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Short Form  
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000

at the end of the year may use this form

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

2010

Open to Public  
Inspection

<b>A</b> For the 2010 calendar year, or tax year beginning <b>JULY 01</b>		, 2010, and ending <b>JUNE 30</b> , 2011	
<b>B</b> Check if applicable		<b>C</b> Name of organization	
<input type="checkbox"/>	Address change	Discovery Elementary PTSA 2.6.9.	
<input type="checkbox"/>	Name change	Number & street (or P O box, if mail is not delivered to street addr)	
<input type="checkbox"/>	Initial return	Room/ suite	
<input type="checkbox"/>	Terminated	2003 65th Avenue West	
<input type="checkbox"/>	Amended return	City or town, state or country, and ZIP + 4	
<input type="checkbox"/>	Application pending	Tacoma WA 98466-6215	
<b>G</b> Accounting Method		<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Accrual
		Other (specify) ► _____	
<b>I</b> Website: ► <u>N/A</u>		<b>H</b> Check <input checked="" type="checkbox"/> if organization is not required to attach Schedule B (Form 990, 990-EZ or 990-PF)	
<b>J</b> Tax-exempt status (check only one) -- <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>K</b> Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return			
<b>L</b> Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ <b>106,950</b>			

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I 

<b>REVENUE</b>	1 Contributions, gifts, grants, and similar amounts received	1	2,901
	2 Program service revenue including government fees and contracts	2	19,400
<b>EXPENSES</b>	3 Membership dues and assessments	3	7,467
	4 Investment income	4	11
<b>ASSETS</b>	5a Gross amount from sale of assets other than inventory	5a	
	b Less. cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
<b>REVENUE</b>	6 Gaming and fundraising events	6a	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
<b>EXPENSES</b>	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)	6b	74,828
	c Less direct expenses from gaming and fundraising events	6c	
<b>ASSETS</b>	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	74,828
	7a Gross sales of inventory, less returns and allowances	7a	
<b>REVENUE</b>	b Less cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
<b>EXPENSES</b>	8 Other revenue (describe in Schedule O)	8	2,343
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	106,950
<b>ASSETS</b>	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
<b>EXPENSES</b>	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
<b>ASSETS</b>	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
<b>EXPENSES</b>	16 Other expenses (describe in Schedule O)	16	105,237
	17 Total expenses. Add lines 10 through 16	17	105,237
<b>ASSETS</b>	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,713
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	52,907
<b>ASSETS</b>	20 Other changes in net assets or fund balances (explain in Schedule O)	20	1,293
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	55,913

For Paperwork Reduction Act Notice, see the separate instructions.

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**Part V Other Information** (Note the statement requirements in the instructions for Part V)Check if the organization used Schedule O to respond to any question in this Part V 

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)?	35b	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► <b>37a</b>		
b Did the organization file <b>Form 1120-POL</b> for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter:	39a	
a Initiation fees and capital contributions included on line 9	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		
41 List the states with which a copy of this return is filed. ► <b>NONE</b>		
42a The organization's books are in care of ► <b>See attachment #4</b> Telephone no ► _____ Located at ► _____		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
If "Yes," enter the name of the foreign country ► _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ► _____	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► <b>43</b>		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	X

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

Yes	No
45	X
45a	X

a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R must be completed instead of Form 990-EZ (see instructions)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

46	X
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**Part VI** **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

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

47	X
48	X
49a	X
49b	X

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

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

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

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

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

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

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

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

d Total number of other independent contractors each receiving over \$100,000 ►

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ►  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here		Treasurer	9-12-2011
	Signature of officer		Date
	Kelly King		
	Type or print name and title		

Paid	Print/Type preparer's name <i>SHARON HAZZ EA</i>	Preparer's signature <i>Sharon Hazz, EA</i>	Date 09-09-2011	Check <input type="checkbox"/> if self-employed	PTIN PXXXX9699
Preparer	Firm's name ► HRB Tax Group Inc			Firm's EIN ►	
Use Only	Firm's address ► 16025 NE 85TH STE 101 REDMOND WA 98052			Phone no 425-558-3541	

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

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

► Attach to Form 990 or Form 990-EZ. ► See separate Instructions.

**Name of the organization**

Discovery Elementary PTS 2.6.9.

**Employer Identification number**  
94-3152614

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

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

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

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

(I) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see Instructions))	(IV) Is the organization in col (I) listed in your governing document?	(V) Did you notify the organization in col (I) of your support?		(VI) Is the organization in col (I) organized in the U.S.?	(VII) Amount of support
				Yes	No		
<b>Total</b>							

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

Schedule A (Form 990 or 990-EZ) 2010

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II)

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	5,382	5,594	5,594	8.828	10,392	35,790
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	110,820	69,357	129,858	124,750	96,558	531,343
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 <b>Total.</b> Add lines 1 through 5	116,202	74,951	135,452	133,578	106,950	567,133
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 <b>Public support</b> (Subtract line 7c from line 6)						567,133

**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	116,202	74,951	135,452	133,578	106,950	567,133
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12)	116,202	74,951	135,452	133,578	106,950	567,133
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

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

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	100.00	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16		%

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

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)).	17	0.00	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18		%
19a 33 1/3 % support tests -- 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization			
b 33 1/3 % support tests -- 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization			
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions			

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

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

2010

Department of the Treasury  
Internal Revenue Service

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

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

Open to Public  
Inspection

Name of the organization

**Employer Identification number**

Discovery Elementary PTSA 2.6.9.

