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► The organization may have to use a copy of this return to satisfy state reporting requirements

Form **990-EZ** (2010)

Part II

Balance Sheets

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

☐

| (See the instructions for Part II ) |                                                                               | (A) Beginning of year | (B) End of year |        |
|-------------------------------------|-------------------------------------------------------------------------------|-----------------------|-----------------|--------|
| 22                                  | Cash, savings, and investments . . . . .                                      | 58,070                | 22              | 65,206 |
| 23                                  | Land and buildings . . . . .                                                  | 0                     | 23              | 0      |
| 24                                  | Other assets (describe in Schedule O) . . . . .                               | 0                     | 24              | 0      |
| 25                                  | Total assets . . . . .                                                        | 58,070                | 25              | 65,206 |
| 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) . | 58,070                | 27              | 65,206 |

Part III

Statement of Program Service Accomplishments

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

☐

|                                                                                                                                                                                                                                      |                                                                                                |                                                                                                                               |        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------|
| What is the organization's primary exempt purpose?<br>To support the education, health and welfare of all children and youth                                                                                                         |                                                                                                | Expenses<br>(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others ) |        |
| Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title |                                                                                                |                                                                                                                               |        |
| 28                                                                                                                                                                                                                                   | See Additional Data Table                                                                      |                                                                                                                               |        |
| (Grants \$ )                                                                                                                                                                                                                         | If this amount includes foreign grants, check here <input type="checkbox"/>                    | 28a                                                                                                                           |        |
| 29                                                                                                                                                                                                                                   |                                                                                                |                                                                                                                               |        |
| (Grants \$ )                                                                                                                                                                                                                         | If this amount includes foreign grants, check here <input type="checkbox"/>                    | 29a                                                                                                                           |        |
| 30                                                                                                                                                                                                                                   |                                                                                                |                                                                                                                               |        |
| (Grants \$ )                                                                                                                                                                                                                         | If this amount includes foreign grants, check here <input type="checkbox"/>                    | 30a                                                                                                                           |        |
| 31                                                                                                                                                                                                                                   | Other program services (describe in Schedule O) <input type="checkbox"/>                       |                                                                                                                               |        |
| (Grants \$ )                                                                                                                                                                                                                         | If this amount includes foreign grants, check here <input type="checkbox"/>                    | 31a                                                                                                                           |        |
| 32                                                                                                                                                                                                                                   | Total program service expenses (add lines 28a through 31a) <input checked="" type="checkbox"/> | 32                                                                                                                            | 45,731 |

Part IV

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

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

☐

| (a) Name and address      | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-.) | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---------------------------|----------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------|------------------------------------------|
| See Additional Data Table |                                                          |                                            |                                                                     |                                          |
|                           |                                                          |                                            |                                                                     |                                          |
|                           |                                                          |                                            |                                                                     |                                          |
|                           |                                                          |                                            |                                                                     |                                          |

