(3) organizations and se | | | aritable | trusts must | t answer questic | ns 47 | 7-49 | b |
| | | and 52, and complete the tabl | les for lın | es 50 and 51. | | | • | | | |
| | 1 | Check if the organization used S | Schedule | O to respond to any q | uestion i | n this Part V | 4 | | | . п |
| | | | | | | | | | Yes | No |
| 47 | D. J. 4L | | | -0.16 %\/ " 0 | | 0.0-4.0 | | 47 | 163 | 140 |
| | | ne organization engage in lobbyin | _ | - | | | | 47 | | |
| | | organization a school as describe | | | - | | | 48 | <u> </u> | ✓ |
| | | ne organization make any transfer | | | ated orga | anization? . | | 49a | <u> </u> | |
| | | s," was the related organization a | | | | | | 49b | Ĺ | |
| | | plete this table for the organizatio | | | | | | | | |
| | emplo | oyees) who each received more th | nan \$100, | 000 of compensation fro | om the or | ganizatıon. I | f there is none, en | ter "N | one " | , |
| | 1-111- | | | (b) Title and average | (c) (| Compensation | (d) Contributions to | | Exper | |
| | (a) Na | me and address of each employee paid mo than \$100,000 | ore | hours per week devoted to position | | | employee benefit plans & deferred compensation | _ ~- | count a | |
| None | | | | devoted to position | | | acionida componidation | Other | allowa | 211063 |
| | | | | | | | | | | |
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| •• | | | | | | | | | | |
| | | | <u> </u> | | | | | | | |
| •• | | | | | | | | | | |
| f | Total | number of other produces weld | ¢100 | \ <u>\</u> | | | | | | |
| | | number of other employees paid | | | | | | | | |
| | | olete this table for the organization | | | | ent contracto | ors who each rec | eived | more | e than |
| | | 000 of compensation from the o | <u> </u> | | "None." | | | | | |
| | | (a) Name and address of each independen | nt contractor | paid more than \$100,000 | | (b) Typ | e of service | (c) Co | mpens | ation |
| None | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | <u> </u> | | | | |
| d | Total | number of other independent cor | ntractors e | each receiving over \$10 | 0,000 . | . ▶ | | | | |
| 52 | Did th | ne organization complete Schedu | le A? Not | e: All section 501(c)(3) o | rganizati | ons and 494 | 7(a)(1) | | | |
| | none | xempt charitable trusts must attac | ch a comp | oleted Schedule A | | | ▶ 🛭 |] Yes | | No |
| Under pe | nalties | of perjury, I declare that I have examined to | his return, in | cluding accompanying schedu | les and sta | tements, and to | the best of my knowled | dge an | d belie | f. it is |
| true, corr | ect, an | d complete Declaration of preparer (other | than officer) | is based on all information of v | which prepa | rer has any kno | wledge | g - u.i. | | , |
| | | | | | | | | | | |
| | | | | | | 1 | 2-1-17 | | | |
| Sign | | Signature of officer | | | | | Date | | | |
| Here | | | | | | , | Jale | | | |
| | | Dianne Casper, Treasurer | | | | | | | | |
| | | Type or print name and title | 1= | | | T = - | | | | |
| Paid | | Print/Type preparer's name | Prepa | rer's signature | | Date | Check ıf | PTIN | | |
| Prepa | arer | | | | | | self-employed | | | |
| Use C | | Firm's name ► | | | | | Firm's EIN ▶ | | | |
| J36 (| y | Firm's address ▶ | | | | | Phone no | | | |
| May th | e IRS | discuss this return with the prepa | arer show | above? See instruction | ns | | • [| 7 Vac | $\overline{\Box}$ | No |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047 2010

Open to Public

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.

