



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

OMB No 1545-1150

2011

► 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

Open to Public
Inspection

A For the 2011 calendar year, or tax year beginning JULY 01		, 2011, and ending JUNE 30		, 2012	
<input checked="" type="checkbox"/> B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization Sunrise Elementary PTA Council 6-10-42 Number & street (or P O box, if mail is not delivered to street addr.) 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: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ► _____				H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
I Website: ► <u>N/A</u>					
J 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					
K Check ► <input type="checkbox"/> 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



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

For Paperwork Reduction Act Notice, see the separate Instructions.

Form 990-EZ (2011)

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
33 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	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
35a 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)?	35a	X
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	35b	X
c 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	35c	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37b	X
b Did the organization file Form 1120-POL for this year?	38a	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?	38b	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved.	39a	X
39 Section 501(c)(7) organizations. Enter:	39b	X
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► _____ ; section 4912 ► _____ , section 4955 ► _____	40b	X
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.		
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed. ► NONE		
42a The organization's books are in care of ► See attachment #4	Telephone no. ► _____	ZIP + 4 ► _____
b 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)? If "Yes," enter the name of the foreign country: ► _____	42b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c 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 ► _____	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 <input type="checkbox"/>		
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	N/A
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b 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)	45b	X

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

	Yes	No
46		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

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

	Yes	No
47		X

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

48		X
----	--	---

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

49a		X
-----	--	---

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

49b		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 ► 
PHILIP LUCIDO **Treasurer**
 Type or print name and title

11/13/2012

Paid Preparer Use Only	Print/Type preparer's name  Firm's name ► H&R BLOCK Premium	Preparer's signature Sharron Holtz EA	Date 10-08-2012	Check <input type="checkbox"/> if self-employed	PTIN P00009699
	Firm's address ► 16025 NE 85TH STE 101			Firm's EIN ►	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

2011

**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

Sunrise Elementary PTA Council 6-10-42

Employer Identification number
91-1286397

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		
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

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

Part III - Statement of Program Service Accomplishments			
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	Employer Identification Number
Name of Organization Sunrise Elementary PTA Council 6-10-42				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	Sunrise Elementary PTA Council 6-10-42			Employer Identification Number 91-1286397
Part V - Line 42a				

Individual Name PHILIP LUCIDO, TREASURER
or
Business Name

Street Address 17226 NE 131ST 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

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