Part V

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

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

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 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  | No |
| 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  | No |
| 35  | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> 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? <input checked="" type="checkbox"/>                                                                                                                                                                                                               | 35a | No |
| b   | If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? (see instructions) . . . . .                                                                                                                                                                                                                                                                                                                                                                         | 35b |    |
| 36  | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .                                                                                                                                                                                                                                                                                  | 36  | No |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> <b>37a</b> 0                                                                                                                                                                                                                                                                                                                                           |     |    |
| b   | Did the organization file <b>Form 1120-POL</b> for this year? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                      | 37b | No |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?                                                                                                                                                                                                                                          | 38a | No |
| b   | If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .                                                                                                                                                                                                                                                                                                                                                                                         | 38b |    |
| 39  | Section 501(c)(7) organizations. Enter                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |    |
| a   | Initiation fees and capital contributions included on line 9 . . . . .                                                                                                                                                                                                                                                                                                                                                                                                       | 39a |    |
| b   | Gross receipts, included on line 9, for public use of club facilities . . . . .                                                                                                                                                                                                                                                                                                                                                                                              | 39b |    |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> 0, section 4912 <input type="checkbox"/> 0, section 4955 <input type="checkbox"/> 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 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 | No |
| 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 . . . . . <input type="checkbox"/> 0                                                                                                                                                                                                                                                         |     |    |
| d   | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . <input type="checkbox"/> 0                                                                                                                                                                                                                                                                                                                           |     |    |
| e   | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .                                                                                                                                                                                                                                                                                                           | 40e | No |
| 41  | List the states with which a copy of this return is filed <input checked="" type="checkbox"/> WA                                                                                                                                                                                                                                                                                                                                                                             |     |    |
| 42a | The organization's books are in care of <input checked="" type="checkbox"/> Cynthia Rittenhouse Telephone no <input checked="" type="checkbox"/> (425) 868-8516<br>2337 229th Ave NE<br>Located at <input checked="" type="checkbox"/> Sammamish, WA ZIP + 4 <input checked="" type="checkbox"/> 980746532                                                                                                                                                                   |     |    |
| 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)?<br>If "Yes," enter the name of the foreign country <input checked="" type="checkbox"/><br>See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> . | 42b | No |
| c   | At any time during the calendar year, did the organization maintain an office outside of the U S ?<br>If "Yes," enter the name of the foreign country <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                    | 42c | No |
| 43  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input checked="" type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . <input checked="" type="checkbox"/> <b>43</b>                                                                                                                                                                                 |     |    |
| 44a | Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.                                                                                                                                                                                                                                                                                                                                                          | 44a | 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                                                                                                                                                                                                                                                                                                                                    | 44b | No |
| c   | Did the organization receive any payments for indoor tanning services during the year?                                                                                                                                                                                                                                                                                                                                                                                       | 44c | No |
| d   | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O                                                                                                                                                                                                                                                                                                                                          | 44d |    |

|     |                                                                                                                                                                                                                         |     |    |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|     |                                                                                                                                                                                                                         | Yes | No |
| 45  | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ                                 |     | No |
| 45a | 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 Form990-EZ |     | No |
| 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                              |     | No |

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

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

|     |                                                                                                   |     |    |
|-----|---------------------------------------------------------------------------------------------------|-----|----|
|     | Yes                                                                                               | No  |    |
| 47  | Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II        | Yes |    |
| 48  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E |     | No |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization?         |     | No |
| 49b | 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                                                           |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |

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

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

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|------------------------------------------------------------------------------|---------------------|------------------|
| NONE                                                                         |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |

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

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☒ 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                | <div><div></div><div>Signature of officer</div></div>                            |  | <div>2012-03-03</div> <div>Date</div> |                        |                                                              |
|                          | <div>Cynthia Rittenhouse Treasurer</div> <div>Type or print name and title</div> |  |                                       |                        |                                                              |
| Paid Preparer's Use Only | <div>Preparer's signature</div>                                                  |  | Date                                  | Check if self-employed | Preparer's taxpayer identification number (See instructions) |
|                          | Firm's name (or yours if self-employed), address, and ZIP + 4                    |  |                                       |                        |                                                              |
|                          |                                                                                  |  |                                       |                        | EIN                                                          |

May the IRS discuss this return with the preparer shown above? See instructions

☐ Yes☐ No

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization  
CHRISTA MCAULIFFE PTSA

Employer identification number  
91-1492758

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☒

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

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

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

Part II

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

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

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

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

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶

| Section C. Computation of Public Support Percentage                                                                                                                                                                                                                                                                                                                                          |    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))                                                                                                                                                                                                                                                                                                      | 14 |  |
| 15 Public Support Percentage for 2009 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                           | 15 |  |
| 16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶                                                                                                                                                                         |    |  |
| b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶                                                                                                                                                                    |    |  |
| 17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶    |    |  |
| b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶ |    |  |
| 18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶                                                                                                                                                                                                                                                        |    |  |