Inspection

| Name | of the organization | | | | | | 1 | Employer id | dentification | number | |
|---------------------------|--|--|---|------------------------------------|---|--------------------------------------|---|--------------------------|--|--------------------------|--------------|
| | ILTON MIDDLE SCI | | | | | | | | 91-129 | | |
| Pai | t Reason f | or Public Cha | rity Status (All orga | ınızatıon | s must c | omplete | this pa | rt.) See ı | nstructio | ns. | |
| The 6 1 2 3 4 | A church, con A school desc A hospital or a A medical rese | vention of church ribed in section a cooperative hos | ation because it is: (Fo hes, or association of 170(b)(1)(A)(ii). (Attac spital service organiza on operated in conjunc | churches ch Sched ation desc | s describe ule E.) cribed in s | ed in sec section | tion 170 170(b)(1) | (b)(1)(A)(i (A)(iii). | | (iii). Enter | r the |
| 5 | ☐ An organization | = | the benefit of a colle | ge or uni | versity ov | wned or | operated | by a go | vernment | al unit de | escribed in |
| 6 7 | ☐ A federal, state | e, or local governon that normally | nment or government receives a substantia (A)(vi). (Complete Par | al part of | | | | | nit or from | n the gen | neral public |
| 8 9 | An organization receipts from support from | on that normally activities related gross investme | n section 170(b)(1)(A) receives: (1) more that d to its exempt funct ent income and unre- fter June 30, 1975. Se | an 33¹/₃% tions—su lated bus | 6 of its subject to disiness tax | upport fro certain e xable inc | xceptions come (les | s, and (2) ss sectio |) no more | than 33 | 31/3% of its |
| 10 11 | An organization | on organized ar one or more pub | operated exclusively nd operated exclusive licly supported orgar describes the type of | ely for th | ne benefi described | t of, to d in sect | perform ion 509(a | the funct a)(1) or s | tions of, o | 9(a)(2). S | |
| | other than fou or section 509 | his box, I certify indation manage I(a)(2). | that the organization ers and other than one | is not co e or more | e publicly | directly o | r ındirectl ed organ | y by one izations o | or more of described | disqualific in sectio | on 509(a)(1) |
| f g | organization, o | check this box . 17, 2006, has the | a written determination | | | | | | | e III sup | porting . |
| | (i) A person (iii) below, | who directly or in the governing bo | ndirectly controls, eithody of the supported | organizat | ion? | | | | | nd 11g(i) | Yes No |
| h | (iii) A 35% cor | ntrolled entity of | on described in (i) abo a person described in on about the support | n (I) or (II) | above? . | | | | | 11g(ii) 11g(iii) | 1 |
| (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 o | organization sted in your document? | (v) Did the orga | you notify nization in of your port? | organiza (i) organ | Is the tion in col ized in the S? | | mount of |
| | | | | Yes | No | Yes | No | Yes | No | | |
| (A) | | | · | | | | | | | | |
| (B) | | | | | | | | | | | |
| (C) | | | | _ | _ | | | <u></u> | | | |
| (D) | | | | | | | | | | | *• |
| (E) | | | | | | | | | | | |
| | | *** | | | 1 | | | 1 | 1 | | |

