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Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

**2011****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

- Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)
- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2011 calendar year, or tax year beginning July 1, 2011, and ending June 30, 20 12

**B** Check if applicable:

☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization  
**Redmond EI PTSA**

Number and street (or P O box, if mail is not delivered to street address) Room/suite  
**2003 65th Avenue West**

City or town, state or country, and ZIP + 4  
**Tacoma, WA 98466-6215**

**D** Employer identification number  
**91-1088258**

**E** Telephone number  
**425-376-2909**

**F** Group Exemption Number ►

**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ►

**I** Website: ► **redmondelpmtsa.org**

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

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

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ **61344**

**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 ☐

SCANNED DEC 11 2012

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	16393
	2	Program service revenue including government fees and contracts	2	390
	3	Membership dues and assessments	3	2561
	4	Investment income	4	1
	5a	Gross amount from sale of assets other than inventory	5a	130
	b	Less: cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	130
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ CorpMatch of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	41869
c	Less: direct expenses from gaming and fundraising events	6c	17074	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	24795	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8	Other revenue (describe in Schedule O)	8	0	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	44270	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	2021
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	0
	13	Professional fees and other payments to independent contractors	13	0
	14	Occupancy, rent, utilities, and maintenance	14	0
	15	Printing, publications, postage, and shipping	15	1463
	16	Other expenses (describe in Schedule O)	16	27200
	17	<b>Total expenses.</b> Add lines 10 through 16	17	30684
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	13585
	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	13535
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	27120

For Paperwork Reduction Act Notice, see the separate instructions.

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

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments . . . . .	13535	22 27120
23	Land and buildings . . . . .	0	23 0
24	Other assets (describe in Schedule O) . . . . .	0	24 0
25	<b>Total assets</b> . . . . .	13535	25 27120
26	<b>Total liabilities</b> (describe in Schedule O) . . . . .	0	26 0
27	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . .	13535	27 27120

<b>Part III</b>	<b>Statement of Program Service Accomplishments</b> (see the instructions for Part III.)	<b>Expenses</b> (Required for section 501(c)(3) organizations)
	Check if the organization used Schedule O to respond to any question in this Part III <input type="checkbox"/>	

What is the organization's primary exempt purpose? \_\_\_\_\_

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**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 ☐

[illegible]

**Part V Other Information** (Note the Schedule A and personal benefit contract 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
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .	<b>33</b>	<input checked="" type="checkbox"/>
<b>34</b> 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) . . . . .	<b>34</b>	<input checked="" type="checkbox"/>
<b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .	<b>35a</b>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .	<b>35b</b>	<input checked="" type="checkbox"/>
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .	<b>35c</b>	<input checked="" type="checkbox"/>
<b>36</b> 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 . . . . .	<b>36</b>	<input checked="" type="checkbox"/>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> _____	<b>37a</b>	
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	<input checked="" type="checkbox"/>
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .	<b>38a</b>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>	
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>	
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
<b>b</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 . . . . .	<b>40b</b>	<input checked="" type="checkbox"/>
<b>c</b> 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 . . . . . ▶ _____		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
<b>e</b> 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. . . . .	<b>40e</b>	<input checked="" type="checkbox"/>
<b>41</b> List the states with which a copy of this return is filed. ▶ <b>N/A</b>		
<b>42a</b> The organization's books are in care of ▶ <b>Angela C. Easter</b> Telephone no. ▶ <b>425.376.2909</b> Located at ▶ <b>5050 W Lk Sammamish Pkwy NE, Redmond, WA</b> ZIP + 4 ▶ <b>98052-3760</b>		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	<b>42b</b>	<input checked="" type="checkbox"/>
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . . If "Yes," enter the name of the foreign country: ▶ _____	<b>42c</b>	<input checked="" type="checkbox"/>
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> _____		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44a</b>	<input checked="" type="checkbox"/>
<b>b</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 . . . . .	<b>44b</b>	<input checked="" type="checkbox"/>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>	<input checked="" type="checkbox"/>
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>44d</b>	
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>45a</b>	<input checked="" type="checkbox"/>
<b>45b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .	<b>45b</b>	<input checked="" type="checkbox"/>