Part IIIPart 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.")                                                                        | 34,558   | 15,210   | 18,351   | 38,709   | 36,887   | 143,715   |
| 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 | 179,759  | 98,442   | 73,546   | 68,630   | 59,481   | 479,858   |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             | 0        | 0        | 0        | 0        | 0        | 0         |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                          | 0        | 0        | 0        | 0        | 0        | 0         |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  | 0        | 0        | 0        | 0        | 0        | 0         |
| 6 Total. Add lines 1 through 5                                                                                                                                             | 214,317  | 113,652  | 91,897   | 107,339  | 96,368   | 623,573   |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                | 200      | 200      | 1,955    | 758      | 373      | 3,486     |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           | 0        | 0        | 0        | 0        | 0        | 0         |
| c Add lines 7a and 7b                                                                                                                                                      | 200      | 200      | 1,955    | 758      | 373      | 3,486     |
| 8 Public Support (Subtract line 7c from line 6 )                                                                                                                           |          |          |          |          |          | 620,087   |

| 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                                                                                                                                                                                                                                                | 214,317  | 113,652  | 91,897   | 107,339  | 96,368   | 623,573   |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                                                                                                   | 1,192    | 2,197    | 319      | 20       | 20       | 3,748     |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                                                                                                                                                            | 0        | 0        | 0        | 0        | 0        | 0         |
| c Add lines 10a and 10b                                                                                                                                                                                                                                              | 1,192    | 2,197    | 319      | 20       | 20       | 3,748     |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                                                                                                                                       | 0        | 0        | 0        | 0        | 0        | 0         |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                                                                                                                                                   | 0        | 0        | 0        | 155      | 1,513    | 1,668     |
| 13 Total support (Add lines 9, 10c, 11 and 12.)                                                                                                                                                                                                                      | 215,509  | 115,849  | 92,216   | 107,514  | 97,901   | 628,989   |
| 14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(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 | 98.585 % |  |
| 16 Public support percentage from 2009 Schedule A, Part III, line 15                    | 16 | 98.490 % |  |

| Section D. Computation of Investment Income Percentage                                                                                                                                                                                                                                                                                                   |    |         |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|--|
| 17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))                                                                                                                                                                                                                                                             | 17 | 0.596 % |  |
| 18 Investment income percentage from 2009 Schedule A, Part III, line 17                                                                                                                                                                                                                                                                                  | 18 | 0.926 % |  |
| 19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization          |    |         |  |
| b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  |    |         |  |
| 20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions                                                                                                                                           |    |         |  |

Part IV

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

|                              |
|------------------------------|
| Facts And Circumstances Test |
|                              |
|                              |

| Explanation                           |
|---------------------------------------|
| Funds dontated to National MS Society |

## Additional Data

**Software ID:** 10000077

**Software Version:** v1.00

**EIN:** 91-1492758

**Name:** CHRISTA MCAULIFFE PTSA

### Form 990EZ, Part III - Statement of Program Service Accomplishments

| Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.                                                                                                                                                                                                                                     | Expenses<br>(Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.) |        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--------|
| <b>28</b> Student Support/Enrichment/Education--Student programs and services that benefit approximately 650 children at McAuliffe Elementary school including extra-curricular classes (Drama, Chess, and Science), assemblies, field trips, field day, disability awareness, safety patrol, Sunshine fund, yearbook, book rodeo, school supplies, birthday book club<br>(Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/> | <b>28a</b>                                                                                                   | 39,388 |
| <b>29</b> Parent Involvement/Education--sent board members periodically throughout year to attend PTA Workshops, Welcome back Coffee held first day of school for all McAuliffe parents, intial costs to start Watch Dog program<br>(Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>                                                                                                                                       | <b>29a</b>                                                                                                   | 423    |
| <b>30</b> Community/Volunteer Involvement & Recognition--gifts for volunteers that participate during special events, Volunteer Tea, PTA Founder's Day Luncheon, food expenses for Vision & Hearing volunteers, t-shirts for school staff, school staff appreciation luncheons, LWSD scholarship fund, National MS Society donatation<br>(Grants \$ 100) If this amount includes foreign grants, check here . . . <input type="checkbox"/>                                | <b>30a</b>                                                                                                   | 4,446  |
| Other program services--6th Grade Graduation expenses, Communication expenses to host website<br>(Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>                                                                                                                                                                                                                                                                          |                                                                                                              | 1,474  |