| Part | | | | | | | |
|------------|---|-------------------|---------------------------------------|---------------|-----------------|-----------------|--------------|
| | (Complete only if you checked the | | | | | | ality under |
| Coot: | Part III. If the organization fails to | quality unde | er the tests lis | tea below, pl | ease comple | ee Part III.) | |
| | on A. Public Support dar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| Calen 1 | Gifts, grants, contributions, and | (2, 2000 | (=) 2001 | (5, 2000 | (-, 2000 | (5, 25, 0 | () |
| • | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the | | - | | | | |
| | organization's benefit and either paid | ļ | | | | | |
| | 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 | <u> </u> | <u></u> | | · | | |
| | on B. Total Support | I (a) 0006 | (b) 2007 | (a) 2009 | (4) 2000 | (a) 2010 | (6) Total |
| | dar 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 | z; | 7 | | | | |
| 12 | Gross receipts from related activities, etc. | | ons) | · | L | 12 | <u> </u> |
| 13 | First five years. If the Form 990 is for t | | | | | | on 501(c)(3) |
| | organization, check this box and stop he | | | | | | |
| Secti | on C. Computation of Public Suppo | rt Percentag | e | | | | |
| 14 | Public support percentage for 2010 (line | | - | | | 14 | % |
| 15 | Public support percentage from 2009 Sc | | • | | | 15 | % |
| 16a | 331/3% support test—2010. If the organ box and stop here. The organization qua | | | | | | |
| ь | 331/3% support test—2009. If the orga | | | _ | | | _ |
| U | check this box and stop here. The organ | nization qualifie | es as a publicly | supported org | ganization . | | . ▶ □ |
| 17a | 10%-facts-and-circumstances test—2 | | | | | | |
| | 10% or more, and if the organization me Part IV how the organization meets the " | | | | | | |
| | organization | | | _ | ation qualifies | • | ► □ |
| b | 10%-facts-and-circumstances test—2 | | | | | | |
| | 15 is 10% or more, and if the organiza | | | | | | |
| | Explain in Part IV how the organization r | | | | | | - |

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

18

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.)

| Secti | on A. Public Support | <u> </u> | | , p | | ·· <i>·</i> | |
|-------|---|----------------|--|---------------------------------------|-------------------|------------------|-------------|
| Calen | dar 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 | | - | 5 700 | 40.700 | 62.705 | 110 100 |
| | received. (Do not include any "unusual grants") | | | 5,702 | 49,709 | 63,785 | 119,196 |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is related to the | | | o | 3,984 | 5,130 | 9,114 |
| | organization's tax-exempt purpose | 1 | | | | | |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513 | | | 0 | 0 | | 0 |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid | | | 0 | 0 | | 0 |
| | to or expended on its behalf | _ | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | 0 | 0 | | 0 |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 0 | 0 | 5,702 | 53,693 | 68,915 | 128,310 |
| 7a | Amounts included on lines 1, 2, and 3 | | | o | 0 | | 0 |
| | received from disqualified persons . | | | | | | |
| b | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than disqualified | | | o | o | | 0 |
| | persons that exceed the greater of \$5,000 | • | | l i | Ĭ | | · · |
| | or 1% of the amount on line 13 for the year | | | | | | |
| _ | Add lines 7a and 7b | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 | Public support (Subtract line 7c from | | | | | | 128,310 |
| Socti | on B. Total Support | | And the state of t | | | * | |
| | | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 9 | dar year (or fiscal year beginning in) Amounts from line 6 | | | | | | (f) Total |
| 10a | | 0 | 0 | 5,702 | 53,693 | 68,915 | 128,310 |
| IUa | Gross income from interest, dividends, payments received on securities loans, rents, | | | | | | |
| | royalties and income from similar sources | | | | 67 | 95 | 162 |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | 0 | | 0 |
| | acquired after June 30, 1975 | | | | ٦ | | 0 |
| С | Add lines 10a and 10b | 0 | 0 | 0 | 67 | 95 | 162 |
| 11 | Net income from unrelated business | | | | | | 102 |
| | activities not included in line 10b, whether | <u> </u> | | | o | İ | 0 |
| | or not the business is regularly carried on | | | | ٦ | : | ŭ |
| 12 | Other income. Do not include gain or | | | | | | :- |
| | loss from the sale of capital assets | | | | o | | 0 |
| | (Explain in Part IV.) | | | İ | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | 5 700 | | | |
| | and 12.) | 0 | 0 | | 53,760 | 69,010 | 128,472 |
| 14 | First five years. If the Form 990 is for the | | n's first, secon | d, third, fourth | , or fifth tax ye | ear as a section | n 501(c)(3) |
| | organization, check this box and stop he | | | <u> </u> | <u> </u> | <u> </u> | ▶ 🗀 |
| | on C. Computation of Public Suppo | | | | | | |
| 15 | Public support percentage for 2010 (line | • • • | - | 3, column (f)) | | 15 | 99.87 % |
| 16 | Public support percentage from 2009 Sc | | | · · · · | | 16 | 99.89 % |
| | on D. Computation of Investment In | | | | (0) | T 1 | |
| 17 | Investment income percentage for 2010 | | | • | | 17 | 0 13 % |
| 18 | Investment income percentage from 200 | | | | | 18 | 0.11 % |
| 19a | 331/3% support tests—2010. If the organ 17 is not more than 331/3%, check this box | and stop bere | The organization | k on line 14, ar on qualifies as a | iu line 15 is m | ore than 331/39 | |
| b | 33 ¹ / ₃ % support tests—2009. If the organi | | | | | | |
| D | line 18 is not more than 331/3%, check this | hox and stop b | ere. The orden | ime 14 Of III10 I | as a publicly of | upported organ | |
| 20 | Private foundation. If the organization d | | | | | | = |
| _20 | ato ioditadioni ii tile organization d | ia not oneck a | 207 011 11110 14 | , 130, 01 130, 0 | TICCK IIIIS DOX | and see mstruc | ctions |