**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** ☐ Yes ☒ 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, 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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . . **47** ☐ Yes ☒ No

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . **48** ☐ Yes ☒ No

**49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . . **49a** ☐ Yes ☒ No

**b** If "Yes," was the related organization a section 527 organization? . . . . . **49b** ☐ Yes ☒ No

**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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

**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
N/A		

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . ▶

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

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

**Sign Here**  **Signature of officer** **11/12/12** **Date**  
**Angela C. Easter, Co-Treasurer**  
**Type or print name and title**

**Paid Preparer Use Only** Preparer's name **Preparer's signature** **Date** ☐ Check ☐ if self-employed **PTIN**  
**Firm's name** **Firm's EIN**  
**Firm's address** **Phone no**

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

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

Redmond Elementary PTSA

Employer identification number

91-1088258

**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)		
11g(ii)		
11g(iii)		

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	1472	1955	1901	1795	2021	9144
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0	0	0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0	0	0	0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	1472	1955	1901	1795	2021	9144
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4. . . . .						9144

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4 . . . . .	1472	1955	1901	1795	2021	9144
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	103	95	86	15	1	300
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	0	0	0	0	0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0	0	0	0	0	
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						9444
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	0
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . ► <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	96.8 %
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14 . . . . .	15	95.5 %
<b>16a 33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ► <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ► <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1472	1955	1901	1795	2021	9144
<b>2</b> 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 . . . .	42466	42078	39670	34820	41869	200903
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .	0	0	0	0	0	0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .	0	0	0	0	0	0
<b>6 Total.</b> Add lines 1 through 5 . . . .	43938	44033	41571	36615	43890	210047
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .	0	0	0	0	0	0
<b>b</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
<b>c</b> Add lines 7a and 7b . . . .	0	0	0	0	0	0
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . .						210047

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6 . . . .	43938	44033	41571	36615	43890	210047
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .	103	95	86	15	1	300
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .	0	0	0	0	0	0
<b>c</b> Add lines 10a and 10b . . . .	103	95	86	15	1	300
<b>11</b> 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
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . .	0	0	0	0	0	0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .	44041	44128	41657	36630	43891	210347
<b>14 First five years.</b> 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 <b>stop here</b> . . . . ► <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) . . . .	<b>15</b>	99.9 %
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 . . . .	<b>16</b>	99.8 %

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

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) . . . .	<b>17</b>	.1 %
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17 . . . .	<b>18</b>	.2 %
<b>19a 33 1/3% support tests—2011.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . ► <input checked="" type="checkbox"/>		
<b>b 33 1/3% support tests—2010.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . ► <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . ► <input type="checkbox"/>		



**Part IV** **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).

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.**

2011

**Open to Public Inspection**

Employer identification number

**91-1088258**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- | (i) Name and address of individual<br>or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have<br>custody or control of<br>contributions? |    | (iv) Gross receipts<br>from activity | (v) Amount paid to<br>(or retained by)<br>fundraiser listed in<br>col (i) | (vi) Amount paid to<br>(or retained by)<br>organization |
|--|---------------|--|----|--------------------------------------|---|---|
|  |               | Yes  | No |                                      |   |   |
| 1  |               |  |    |                                      |   |   |
| 2  |               |  |    |                                      |   |   |
| 3  |               |  |    |                                      |   |   |
| 4  |               |  |    |                                      |   |   |
| 5  |               |  |    |                                      |   |   |
| 6  |               |  |    |                                      |   |   |
| 7  |               |  |    |                                      |   |   |
| 8  |               |  |    |                                      |   |   |
| 9  |               |  |    |                                      |   |   |
| 10   |               |  |    |                                      |   |   |
| <b>Total</b>   |               |  |    |                                      |   |   |

