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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)

OMB No. 1545-1150

2010

Open to Public
Inspection

- 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 01 , 2010, and ending JUNE 30 , 2011

| | | |
|---|---|---|
| B <input type="checkbox"/> 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 LAURA INGALLS WILDER ELEMENTARY 2-8-66 Number & street (or P O box, if mail is not delivered to street addr) <input type="checkbox"/> Room/ 2003 65TH AVE WEST City or town, state or country, and ZIP + 4 Tacoma WA 98466-6215 | D Employer Identification number 91-1461125 E Telephone number (425) 558-7642 F Group Exemption Number ► |
|---|---|---|

G Accounting Method Cash Accrual Other (specify) ► _____

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

I Website: ► WWW.WILDERPTSA.ORG

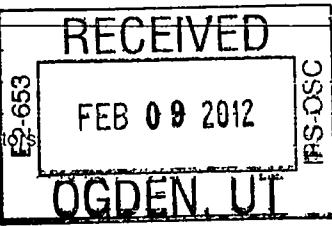
J Tax-exempt status (check only one) -- 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527

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 ► \$ **37,302**

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

| | | |
|--|--|---|
| REVENUE 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 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 \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000) c Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from 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 | 1 3,926 2 3 1,660 4 924 5c 6d 30,792 7c 8 9 37,302 | EXPENSES 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 Professional fees and other payments to independent contractors 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 |
| NET ASSETS 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | 18 -31,049 19 127,565 20 6,135 21 102,651 |  |

For Paperwork Reduction Act Notice, see the separate Instructions.

67 24

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 | 127,565 | 22 | 102,651 |
| 23 Land and buildings | 0 | 23 | 0 |
| 24 Other assets (describe in Schedule O) | 0 | 24 | 0 |
| 25 Total assets | 127,565 | 25 | 102,651 |
| 26 Total liabilities (describe in Schedule O) | 0 | 26 | 0 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 127,565 | 27 | 102,651 |

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? See attachment #1

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

| | | | |
|---|--|----------------------------|------|
| 28 | See attachment #2 | | |
| (Grants \$ 39,997) If this amount includes foreign grants, check here ► <input type="checkbox"/> | 28a | | |
| 29 | | | |
| (Grants \$ 6,781) If this amount includes foreign grants, check here ► <input type="checkbox"/> | 29a | | |
| 30 | | | |
| (Grants \$ 21,097) If this amount includes foreign grants, check here ► <input type="checkbox"/> | 30a | | |
| 31 | Other program services (describe in Schedule O) | | |
| (Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/> | 31a | | |
| 32 | Total program service expenses (add lines 28a through 31a) | ► <input type="checkbox"/> | 32 0 |

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

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

| (a) Name and address | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-.) | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|----------------------|--|--|---|--|
| See attachment #3 | | | | |
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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 | 33 | X |
| 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 | X |
| 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, 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? | 35a | X |
| b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? | 35b | X |
| 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | 36 | X |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a | 37a | |
| b Did the organization file Form 1120-POL for this year? | 37b | X |
| 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | X |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved | 38b | |
| 39 Section 501(c)(7) organizations Enter | 39a | |
| a Initiation fees and capital contributions included on line 9 | 39b | |
| 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____ | | |
| b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or 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 | X |
| c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____ | | |
| d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► _____ | | |
| e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | X |
| 41 List the states with which a copy of this return is filed ► NONE | | |
| 42a The organization's books are in care of ► See attachment #4 Telephone no ► _____ Located at ► _____ | 42a | X |
| 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 . | 42b | X |
| 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 ► _____ | 42c | X |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 <input type="checkbox"/> | 43 | X |
| 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 | X |
| 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 | X |
| c Did the organization receive any payments for indoor tanning services during the year? | 44c | X |
| 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 | X |

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

| | Yes | No |
|-----|-----|----|
| 45 | | X |
| 45a | | X |
| 46 | | X |

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 must be completed instead of Form 990-EZ (see instructions)

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

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

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

| | Yes | No |
|-----|-----|----|
| 47 | | X |
| 48 | | X |
| 49a | | X |

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

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

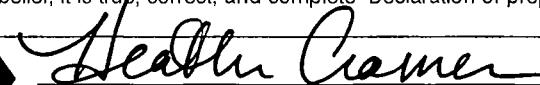
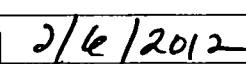
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

