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Form **990-EZ**Department of the Treasury  
Internal Revenue Service**Short Form**  
**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No 1545-1150

**2011****Open to Public Inspection****A** For the 2011 calendar year, or tax year beginning **JULY 01**, 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

Sunrise Elementary PTA Council 6-10-42

Number &amp; street (or P O box, if mail is not delivered to street addr.)

Room/  
suite

2003 65th Ave W

City or town, state or country, and ZIP + 4

Tacoma WA 98466

**D** Employer identification number

91-1286397

**E** Telephone number

(425) 486-4014

**F** Group Exemption Number ►**G** Accounting Method:☒ Cash☐ Accrual

Other (specify) ►

**I** Website: ► N/A

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

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

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization 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. ► \$ **145,679**

**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>	<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	
	<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>	141,732
	<b>3</b>	Membership dues and assessments	<b>3</b>	3,772
	<b>4</b>	Investment income	<b>4</b>	175
	<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>5b</b>	Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b>	Gaming and fundraising events		
	<b>6a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
	<b>6b</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 exceeds \$15,000)	<b>6b</b>	
<b>6c</b>	Less direct expenses from gaming and fundraising events	<b>6c</b>		
<b>6d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>		
<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>7b</b>	Less cost of goods sold	<b>7b</b>		
<b>7c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b>	Other revenue (describe in Schedule O)	<b>8</b>		
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	145,679	
<b>EXPENSES</b>	<b>10</b>	Grants and similar amounts paid (list in Schedule O)	<b>10</b>	31,803
	<b>11</b>	Benefits paid to or for members	<b>11</b>	
	<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>	
	<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	
	<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	
	<b>16</b>	Other expenses (describe in Schedule O)	<b>16</b>	71,886
	<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	103,689
<b>NET ASSETS</b>	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	41,990
	<b>19</b>	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)	<b>19</b>	96,110
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	-2,755
	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	135,345

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2011)

SCANNED DEC 06 2012

211



**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 . . . . .		X
<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) . . . . .		X
<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)? . . . . .		X
<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 . . . . .		X
<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 . . . . .		X
<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 . . . . .		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> . . . . .		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		X
<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? . . . . .		X
<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. . . . .		X
<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 . . . . .		X
<b>41</b> List the states with which a copy of this return is filed. ▶ <b>NONE</b> . . . . .		
<b>42a</b> The organization's books are in care of ▶ <b>See attachment #4</b> . . . . . Telephone no. ▶ . . . . .		
Located at ▶ . . . . . ZIP + 4 ▶ . . . . .		
<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)? . . . . .	Yes	No
If "Yes," enter the name of the foreign country: ▶ . . . . .		X
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>c</b> At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . .		X
If "Yes," enter the name of the foreign country ▶ . . . . .		
<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 . . . . .		X
<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 . . . . .		X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .		X
<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>N/A</b>		
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
<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) . . . . .		X

	Yes	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		X

**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 ☐

	Yes	No
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		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If "Yes," was the related organization a section 527 organization?		X

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 title 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
NONE				

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

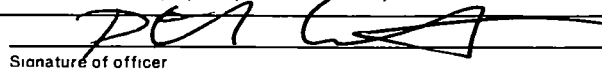
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

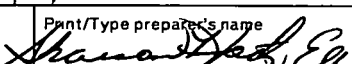
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

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  Date 11/13/2012  
 Signature of officer PHILIP LUCIDO Treasurer  
 Type or print name and title

Paid Preparer Use Only  Preparer's signature Sharron Holtz EA Date 10-08-2012 Check ☐ if self-employed PTIN P00009699  
 Firm's name H&R Block Premium Firm's EIN   
 Firm's address 16025 NE 85TH STE 101 Phone no. 425-558-3541

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

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.**

OMB No 1545-0047

2011

**Open to Public Inspection**

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

Name of the organization

Sunrise Elementary PTA Council 6-10-42

Employer Identification number

91-1286397

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

<b>a</b> <input type="checkbox"/> Type I	<b>b</b> <input type="checkbox"/> Type II	<b>c</b> <input type="checkbox"/> Type III--Functionally integrated	<b>d</b> <input type="checkbox"/> 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?

	Yes	No
11g(I)		X
11g(II)		X
11g(III)		X

#### **h** Provide the following information about the supported organization(s).

[illegible]**Total**

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

Schedule A (Form 990 or 990-EZ) 2011

**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

**2011**

**Open to Public  
Inspection**

Name of the organization

Sunrise Elementary PTA Council 6-10-42

Employer identification number

91-1286397

ASSEMBLIES 200

SCHLARSHIP FUND 75

LIBRARY 1107

PRINCIPALS DISCRETIONARY FUND 370

TEACHER CLASSROOM FUNDS 1755

SPECIALIST ENRICHMENT FUNDS 1750

AUCTION CLASS PROJECT MONEY 249

SCIENCE ENRICHMENT PROGRAM 26286

MISCELLANEOUS 11

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LINE 21 CHANGE IN INVESTMENTS -2755