- 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.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Catalog Sales (event type)	6th Grade Enrichmnt (event type)	(total number)	(add col (a) through col (c))
	<b>1</b> Gross receipts . . . . .	17173	5328		22501
	<b>2</b> Less: Charitable contributions . . . . .	0	0		0
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	17173	5328		22501
Direct Expenses	<b>4</b> Cash prizes . . . . .	0	0		0
	<b>5</b> Noncash prizes . . . . .	0	0		0
	<b>6</b> Rent/facility costs . . . . .	0	0		0
	<b>7</b> Food and beverages . . . . .	0	0		0
	<b>8</b> Entertainment . . . . .	0	0		0
	<b>9</b> Other direct expenses . . . . .	9891	1215		11106
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				( 11106 )
<b>11</b> Net income summary. Combine line 3, column (d), and line 10 . . . . . ▶				11395	

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				( )
	<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 . . . . . ▶				

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

**a** Is the organization licensed to operate gaming activities in each of these states? . . . . . ☐ Yes ☐ No

**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

**b** If "Yes," explain: \_\_\_\_\_

- |           |   |  |
|-----------|---|--|
| <b>11</b> | Does the organization operate gaming activities with nonmembers?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>12</b> | 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>13</b> | Indicate the percentage of gaming activity operated in:   |  |
| <b>a</b>  | The organization's facility   | <b>13a</b> %   |
| <b>b</b>  | An outside facility   | <b>13b</b> %   |
| <b>14</b> | Enter the name and address of the person who prepares the organization's gaming/special events books and records:                                     |  |

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).

**Part 1 - Revenue****Event**

Bake Sales	695
Box Tops	500
Business Partnerships	1,636
Catalog Sales (Cookie Dough)	17,173
E-Scrip	807
Family Activity/Movie Night	3,567
International Night	2,530
Popcorn Sales	270
Spirit Wear	302
Student Store	992
Used Book Fair	1,557
Valentine Post Office	517
Yearbooks	4,307
4th Grade Enrichment	879
5th Grade Enrichment	810
6th Grade Enrichment	5,328

<b>Total Income</b>	<b>41,869</b>	<b>(Line 6b)</b>
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Corporate & Misc Donation	16,393	(Line 1)
Program Service Revenue	390	(Line 2)
Membership	2,561	(Line 3)
Interest	1	(Line 4)
Sales of Inventory	130	(Line 5a)

<b>Gross Receipts</b>	<b>19,475</b>
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<b>TOTAL</b>	<b>61,344</b>	<b>(Line L)</b>
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**Part 1 - Expenses**

4th Grade Enrichment	456
5th Grade Enrichment	363
6th Grade Enrichment	386
Accelerated Reader Parties	498
Accelerated Reader Test Grants	3,322
Assemblies	118
Bank Service Charges	72
Capital Equipment	1,200
Charitable Annual Report Fees	-
Classroom Supply Support Grant	2,872
Diana Hay Legacy Fund for NSH	750
Donuts/Muffins	280

## Redmond Elementary PTSA

EIN #91-1088258  
2011 Form 990EZ

Emergency Preparedness	1,118	
Enrichment - General	344	
Enrichment - Science	330	
Enrichment - Art	224	
Enrichment - Math	304	
Family Net Grant	199	
Field Trip Scholarship	95	
Founders Day	168	
Grade Level Learning Enhancement	4,000	
Graduation Committees	503	
Hospitality	113	
Insurance	265	
Lake Washington Levy Committee	-	
Leadership Training	90	
Lunch Buddy Grant	2,000	
LWPTSA Council Scholarship	175	
Money Minder Fee	163	
Nature Vision	850	
Passport Club	1,086	
Peace Builder Grant	331	
PO Box	132	
President's Discretionary Fund	-	
Principal's Fund	599	
PTSA Webhosting	-	
Reflections	286	
Safety Patrol	329	
Salmon Project	350	
Service Awards	403	
Student Council	1,000	
Supplies / Paper	326	
Teacher Staff Appreciation	962	
Third Grade Swimming Lessons	-	
Volunteer Recognition (PTSA)	137	
<b>Total Expenses</b>	<b>27,200</b>	<b>(Line 16)</b>
Newsletter	-	
Postage	25	
Student Directory	136	
Yearbooks	1,302	
<b>Total</b>	<b>1,463</b>	<b>(Line 15)</b>
PTSA (Dues to Council - State and National )		
<b>PTSA</b>	<b>2,021</b>	<b>(Line 10)</b>