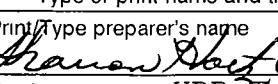
| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
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d Total number of other independent contractors each receiving over \$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 ► HEATHER CRAMER Type or print name and title | TREASURER | Date  2/6/2012 |
|-----------|---|-----------|---|

| | | | | | |
|------------------------|---|---|------------------|---|--------------|
| Paid Preparer Use Only | Print/Type preparer's name  Sharron Holtz, EA | Preparer's signature Sharron Holtz, EA | Date 01-31-12 | Check <input type="checkbox"/> if self-employed | PTIN |
| | Firm's name ► HRB Tax Group Inc | | | Firm's EIN ► | |
| | Firm's address ► 16025 NE 85TH STE 101 REDMOND WA 98052 | | | Phone no | 425-558-3541 |

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.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

LAURA INGALLS WILDER ELEMETARY 2-8-66

Employer Identification number

91-1461125

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
 9 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III-Functionally integrated d Type III-Other
 e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
 f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?

| | Yes | No |
|----------|-----|----|
| 11g(i) | X | |
| 11g(ii) | X | |
| 11g(iii) | X | |

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

| (I) Name of supported organization | (II) EIN | (III) Type of organization (described on lines 1-9 above or IRC section (see Instructions)) | (IV) Is the organization in col (I) listed in your governing document? | (V) Did you notify the organization in col (I) of your support? | (VI) Is the organization in col (I) organized in the U.S.? | (VII) Amount of support |
|------------------------------------|----------|---|--|---|--|-------------------------|
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

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") | 43 343 | 27 678 | 44 390 | 39 322 | 5 586 | 160 319 |
| 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 | 108,020 | 115 622 | 75,323 | 81 835 | 30,792 | 411 592 |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | 151 363 | 143,300 | 119,713 | 121,157 | 36 378 | 571,911 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6) | | | | | | 571,911 |

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 | 151 363 | 143,300 | 119,713 | 121,157 | 36 378 | 571,911 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 5 640 | 4,289 | 2,836 | 922 | 924 | 14 611 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 5 640 | 4,289 | 2,836 | 922 | 924 | 14 611 |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12) | 157,003 | 147,589 | 122,549 | 122,079 | 37,302 | 586,522 |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | |

Section C. Computation of Public Support Percentage

| | | | |
|---|-----------|--------------|----------|
| 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) | 15 | 97.51 | % |
| 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 | 2.49 | % |
| 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 | | | |
| b 33 1/3 % support tests -- 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization | | | |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions | | | |

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2010

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

NAME OF THE ORGANIZATION

Name of the organization LAURA INGALLS WILDER ELEMETARY 2-8-66

Employer identification number
91-1461125

Part I

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

Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization receives the following types of solicitations:

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations

e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes No

No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Total

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility

b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

| | |
|-----|---|
| 13a | % |
| 13b | % |

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

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

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b columns (iii) and (v), and Part III lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