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

| (A) Name and address                                            | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0-.) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
|-----------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------|------------------------------------------|
| April Wiese<br>2322 229TH AVE NE<br>Sammamish, WA 98074         | Co-President 20                                          | 0                                          | 0                                                                   | 0                                        |
| Jennifer Mackleit<br>23840 SE 5TH CT<br>Sammamish, WA 98074     | Co-President 20                                          | 0                                          | 0                                                                   | 0                                        |
| Liza Wallace<br>2633 234th AVE NE<br>Sammamish, WA 98074        | Executive Vice President 20                              | 0                                          | 0                                                                   | 0                                        |
| Tracye Cantrell<br>21322 NE 35th CT<br>Sammamish, WA 98074      | Secretary 4                                              | 0                                          | 0                                                                   | 0                                        |
| Mona Arredondo<br>23256 NE 20TH PL<br>Sammamish, WA 98074       | Co-Treasurer 20                                          | 0                                          | 0                                                                   | 0                                        |
| Cynthia Rittenhouse<br>2337 229TH AVE NE<br>Sammamish, WA 98074 | Co-Treasurer 2                                           | 0                                          | 0                                                                   | 0                                        |
| Laura Bolz<br>2117 227TH AVE NE<br>Sammamish, WA 98074          | VP Communications 20                                     | 0                                          | 0                                                                   | 0                                        |
| Paul Lee<br>23403 NE 21ST ST<br>Sammamish, WA 98074             | VP Community Outreach 5                                  | 0                                          | 0                                                                   | 0                                        |
| Stephanie McNear<br>2040 235TH PL NE<br>Sammamish, WA 98074     | VP Fundraising 20                                        | 0                                          | 0                                                                   | 0                                        |
| Lisa Henderson<br>23411 NE 29TH PL<br>Sammamish, WA 98074       | VP Programs 10                                           | 0                                          | 0                                                                   | 0                                        |
| Jill Kostomay<br>23412 NE 22ND ST<br>Sammamish, WA 98074        | VP School Community 10                                   | 0                                          | 0                                                                   | 0                                        |
| Val Gallagher<br>328 239TH WAY SE<br>Sammamish, WA 98074        | Co-VP Before & After School Programs 10                  | 0                                          | 0                                                                   | 0                                        |
| Joanne Toll<br>112 239TH WAY SE<br>Sammamish, WA 98074          | Co-VP Before & After School Programs 10                  | 0                                          | 0                                                                   | 0                                        |
| Heidi Sutter<br>324 238TH AVE SE<br>Sammamish, WA 98074         | Grants Committee Chair 2                                 | 0                                          | 0                                                                   | 0                                        |
| Holly Hoyt<br>23723 SE 4TH PL<br>Sammamish, WA 98074            | Advocacy Chair 2                                         | 0                                          | 0                                                                   | 0                                        |

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

| (A) Name and address                                       | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0-.) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
|------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------|------------------------------------------|
| Krista Wall<br>23564 NE 29TH ST<br>Sammamish, WA 98074     | Membership Chair 2                                       | 0                                          | 0                                                                   | 0                                        |
| Stefanie Estes<br>23138 NE 25TH WAY<br>Sammamish, WA 98074 | Special Needs Chair 2                                    | 0                                          | 0                                                                   | 0                                        |
| Shelby McLean<br>22827 NE 25TH WAY<br>SAMMAMISH, WA 98074  | Co-Special Needs Chair 2                                 | 0                                          | 0                                                                   | 0                                        |