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C
Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below Do not complete Part I-B.
Section 527 organizations. Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

| | Section 501(c)(4), (5), or (6) orga e of organization | inzationo Complete i art in | | Employer ide | ntification number |
|------------------------|---|---|--------------------------------------|---|---|
| HAM | ILTON MIDDLE SCHOOL PTS | SA SEATTLE COUNCIL | | | 91-1290516 |
| Par | t I-A Complete if the | e organization is exempt unde | er section 501(c |) or is a section 527 | organization. |
| 1 2 3 | Political expenditures . | he organization's direct and indirect | | • | \$ |
| Par | t I-B Complete if the | e organization is exempt unde | er section 501(c | c)(3). | _ |
| 1 2 3 4a b | Enter the amount of any of the organization incurred Was a correction made? If "Yes," describe in Part | excise tax incurred by the organization excise tax incurred by organization ed a section 4955 tax, did it file For | managers under m 4720 for this ye | section 4955 • ar? | Yes No |
| | Enter the amount directly | expended by the filing organiza | tion for section | 527 exempt function | 1(0)(0). |
| | Enter the amount of the f 527 exempt function activit Total exempt function ex | penditures. Add lines 1 and 2. | uted to other organic | ▶ on Form 1120-POL, | B |
| 4 5 | Did the filing organization f Enter the names, addresse organization made paymen the amount of political con | ile Form 1120-POL for this year? es and employer identification numents. For each organization listed, entributions received that were promound or a political action committee | | ction 527 political organ and from the filing organ delivered to a separate i | izations to which the filing ization's funds. Also enter colitical organization, such |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0- |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | _ | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