LAURA INGALLS WILDER ELEMENTARY 2-8-66

Employer identification number

91-1461125

CLASSROOM GRANT 8002

LAKE WASHINGTON SCHOOLS 2000

LWPTSA COUNCIL 300

SPECIALIST GRANTS 7350

EXPENSES

6TH GRADE GRAD 1388

6TH GRADE OUTDOOR ED 850

ADOPT WATERSHED 712

ART ENRICHMENT 4994

ART SUPPLIES 506

ASSEMBLIES 2101

AWARDS 1698

BIRTHDAY BOOK CLUB -3

CARE AND SHARE CLUB 992

CHESS -448

COUNCIL SCHLARSHIP AUCTION 100

DRUGS AND ALCOHOL 200

EMERGENCY PREP 1000

FIELD DAY 59

FIELD MAINTENANCE 345

FOREIGN LANGUAGE -1

FOUNDERS LUNCH 145

GENERAL REQUIREMENT 1154

HOSPITALITY 249

KARATE -10

KIDS ARE CREATIVE CLASS 60

KINDER CHESS 1900

LEADERSHIP 1103

LEGISLATION 388

LITERACY AUTHOR VISIT 1828

MARATHON CLUB 250

MATH ADVENTURES 519

MISC COUNCIL REQUIREMENTS 100

MOVIE NIGHT 48

PARENT ORGANIZER 687

PHOTOGRAPHY -13

PTSA LAPTOP 732

READING ENRICHMENT 64

REFLECTIONS 174

SAFETY PATROL 286

SALMON STUDY 155

SCHLOLARSHIP FUND 521

SCHOOL BEAUTIFICATION 149

SCIENCE ENRICHMENT 284

SCRABBLE 25

SPECIAL NEEDS 500

SPECIAL PROJECTS 404

STAFF GRANTS 715

STUDENT DIRECT 253

THEATRE 3491

VISION AND HEARING 41

Continued on Schedule O, Page

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2010)

JVA 10 990O1 TWF 41975 Copyright Forms (Software Only) - 2010 TW

Name of the organization

LAURA INGALLS WILDER ELEMENTARY 2-8-66

Employer identification number

91-1461125

WELCOME COMMITTEE 55

WILDER IMPROVEMENT 20249

CHANGE IN INTEREST RATES WITH INVESTMENTS

LINE 20 PART 1

990 PRIMARY EXEMPT PURPOSE

Attachment 1: page 1 - 990-EZ Page 2, Part III

| | | | | |
|---------------------------|--|--|--------------|------------|
| Open to Public Inspection | For calendar year 2010 or tax period beginning | 07-01 | , and ending | 06-30-2011 |
| Name of Organization | LAURA INGALLS WILDER ELEMETARY 2-8-66 | Employer Identification Number 91-1461125 | | |

Primary Purpose

PPROMOTION OF THE HEALTH, WELFARE, SAFETY, AND EDUCATION OF CHILDREN.

990 PROGRAM SERVICE ACCOMPLISHMENT

Attachment 2: page 1 - 990-EZ Page 3, Part III

| | | | |
|---|--|--------------------------------|--------------------------|
| Open to Public Inspection | For calendar year 2010 or tax period beginning | 07-01-2010, and ending | 06-30-2011 |
| Name of Organization | Employer Identification Number | | |
| LAURA INGALLS WILDER ELEMENTARY 2-8-66 | 91-1461125 | | |
| Part III - Statement of Program Service Accomplishments | | | |
| Grants and allocations | 39,997 | Amount includes foreign grants | Program service expenses |
| Exempt Purpose Achievements | | | |
| ENRICHMENT, FIELD TRIPS, ASSEMBLIES, CLASSROOM ART, MATH ENRICHMENT, READING ENRICHMENT | | | |

990 PROGRAM SERVICE ACCOMPLISHMENT

Attachment 2: page 2 - 990-EZ Page 3, Part III

| | | | |
|--|--|--|--------------------------|
| Open to Public Inspection | For calendar year 2010 or tax period beginning | 07-01-2010, and ending | 06-30-2011 |
| Name of Organization LAURA INGALLS WILDER ELEMETARY 2-8-66 | | Employer Identification Number 91-1461125 | |
| Part III - Statement of Program Service Accomplishments | | | |
| Grants and allocations | 6,781 | Amount includes foreign grants | Program service expenses |
| Exempt Purpose Achievements | | | |
| PARENT EDUCATION, LEADERSHIP TRAINING, MEMBER BENEFITS | | | |

990 PROGRAM SERVICE ACCOMPLISHMENT

Attachment 2: page 3 - 990-EZ Page 3, Part III

| | | | |
|--|--|--------------------------------|--------------------------|
| Open to Public Inspection | For calendar year 2010 or tax period beginning | 07-01-2010, and ending | 06-30-2011 |
| Name of Organization LAURA INGALLS WILDER ELEMETARY 2-8-66 | Employer Identification Number 91-1461125 | | |
| Part III - Statement of Program Service Accomplishments | | | |
| Grants and allocations | 21,097 | Amount includes foreign grants | Program service expenses |
| Exempt Purpose Achievements | | | |
| EMERGENCY PREPARDNESS, WATERSHED, SCHOOL GROUNDS, IMPROVEMENT AND SUPPLIES | | | |