4th Grade Enrichment	434	
5th Grade Enrichment	309	
6th Grade Enrichment	1,215	
Business Partnerships	13	
Catalog Sales (Cookie Dough)	9,891	
Family Activity/Movie Night	2,304	
International Night	155	
Popcorn Sales	264	
Spirit Wear	158	
Student Store	487	
Used Book Fair	1,566	
Valentine Post Office	280	
<b>Total Fund Raising Expenses</b>	<b>17,074</b>	<b>(Line 6c)</b>
<b>Total Expenses</b>	<b>30,684</b>	<b>(Line 17)</b>

**Part III**

<b>Line 28 - Student Support/Enrichment/Education</b>	<b>19,314</b>
4th Grade Enrichment	456
5th Grade Enrichment	363
6th Grade Enrichment	386
Accelerated Reader Parties	498
Accelerated Reader Test Grants	3,322
Assemblies	118
Capital Equipment	1,200
Classroom Supply Support Grant	2,872
Diana Hay Legacy Fund for NSH	750
Emergency Preparedness	1,118
Enrichment - General	344
Enrichment - Science	330
Enrichment - Art	224
Enrichment - Math	304
Family Net Grant	199
Field Trip Scholarship	95
Graduation Committees	503
Lunch Buddy Grant	2,000
Nature Vision	850
Passport Club	1,086
Peace Builder Grant	331
Reflections	286
Safety Patrol	329
Salmon Project	350

Student Council	1,000
Third Grade Swimming Lessons	-

**Student Support/Enrichment/Education:**

Accelerated Reader tests encourages students to read in order to increase reading and comprehension ability to earn points, take tests, and earn rewards to attending an A.R. party. Capital Equipment encompasses PTSA purchasing microscopes for classrooms, playground equipment, items for school beautification, books for the library, etc. Classroom Supply Support provides funds for teachers to purchase supplies for the classrooms. Emergency Preparedness provides items to ensure the safety of students and staff in the event of an emergency. Enrichment-Art teaches all students about history or art and encourages participation in art projects. Enrichment-General provides enriching opportunities to support and enhance student learning throughout the year by providing programs such as Spanish class that may be of interest to students. Enrichment-Science provides funding for science projects in class or after school programs in science as well as an annual Science Night for all students and their families to attend. Family Net Program provides aid to low income families to purchase items such as food, clothing and hygiene supplies for students at our school. Enhancement-Math provides opportunities to support and enhance student learning throughout the year by providing funding for Math programs to improve their abilities in math. Field Trip Grant and Scholarships is so that every child in every class can afford to go on at least one class field trip (bus transportation and admission to event). Graduation Ceremony is for graduating sixth graders at the end of the year as we provide diplomas, cake, punch for students and their families. Diane Hay Legacy Grant for the Neighborhood Schoolhouse is funding for students to attend extracurricular classes that their families cannot afford. Lunch Buddy Grant provides funding for "at risk" students who are partnered with an adult mentor in our community (students chosen based on family need – i.e. single parent family, low income family, domestic violence family, etc.) Peace Builder is a program at the school which promotes peaceful resolution of disagreements, anti-bullying information, kindness, helpfulness and praising of children. Reflections is a national art program that any child can participate in. Safety Patrol funds provides rewards to students who serve as Safety Patrol crossing guards throughout the year. Salmon Project is for acquisition for salmon eggs and care of baby salmon until their release in local streams. Third Grade Swimming Lessons is so that all 3<sup>rd</sup> graders can be taught how to swim.