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

**Part I** Fundraising Activities: Complete if the organization ans Form 990-EZ filers are not required to complete this part.

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

1 Indicate whether the organization raised funds through any of the

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

<b>a</b>	Mail solicitations	<b>e</b>	Solicitation of non-government grants
<b>b</b>	Internet and email solicitations	<b>f</b>	Solicitation of government grants
<b>c</b>	Phone solicitations	<b>g</b>	Special fundraising events
<b>d</b>	In-person solicitations		

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

Yes  No

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

### Total

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

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

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

13 Indicate the percentage of gaming activity operated in

a The organization's facility  Yes  No

b An outside facility  Yes  No

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

13a	%
13b	%

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

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

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

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

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

Director/officer  Employee  Independent contractor

17 Mandatory distributions

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

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

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

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

Department of the Treasury  
Internal Revenue Service

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

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

Discovery Elementary PTSA 2.6.9.

Employer identification number

94-3152614

Bank Refund - 13

PTSA Checking - 1165

Cash - 1165

Activity Expenses - 79672

Administration Expenses - 3154

Fundraising Expenses - 13365

Leadership Education Expenses - 575

Service Fee Expenses - 6141

To PTSA Checking - 1165

To Cash Use - 1165

Line 20 - 1293 - change in banking

## 990 PRIMARY EXEMPT PURPOSE

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

Open to Public Inspection	For calendar year 2010 or tax period beginning	07-01	, and ending	06-30-2011
Name of Organization	Discovery Elementary PTSAs 2.6.9.	Employer Identification Number 94-3152614		

### Primary Purpose

To enhance the educational experience of children and their families by working in partnership with teachers, educational staff, and the local community.

## 990 PROGRAM SERVICE ACCOMPLISHMENT

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

Open to Public Inspection	For calendar year 2010 or tax period beginning	07-01-2010, and ending	06-30-2011
Name of Organization <b>Discovery Elementary PTSA 2.6.9.</b>	Employer Identification Number <b>94-3152614</b>		
<b>Part III - Statement of Program Service Accomplishments</b>			
Grants and allocations	Amount includes foreign grants	Program service expenses	93,037
Exempt Purpose Achievements			

The PTSA gives each child a legislative voice while providing safe, fun and educationally enriching activities, supported by it's own fundraising.

# 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

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

Open to Public Inspection	For calendar year 2010 or tax period beginning	07-01-2010, and ending	06-30-2011	
Name of Organization		Employer Identification Number		
Discovery Elementary PTSA 2.6.9.		94-3152614		
(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont to Employee Ben Plans & Def Comp	(E) Expense Account & Other Allowances
Deb Evdemon 22708 SE 27th Street Sammamish, WA 98075	President 3.00	0	0	0
Katie McDorman 24525 SE 14th St. Sammamish, WA 98075	Vice President 3.00	0	0	0
Kelly King 1712 250th Ct SE Sammamish, WA 98075	Co-Treasurer 3.00	0	0	0
Maribeth Thomas 24251 SE 9th St Sammamish, WA 98075	Co-Treasurer 3.00	0	0	0
Kim Robbins 2322 246th Ave SE Sammamish, WA 98075	VP Programs 3.00	0	0	0
Shawna Rooney 22762 SE 27th St. Sammamish, WA 98075	VP Fundraising 3.00	0	0	0
Shannon Ptacek 1404 242nd Pl SE Sammamish, WA 98075	VP Communication 3.00	0	0	0
Kath Slocum 2675 230th Ave SE Sammamish, WA 98075	Secretary 3.00	0	0	0
Susan Schreiber 22564 SE 12th Place Sammamish, WA 98075	Co-VP of Programs	0	0	0
Susan Peters 2679 230th Ave SE Sammamish, WA 98075	Co-VP of Fund Raising	0	0	0
Erin Earles 913 244th Ct SE Sammamish, WA 98075	Co-VP of Fund Raising	0	0	0

# 990 BOOKS ARE IN CARE OF

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

Open to Public Inspection	For calendar year 2010 or tax period beginning	07-01	, and ending	06-30-2011
Name of Organization				Employer Identification Number
Discovery Elementary PTSA 2.6.9.				94-3152614

Part V - Line 42a

Individual Name Kelly King  
or  
Business Name

Street Address 1712 250th Ct SE

U S Address

Zip code 98075 City Sammamish State WA  
or

Foreign Address

City \_\_\_\_\_

Province or State \_\_\_\_\_

Country \_\_\_\_\_

Postal code \_\_\_\_\_

Phone Number \_\_\_\_\_ (425) 369-6006

Fax Number \_\_\_\_\_