| _ | | ^ |
|-----|----|---|
| Pac | 16 | 2 |

| | complete if the organization section 501(h)). | is exempt u | ınder section 5 | 01(c)(3) and filed | d Form 5768 (ele | ction under |
|---|---|----------------|---------------------------|---------------------------------|-----------------------|----------------|
| | Check ► ☐ if the filing organization below | | | . = | | |
| 3 | Check ► ☐ If the filing organization che | | | trol" provisions a | ipply. | |
| | Limits on Lobby | | | _ | (a) Filing | (b) Affiliated |
| | (The term "expenditures" me | | | | organization's totals | group totals |
| 1 | 1a Total lobbying expenditures to influence | - | | | | |
| | b Total lobbying expenditures to influence a | - | ody (direct lobbyin | g) | | |
| | c Total lobbying expenditures (add lines 1a | • | | | | |
| | d Other exempt purpose expenditures | | | | | |
| | e Total exempt purpose expenditures (add | | | | | |
| | f Lobbying nontaxable amount. Enter t columns. | he amount fr | om the following | table in both | | |
| | If the amount on line 1e, column (a) or (b) is: | The lobbying | nontaxable amoun | t is: | | |
| | Not over \$500,000 | 20% of the an | nount on line 1e | | , ^ | |
| | Over \$500,000 but not over \$1,000,000 | \$100,000 plus | 15% of the excess | over \$500,000 | ` | |
| | Over \$1,000,000 but not over \$1,500,000 | - | 10% of the excess | | , | ' |
| | Over \$1,500,000 but not over \$17,000,000 | | 5% of the excess of | ver \$1,500,000. | | |
| | Over \$17,000,000 | \$1,000,000. | | | | |
| | g Grassroots nontaxable amount (enter 25 | • | | | | |
| | h Subtract line 1g from line 1a. If zero or les | | | | | |
| | i Subtract line 1f from line 1c. If zero or les | , | 46 1 4: -: | | f.l. F 4700 | |
| | j If there is an amount other than zero reporting section 4911 tax for this year? | | • | the organization | | Yes No |
| | | | Period Under Sec | ction 501(h) not have to com | nlete all of the five | |
| | columns below. S | | | through 2f on pa | | • |
| | columns below. S | ee the instru | | | | |
| | columns below. S | ee the instru | ctions for lines 2 | | | e (e) Total |
| | Calendar year (or fiscal year | Expenditures | During 4-Year A (b) 2008 | veraging Period | age 4.) | |
| 2 | Calendar year (or fiscal year beginning in) | Expenditures | During 4-Year A (b) 2008 | veraging Period | age 4.) | |
| 2 | Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount | Expenditures | During 4-Year A (b) 2008 | veraging Period (c) 2009 | age 4.) | |
| 2 | Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column (e)) | Expenditures | During 4-Year A (b) 2008 | veraging Period (c) 2009 | age 4.) | |
| 2 | Calendar year (or fiscal year beginning in) | Expenditures | During 4-Year A (b) 2008 | veraging Period (c) 2009 | age 4.) | |

| Part | II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)). | iled | Form | 5768 | | |
|--------|---|------------|--------------------|-----------|--------------|----------|
| | | (a | a) | | (b) | |
| | | Yes | No | A | mount | 1 |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | | | |
| a b | Volunteers? | - | √ | p <u></u> | | |
| c d | Media advertisements? | | √ | | | |
| e | Publications, or published or broadcast statements? | | 1 | | | |
| f | Grants to other organizations for lobbying purposes? | 1 | _ <u> </u> | · · - | | 150 |
| g g | Direct contact with legislators, their staffs, government officials, or a legislative body? | _ | 1 | | | 150 |
| 9 h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | ✓ | | | |
| i | Other activities? If "Yes," describe in Part IV | | V | | | |
| | | | | | | 450 |
| j | Total. Add lines 1c through 1i | | <u>:</u> | | | 150 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | 4 | #4 "> "A | | - | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | | | |
| C | If "Yes," enter the amount of any tax incurred by organization managers under section 4912. | | MZ. | | | _ |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | ×3 | 7,4 | |
| Part | III-A Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6). |)(5), d | or se | ction | | |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | | 1 | Yes | No |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | 2 | | <u> </u> |
| 3 | Did the organization agree to carryover lobbying and political expenditures from the prior year? | | | 3 | | |
| | III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) | | | | L | |
| | 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, li "Yes." | ne 3 | is ar | nswer | ed | |
| 1 | Dues, assessments and similar amounts from members | | 1 | | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid). | of | \$* 14.7 ****** | | | - |
| а | Current year | | 2a | | | |
| b | Carryover from last year | • | 2b | | | - |
| c | Total | • | 2c | | | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . | • | | | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of | | 3 | | | |
| 7 | excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb | | - 3 | | | |
| | and political expenditure next year? | | Ĩ | | | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | | 4 | | | |
| Par | | | 5 | | | |
| Comp | elete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; lete this part for any additional information. | and F | art II- | B, line | 1ı. Als | so, |
| Sche | dule C, Part II-B, Line 1 - Donation to Schools First, an organization lobbying for passage of school fundin | g mea | sures | ı | | |
| | | W | | | | •••• |
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 2010