<b>Line 29 - Parent Involvement/Education</b>	<b>90</b>
Leadership Training	90
Newsletter	-
PTSA Webhosting	-

Leadership training expenses are fees paid by the PTSA and PTSA Board Members to attend local and regional classes and seminars as it relates to the PTSA and school needs. Newsletter is to keep parents informed of what is happening at school as it relates to PTSA functions. PTSA webhosting is to provide an online site where parents can obtain information relation to school and PTSA and events.



<b>Line 30 - Community Involvement/Volunteer Involvement \$ Recognition</b>	<b>1,846</b>
Lake Washington Levy Committee	-
Lake Washington PTSA Scholarship Fee and Basket Auction	175
Founders Day Luncheon	168
Teacher Staff Appreciation	962
Volunteer Recognition (PTSA)	137
Service Awards	403

Lake Washington Levy Committee is for support of school levy issues. Lake Washington PTSA Scholarship Fee and Basket Auction is a donation to the Council's scholarship fund that they offer to deserving graduation (from high school) students. Founders Day Luncheon is for PTA Board members and invited guests (staff members) to get together within school district to view entries of Reflection participants. Teachers and Staff Appreciation week is when PTSA celebrates the staff with special treats, services and gifts from the school community. Volunteer Recognition is a day dedicated to all the people who volunteered their time and resources to benefit the students and staff – usually with a luncheon. Service Awards is recognition for those volunteers who have gone “above and beyond” in their dedication to helping students and staff.

<b>Line 31 - Other Program Services</b>	<b>393</b>
Donuts for Dads/Muffins for Mom	280
Hospitality	113

Donut for Dads/Muffins for Moms is a monthly reading time for parents and children before school in the library. This event is a partnership with the local Neighborhood Schoolhouse program which is a community support program. Hospitality is for serving refreshments on the first day of school, open house and Curriculum Night or parents who comes in to visit the school for an event.

## Redmond EI PTSA Leadership 2011-2012

### PTSA Board of Directors

President	Elena Savage	<a href="mailto:president@redmondelpta.org">president@redmondelpta.org</a>
Executive VP	Open	<a href="mailto:evp@redmondelpta.org">evp@redmondelpta.org</a>
Secretary	Kerry Lodge	<a href="mailto:secretary@redmondelpta.org">secretary@redmondelpta.org</a>
Treasurer	Lisa Hall, Angela Chao	<a href="mailto:treasurer@redmondelpta.org">treasurer@redmondelpta.org</a>
Communication VP	Chuck Zalinski	<a href="mailto:communication@redmondelpta.org">communication@redmondelpta.org</a>
Community Services VP	Erika Trinidad, Jean Avery	<a href="mailto:communityservices@redmondelpta.org">communityservices@redmondelpta.org</a>
Enrichment VPs	Kavita Sharma, Veena Goli	<a href="mailto:enrichment@redmondelpta.org">enrichment@redmondelpta.org</a>
Fundraising VPs	Sarah Keimig, Lisa Lange	<a href="mailto:fundraising@redmondelpta.org">fundraising@redmondelpta.org</a>
Principal	Joyce Teshima	<a href="mailto:jteshima@lwsd.org">jteshima@lwsd.org</a>
School Services VPs	Cindy Poon, Elisa Pagán	<a href="mailto:schoolservices@redmondelpta.org">schoolservices@redmondelpta.org</a>
Teacher Representatives	Megan Goodwin, Alice Fleck	<a href="mailto:teacherrep@redmondelpta.org">teacherrep@redmondelpta.org</a>

Nominating Committee	Lisa Lange, Angela Chao, Jean Avery	<a href="mailto:nomcomm@redmondelpta.org">nomcomm@redmondelpta.org</a>
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