## 990 PRIMARY EXEMPT PURPOSE

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

Open to Public Inspection	For calendar year 2011 or tax period beginning	07-01	, and ending	06-30-2012
Name of Organization Sunrise Elementary PTA Council 6-10-42				Employer Identification Number 91-1286397
Primary Purpose				
WE, AS PART OF THE SUNRISE COMMUNITY, BELIEVE THAT THE TEAM EFFORT OF STAFF, PARENTS, AND STUDENTS IS BASED ON MUTUAL TRUST, RESPECT AND HONEST COMMUNICATION. STUDENTS ARE PROVIDED OPPORTUNITIES TO DEVELOPE RESPONSIBLE DECISION MAKING SKILLS THROUGH A BALANCED, INTERGRATED CURRICULUM. A NUTURING, AFFIRMAING LEARNING ENVIRONMENT PROVIDES FREEDOM FOR ALL TO RISK AND GROW.				



## 990 PROGRAM SERVICE ACCOMPLISHMENT

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

Open to Public Inspection	For calendar year 2011 or tax period beginning	07-01-2011, and ending	06-30-2012.
Name of Organization Sunrise Elementary PTA Council 6-10-42			Employer Identification Number 91-1286397

<b>Part III - Statement of Program Service Accomplishments</b>			
Grants and allocations	64,624	Amount includes foreign grants	Program service expenses
Exempt Purpose Achievements			
TO SUPPORT THE HEALTH, EDUCATION AND WELFARE OF OUR CHILDREN			

# 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 2011 or tax period beginning 07-01-2011, and ending 06-30-2012			
Name of Organization Sunrise Elementary PTA Council 6-10-42			Employer Identification Number 91-1286397	
(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont to employee ben. plans & def. comp	(E) Expense account & other compensation
NOCOLA FORAN 17514 ne 141st street Redmond, WA 98052	CO-PRESIDENT 5.00	0	0	0
TRACY HEINS 13105 180TH AVE NE Redmond, WA 98052	CO-PRESIDENT 5.00	0	0	0
LEANDER DARWENT-RICE 16224 NE 145TH ST Woodinville, WA 98072	TEASURER 8.00	0	0	0
ANDREA ONEN 13624 178TH AVE NE Redmond, WA 98052	SECRETARY 1.50	0	0	0
LESLEY JOHNSON 13621 178TH AVE NE Redmond, WA 98052	VP-COMMUNITY SERVICE 1.00	0	0	0
MIQUETTE KARNAN 15635 AVONDALE RD NE Woodinville, WA 98072	VP-LEGISLATIO 1.00	0	0	0
PARKER KARNAN 15635 AVONDALE RD NE Woodinville, WA 98072	VP-LEGISLATIO 1.00	0	0	0
KATIE SCHRAMM 13608 180TH AVE NE Redmond, WA 98052	CO-VP MEMBERSHIP 1.00	0	0	0
FRANCY HASTIE 12935 177TH PL NE Redmond, WA 98052	CO-VP MEMBERSHIP 1.00	0	0	0
JENNIFER GUADAGNO 17150 NE 140TH CT Redmond, WA 98052	CO-VP FUNDRAISING 1.00	0	0	0
LINDSAY ROGERS 14134 175TH AVE NE Redmond, WA 98052	CO-VP FUNDRAISING 1.00	0	0	0
KELLI HILDERBRAND 17005 NE 133RD STREET Redmond, WA 98052	VP COMMUNICATION 1.00	0	0	0
STEPHANIE HOPKINS 17509 NE 137TH ST Redmond, WA 98052	VP PROGRAMS ENRICHME 1.00	0	0	0
JEAN TRACY 17821 NE 139TH PL Redmond, WA 98052	VP PROGRAMS ENRICHME 1.00	0	0	0
KIM KINDSTROM 17821 NE 134TH PL Redmond, WA 98052	VP SOCIAL EVENTS 1.00	0	0	0
LANIE KLEPP 12919 169TH AVE NE Redmond, WA 98052	VP SOCIAL EVENTS 1.00	0	0	0

# 990 BOOKS ARE IN CARE OF

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

Open to Public Inspection	For calendar year 2011 or tax period beginning	07-01	, and ending	06-30-2012
Name of Organization <b>Sunrise Elementary PTA Council 6-10-42</b>				Employer Identification Number <b>91-1286397</b>
<b>Part V - Line 42a</b>				

Individual Name ..... PHILIP LUCIDO, TREASURER  
 or  
 Business Name

Street Address ..... 17226 NE 131<sup>ST</sup> ST  
REDMOND WA

U.S. Address

Zip code 98052 City REDMOND State WA  
 or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number .....

Fax Number .....

2011 DETAIL STATEMENTS

Sunrise Elementary PTA Council  
91-1286397

Page 1

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STATEMENT #1 - Other expenses (EOEZ Pg 1 Line 16)

ADMINISTRATION.....	444
PTA COUNCIL.....	3,972
COMMITTEES.....	2,846
FUND RAISING PROGRAMS.....	64,624

TOTAL CARRIED TO EOEZ Pg 1 Line 16.....	71,886
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