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number

| HAMILTON MIDDLE SCHOOL PTSA SEATTLE COUNCIL | 91-1290516 |
|--|-----------------------------------|
| Form 990-EZ, Part I, Line 8 - Scrip card rebates | |
| | |
| Form 990-EZ, Part I, Line 10 - Support for Science Night, Math Night, Literacy Night, grade band event funding, Mini-grants for teachers, teacher supply funding, tech support | s, Artist ın Residence, Lıbrary |
| Form 990-EZ, Part I, Line 16 - Corporate and bank fees, website fees, insurance, credit card processin and local PTSA councils | g costs, membership dues to State |
| Form 990-EZ, Part I, Line 20 - Rounding | |
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Schedule O, Statement 1

HAMILTON MIDDLE SCHOOL PTSA SEATTLE COUNCIL

91-1290516

Form: 990-EZ

Page 2

Line Number Part III

Primary Exempt Purpose

Primary Exempt Purpose

To support the education, health and welfare of all children and youth

Schedule O, Statement 2

Form 990-EZ

Page 2

Line Number Part III Line 31

HAMILTON MIDDLE SCHOOL PTSA SEATTLE COUNCIL

Other Program Service Accomplishments

| Description | Grants And Allocations | Includes Foreign Grants | Program Service Expenses |
|---|---------------------------|-------------------------------|--------------------------------|
| Donation to Schools First and Special Ed PTSA | 450 | · . | 0 |
| Produce and Publish newsletters and directory | 1,563 | | 0 |
| Total: | | | 0 |

CORY

Form **8868**

(Rev January 2011) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

| internal ricean | - THE G OC | parace appir | paudition each return. | 1 | | | |
|---|---|---|---|--------------------------------------|---|--|--|
| | filing for an Automatic 3-Month Extension, | | | | | | |
| | filing for an Additional (Not Automatic) 3-Naplete Part II unless you have already been | | | | | | |
| a corporati 8868 to red Return for | filing (e-file). You can electronically file Form on required to file Form 990-T), or an addition quest an extension of time to file any of the Transfers Associated With Certain Persons. S). For more details on the electronic filing of | nal (not auto forms listed al Benefit (| omatic) 3-month extension of time. d in Part I or Part II with the exce Contracts, which must be sent to | You can ele ption of Form the IRS in | ctronically file Form n 8870, Information paper format (see | | |
| Part I | Automatic 3-Month Extension of Tim | | | | ues a Nonpronts. | | |
| A corporat Part I only | tion required to file Form 990-T and requ | esting an a | utomatic 6-month extension—ch | eck this box | ▶ 🗆 | | |
| | ne tax returns. | mpo, rienic | o, and trades made add rom room | to request t | BI CALCIOION OF LIME | | |
| Type or Name of exempt organization | | | | Employer identification number | | | |
| print | HAMILTON MIDDLE SCHOOL PTSA SEATTLE COUNCIL | | | 9. | 91-1290516 | | |
| File by the | • | | | | | | |
| due date for filing your | 2003 65th Avenue West | | | | | | |
| return. See | City, town or post office, state, and ZIP code. F | or a foreign a | ddress, see instructions. | | | | |
| instructions. | Tacoma, WA 98466-6215 | | | | | | |
| Enter the R | leturn code for the return that this application | ıs for (file a | separate application for each retui | m) | 0 3 | | |
| Application Is For | on | Return Code | Application Is For | | Return Code | | |
| Form 990 | | 01 | Form 990-T (corporation) | | 07 | | |
| Form 990 | | 02 | Form 1041-A | | 08 | | |
| Form 990- | -EZ | 03 | Form 4720 | | 09 | | |
| Form 990 | -PF | 04 | Form 5227 | | 10 | | |
| Form 990 | -T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | 11 | | |
| Form 990 | -T (trust other than above) | 06 | Form 8870 | | 12 | | |
| Telephon If the org If this is f for the who a list with t I rec unti | anization does not have an office or place of or a Group Return, enter the organization's fole group, check this box | Fousiness in bur digit Ground is for parsion is for corporation empt organi | AX No. ► 206-729-3962 the United States, check this box up Exemption Number (GEN) t of the group, check this box | ► [| ▶ ☐ If this is _ and attach The extension is | | |
| | e tax year entered in line 1 is for less than 12 Change in accounting period | | | Final return | | | |
| non | is application is for Form 990-BL, 990-PF, 99 refundable credits. See instructions. | | | 3a | \$ | | |
| esti | nis application is for Form 990-PF, 990-T, mated tax payments made. Include any prior | year overpa | lyment allowed as a credit. | 3b | \$ | | |
| | ance due. Subtract line 3b from line 3a. Include ctronic Federal Tax Payment System). See instru | | t with this form, if required, by using | EFTPS 3c | \$ | | |
| Caution. If | you are going to make an electronic fund | withdrawal | with this Form 8868, see Form 8 | 453-EO and | Form 8879-EO for | | |