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

2010

Open to Public Inspection

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) organizations Complete Part III

|                                                    |                                              |
|----------------------------------------------------|----------------------------------------------|
| Name of the organization<br>CHRISTA MCAULIFFE PTSA | Employer identification number<br>91-1492758 |
|----------------------------------------------------|----------------------------------------------|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

|   |                                                                                                          |            |
|---|----------------------------------------------------------------------------------------------------------|------------|
| 1 | Provide a description of the organization’s direct and indirect political campaign activities in Part IV |            |
| 2 | Political expenditures                                                                                   | ▶ \$ _____ |
| 3 | Volunteer hours                                                                                          | _____      |

Part I-B Complete if the organization is exempt under section 501(c)(3).

|    |                                                                                         |                                                          |
|----|-----------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1  | Enter the amount of any excise tax incurred by the organization under section 4955      | ▶ \$ _____                                               |
| 2  | Enter the amount of any excise tax incurred by organization managers under section 4955 | ▶ \$ _____                                               |
| 3  | If the organization incurred a section 4955 tax, did it file Form 4720 for this year?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4a | Was a correction made?                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b  | If "Yes," describe in Part IV                                                           |                                                          |

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                          |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1 | Enter the amount directly expended by the filing organization for section 527 exempt function activities                                                                                                                                                                                                                                                                                                                                                                                                                                | ▶ \$ _____                                               |
| 2 | Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities                                                                                                                                                                                                                                                                                                                                                                                                        | ▶ \$ _____                                               |
| 3 | Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b                                                                                                                                                                                                                                                                                                                                                                                                                                          | ▶ \$ _____                                               |
| 4 | Did the filing organization file Form 1120-POL for this year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5 | Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization’s funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV |                                                          |

| (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- |
|----------|-------------|---------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
|          |             |         |                                                                     |                                                                                                                                            |
|          |             |         |                                                                     |                                                                                                                                            |
|          |             |         |                                                                     |                                                                                                                                            |
|          |             |         |                                                                     |                                                                                                                                            |
|          |             |         |                                                                     |                                                                                                                                            |
|          |             |         |                                                                     |                                                                                                                                            |
|          |             |         |                                                                     |                                                                                                                                            |
|          |             |         |                                                                     |                                                                                                                                            |

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

| Limits on Lobbying Expenditures<br>(The term "expenditures" means amounts paid or incurred.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                   | (a) Filing<br>Organization's<br>Totals          | (b) Affiliated<br>Group<br>Totals  |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------|------------------------------------|--------------------|------------------------------|-----------------------------------------|-------------------------------------------------|-------------------------------------------|---------------------------------------------------|--------------------------------------------|--------------------------------------------------|-------------------|-------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                   |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| b Total lobbying expenditures to influence a legislative body (direct lobbying)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                   |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| c Total lobbying expenditures (add lines 1a and 1b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| d Other exempt purpose expenditures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| e Total exempt purpose expenditures (add lines 1c and 1d)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| f Lobbying nontaxable amount Enter the amount from the following table in both columns                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                   |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table> |                                                   | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount 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 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 |  |  |
| If the amount on line 1e, column (a) or (b) is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | The lobbying nontaxable amount is:                |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Not over \$500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 20% of the amount 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$175,000 plus 10% of the excess over \$1,000,000 |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$1,500,000 but not over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$225,000 plus 5% of the excess over \$1,500,000  |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$1,000,000                                       |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| g Grassroots nontaxable amount (enter 25% of line 1f)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| h Subtract line 1g from line 1a If zero or less, enter -0-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| i Subtract line 1f from line 1c If zero or less, enter -0-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   | <input type="checkbox"/> Yes                    | <input type="checkbox"/> No        |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |