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 3: page 1 - 990-EZ Page 2, Part IV

| Open to Public Inspection | For calendar year 2010 or tax period beginning | 07-01-2010, and ending | 06-30-2011 | |
|--|--|--|---|---|
| Name of Organization LAURA INGALLS WILDER ELEMETARY 2-8-66 | | | Employer Identification Number 91-1461125 | |
| (A) Name and Address | (B) Title and Average Hrs per Week | (C) Compensation (If not paid, enter 0) | (D) Cont to Employee Ben Plans & Def Comp | (E) Expense Account & Other Allowances |
| HEATHER LUND 14148 BEAR CREEK RD Woodinville, WA 98077 | CO-PRSIDENT 10.00 | 0 | 0 | 0 |
| JOY ARNQUIST 1305 218TH AVE NE Woodinville, WA 98077 | CO-PRESIDENT 10.00 | 0 | 0 | 0 |
| BECKY SPELMAN 21447 NE 143RD ST Woodinville, WA 98077 | CO-PRESIDENT 10.00 | 0 | 0 | 0 |
| JOY GLASSBERG 11826 194TH AVE NE Woodinville, WA 98077 | SECRETARY 10.00 | 0 | 0 | 0 |
| HEATHER CRAMER 19020 NE 132ND ST Redmond, WA 98053 | TREASURER 10.00 | 0 | 0 | 0 |
| WADE BREWER 12938 196TH CT NE Woodinville, WA 98077 | VP COMMUNICATION 10.00 | 0 | 0 | 0 |
| TAMARA GOODWIN 19755 NE 127TH PL Woodinville, WA 98077 | CO-VP ENRICHMENT 10.00 | 0 | 0 | 0 |
| KRISTIN HOWARD 11724 201ST PL NE Woodinville, WA 98077 | CO-VP ENRICHMENT 10.00 | 0 | 0 | 0 |
| PEG JATEKAR 22717 NE 135TH CT Woodinville, WA 98077 | CO-VP VOLUNTEERS 10.00 | 0 | 0 | 0 |
| JENNIFER VINCE 22722 NE 135TH CT Woodinville, WA 98077 | CO CP VOLUNTEERS 10.00 | 0 | 0 | 0 |
| DEB BENTON 14137 209TH AVE NE Woodinville, WA 98077 | CO-VP WAYS AND MEANS 10.00 | 0 | 0 | 0 |
| SUSAN KIMMERLY 14129 229TH AVE NE Woodinville, WA 98077 | CO-VP WAYS AND MEANS 10.00 | 0 | 0 | 0 |

990 BOOKS ARE IN CARE OF

Attachment 4 - 990-EZ Page 3, Part V, Line 42a

| | | | | |
|---------------------------|--|-------|--------------|--|
| Open to Public Inspection | For calendar year 2010 or tax period beginning | 07-01 | , and ending | 06-30-2011 |
| Name of Organization | LAURA INGALLS WILDER ELEMETARY 2-8-66 | | | Employer Identification Number 91-1461125 |

Part V - Line 42a

Individual Name HEATHER CRAMER

or

Business Name

Street Address 19020 NE 132ND ST

U S Address

Zip code 98077

City Woodinville

State WA

or

Foreign Address

City _____

Province or State _____

Country _____

Postal code _____

Phone Number (425) 558-7642

Fax Number _____

2010 DETAIL STATEMENTS

LAURA INGALLS WILDER ELEMENTARY
91-1461125

Page 1

STATEMENT #1 - Investment Income (990-EZ PG 1 Line 4)

BANK OF AMERICA..... 924

TOTAL CARRIED TO 990-EZ PG 1 Line 4..... 924

STATEMENT #2 - Gross income from fundraising (990-EZ PG 1 Line 6b)

BOOK FAIR..... 2,876

CHOIR..... 30

CLASS PICTURES..... 1,410

CORP VOL HOURS..... 730

CRIBBAGE CLUB..... 3

FALL EVENT..... 752

MOTOR SKILLS AND WEELNESS..... 170

PASS THE HAT..... 25,036

SUPPLY SALE..... 172

YEAR BOOK..... 1,231

WILDER MATH PROJECT..... -958

SPRING EVENT..... -660

TOTAL CARRIED TO 990-EZ PG 1 Line 6b..... 30,792