payment instructions.

| -1 | | | | | | |
|---|---|---|---|-------------|----------|--------------------------|
| Form 8868 | 3 (Rev. 1-2011) | | | | | Page 2 |
| Note. O | are filing for an Additional (Not Automatic) 3-Monnly complete Part II if you have already been granare filing for an Automatic 3-Month Extension, o | ted an aut | omatic 3-month extension on a prev | | | ▶ 🗆 |
| Part II | | | | conies r | reeded) | |
| Type or | | Employer identification r | | | | |
| print | | | | | | |
| File by the extended due date f | d | | | | | |
| filing your return. See instruction | City, town or post office, state, and ZIP code. For a foreign address, see instructions. | | | | | |
| Enter the Application | e Return code for the return that this application is | s for (file a Return Code | separate application for each return) Application Is For | | | Return Code |
| Form 9 | 90 | 01 | | | dia e | |
| Form 9 | 90-BL | 02 | Form 1041-A | | | 08 |
| Form 9 | | 03 | Form 4720 | | | 09 |
| Form 9 | | 04 | Form 5227 | | | 10 |
| | 90-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 |
| | 90-T (trust other than above) | 06 | Form 8870 | | | 12 |
| | Oo not complete Part II if you were not already gra | inted an at | nomatic 3-month extension on a pre | eviously ti | lea Form | 8868. |
| Teleph If the o If this for the v | ooks are in the care of ► none No. ► organization does not have an office or place of bi is for a Group Return, enter the organization's fou whole group, check this box ► □ . If i the names and EINs of all members the extension | usiness in ir digit Gro it is for par | up Exemption Number (GEN) | | | ▶ □ nis is ttach a |
| 4 1 | request an additional 3-month extension of time | until | | | | |
| 5 F | For calendar year , or other tax year beginning | ng | , and ending | | | • |
| | f the tax year entered in line 5 is for less than 12 n | nonths, ch | eck reason: 🔲 Initial return 🗀 | Final ret | urn | |
| | Change in accounting period | | | | | |
| 7 8 | State in detail why you need the extension | | | | | |
| | | | | | | |
| | f this application is for Form 990-BL, 990-PF, 990 nonrefundable credits. See instructions. |)-T, 4720, | or 6069, enter the tentative tax, less | any 8a | \$ | |
| ě | f this application is for Form 990-PF, 990-T, 4 estimated tax payments made. Include any prio amount paid previously with Form 8868. | or year ove | erpayment allowed as a credit and | any 8t | | |
| | Balance due. Subtract line 8b from line 8a. Include yo Electronic Federal Tax Payment System). See instruc | | t with this form, if required, by using EF | | \$ | |

Signature and Verification

Under penalties of penury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete and that I am authorized to prepare this form.

Signature▶

Title > Tressure

Date ▶ 1/- 1- 1/

Form **8868** (Rev. 1-2011)