4-Year Averaging Period Under Section 501(h)  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

| Lobbying Expenditures During 4-Year Averaging Period         |          |          |          |          |           |
|--------------------------------------------------------------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                  | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) Total |
| 2a Lobbying non-taxable amount                               |          |          |          |          |           |
| b Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| c Total lobbying expenditures                                |          |          |          |          |           |
| d Grassroots non-taxable amount                              |          |          |          |          |           |
| e Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| f Grassroots lobbying expenditures                           |          |          |          |          |           |

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

|                             |                                                                                                                                                                                                                              | (a) |    | (b)    |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
|                             |                                                                                                                                                                                                                              | Yes | No | Amount |
| 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 Volunteers?                                                                                                                                                                                                                | Yes |    |        |
|                             | b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?                                                                                                                               |     | No |        |
|                             | c Media advertisements?                                                                                                                                                                                                      |     | No |        |
|                             | d Mailings to members, legislators, or the public?                                                                                                                                                                           |     | No |        |
|                             | e Publications, or published or broadcast statements?                                                                                                                                                                        |     | No |        |
|                             | f Grants to other organizations for lobbying purposes?                                                                                                                                                                       | Yes |    |        |
|                             | g Direct contact with legislators, their staffs, government officials, or a legislative body?                                                                                                                                |     | No |        |
|                             | h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?                                                                                                                                  |     | No |        |
|                             | i Other activities? If "Yes," describe in Part IV                                                                                                                                                                            |     | No |        |
| j Total lines 1c through 1i |                                                                                                                                                                                                                              |     |    | 100    |
| 2a                          | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?                                                                                                                                |     | No |        |
| 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                                                                                                                                   |     |    |        |
| d                           | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?                                                                                                                                 |     |    |        |

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

|   |                                                                                                  | Yes | No |
|---|--------------------------------------------------------------------------------------------------|-----|----|
| 1 | Were substantially all (90% or more) dues received nondeductible by members?                     | 1   |    |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less?                | 2   |    |
| 3 | Did the organization agree to carryover lobbying and political expenditures from the prior year? | 3   |    |

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

|   |                                                                                                                                                                                                                                            |    |  |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 1 | Dues, assessments and similar amounts from members                                                                                                                                                                                         | 1  |  |
| 2 | Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).                                                                                | 2a |  |
| a | Current year                                                                                                                                                                                                                               |    |  |
| b | Carryover from last year                                                                                                                                                                                                                   |    |  |
| c | Total                                                                                                                                                                                                                                      |    |  |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues                                                                                                                                            | 3  |  |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4  |  |
| 5 | Taxable amount of lobbying and political expenditures (see instructions)                                                                                                                                                                   | 5  |  |

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

| Identifier       | Return Reference              | Explanation                                                                                                                                                                    |
|------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SchC_P2B_S00_L01 | Schedule C, Part II-B, Line 1 | Our PTSA dontated \$100 00 to the Lake Washington Citizens Levy and Bond Committe. This commitee of volunteers is the promotional arm of the levy and bond passage in our area |

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public  
Inspection

|                                                           |                                                         |
|-----------------------------------------------------------|---------------------------------------------------------|
| <b>Name of the organization</b><br>CHRISTA MCAULIFFE PTSA | <b>Employer identification number</b><br><br>91-1492758 |
|-----------------------------------------------------------|---------------------------------------------------------|

| Identifier       | Return Reference            | Explanation                                                              |
|------------------|-----------------------------|--------------------------------------------------------------------------|
| F99Z_P01_S00_L08 | Form 990-EZ, Part I, Line 8 | Description,Amount^Funds raised for National MS Society,1513^Total,1513^ |

| Identifier       | Return Reference                | Explanation                                                                                                                                                                                                                             |
|------------------|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| F99Z_P01_S00_L16 | Form 990-EZ,<br>Part I, Line 16 | Description,Amount^Total Expenses related to Program Service Revenue,25405 Student Programs,13983 Parent Education and Enrichment,423 Administrative Expenses,2081 Awards and Recognition,4446 Other Program Services,1474^Total,47812^ |