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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

		<b>(A) Beginning of year</b>	<b>(B) End of year</b>
<b>22</b>	Cash, savings, and investments .. . . . .	55,913	<b>22</b> 74,565
<b>23</b>	Land and buildings .. . . . .	0	<b>23</b> 0
<b>24</b>	Other assets (describe in Schedule O) .. . . .	0	<b>24</b> 0
<b>25</b>	<b>Total assets</b> .. . . . .	<b>55,913</b>	<b>25</b> 74,565
<b>26</b>	<b>Total liabilities</b> (describe in Schedule O) .. . . .	0	<b>26</b> 0
<b>27</b>	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	55,913	<b>27</b> 74,565

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III )

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

What is the organization's primary exempt purpose? See attachment #1

Describe the organization's primary exempt purpose? See attachment #1  
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.

**28** See attachment #2

(Grants \$	) If this amount includes foreign grants, check here . . . .	<input type="checkbox"/>	28a	73,723
29				
(Grants \$	) If this amount includes foreign grants, check here . . . .	<input type="checkbox"/>	29a	
30				
(Grants \$	) If this amount includes foreign grants, check here . . . .	<input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O)			
(Grants \$	) If this amount includes foreign grants, check here . . . .	<input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) . . . .	<input type="checkbox"/>	32	73,723

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

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

(a) Name and address	(b) Title and Average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099 MISC) (If not paid, enter -0-)	(d) Health benefits, Contributions to employee benefit plans & deferred compensation	(e) Estimated amount of other compensation
See attachment #3				

**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. ► <b>37a</b>	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	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	
39 Section 501(c)(7) organizations Enter:	39b	
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 ► <b>NONE</b>		
42a The organization's books are in care of ► <b>See attachment #4</b>	Telephone no ►	
Located at ►	ZIP + 4 ►	
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 <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 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 ► <input type="checkbox"/> 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	
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

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.

47

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

47 X

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

49a 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."

49a		X
49b		X

employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."				
<b>(a)</b> Name and title of each employee paid more than \$100,000	<b>(b)</b> Title and Average hours per week devoted to position	<b>(c)</b> Reportable compensation (Forms W-2/1099-MISC)	<b>(d)</b> Health benefits, contributions to employee benefit plans, and deferred compensation	<b>(e)</b> Estimated amount of other compensation
<b>NONE</b>				

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.

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	 <b>CAARIN HILLIKER</b> <small>Type or print name and title</small>	<b>Treasurer</b> <small>Date</small> <b>11/14/12</b>
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name		Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<i>Sharon Hargan</i>		<i>Sharon Hargan</i>	10-30-12		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

**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.

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

**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
 

<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?
 

<b>(I)</b> 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? .....	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
<b>(II)</b> A family member of a person described in (i) above? .....	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
<b>(III)</b> A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
- h Provide the following information about the supported organization(s).

	<b>Yes</b>	<b>No</b>
<b>11g(I)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>11g(II)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>11g(III)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

Schedule A (Form 990 or 990-EZ) 2011

**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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	5,594	5,594	8,828	10,392	10,416	40,824
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 . . . . .	69,357	129,858	124,750	96,545	78,771	499,281
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total. Add lines 1 through 5 . . . . .</b>	<b>74,951</b>	<b>135,452</b>	<b>133,578</b>	<b>106,937</b>	<b>89,187</b>	<b>540,105</b>
<b>7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .</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 . . . . .</b>						
<b>c Add lines 7a and 7b . . . . .</b>						
<b>8 Public support</b> (Subtract line 7c from line 6.)						<b>540,105</b>

**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 Amounts from line 6 . . . . .</b>	<b>74,951</b>	<b>135,452</b>	<b>133,578</b>	<b>106,937</b>	<b>89,187</b>	<b>540,105</b>
<b>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .</b>					13	13
<b>b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .</b>						
<b>c Add lines 10a and 10b . . . . .</b>					13	13
<b>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .</b>						
<b>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .</b>						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	<b>74,951</b>	<b>135,452</b>	<b>133,578</b>	<b>106,937</b>	<b>89,200</b>	<b>540,118</b>

**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 2011 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	100.00	%
16 Public support percentage from 2010 Schedule A, Part III, line 15 . . . . .	16	100.00	%

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

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	0.00	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17 . . . . .	18	100.00	%
19a <b>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 stop here. The organization qualifies as a publicly supported organization . . . . .			► <input 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 stop here. 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"/>

**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

**Discovery Elementary PTSA 2.6.9.**

Employer identification number

**94-3152614**

PTSA MONEY MARKET 25727

PTSA Checking - 48828

Cash - 10

Activity Expenses - 73723

Administration Expenses - 4416

Fundraising Expenses - 11746

Leadership Education Expenses - 810

Service Fee Expenses - 8159

Line 20 - - MONEY MARKET NOT ACCOUNTED FOR PREVIOUSLY

## 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	Discovery Elementary PTSA 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 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 <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	73,723
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 2011 or tax period beginning	07-01-2011, and ending	06-30-2012	
Name of Organization <b>Discovery Elementary PTSA 2.6.9.</b>			Employer Identification Number <b>94-3152614</b>	
(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
LYNN HICKMAN 2653 - 231ST AVE SE Sammamish, WA 98075	President 3.00	0	0	0
DEE CAMP 23034 SE 27TH WAY Sammamish, WA 98075	Vice President 3.00	0	0	0
RUTH CHIN 2695 230TH AVE SE Sammamish, WA 98075	SECRETARY 3.00	0	0	0
CAARIN HILLIKER 22944 SE 25TH PLACE Sammamish, WA 98075	Co-Treasurer 3.00	0	0	0
DORIS RAMIREZ 23121 SE 27TH WAY Sammamish, WA 98075	CO-TREASURER 3.00	0	0	0
SUSAN PETERS 2679 230TH AVE SE Sammamish, WA 98075	VP PROGRAMS 3.00	0	0	0
JULIET DIXON 2671 230TH AVE SE Sammamish, WA 98075	VP PROGRAMS 3.00	0	0	0
STEPHANIE CORBIN 1828 248TH PL SE Sammamish, WA 98075	VP COMMUNICATION 3.00	0	0	0
NANCY HUANG 830 WINDSOR DR SE Sammamish, WA 98074	WEBMASTER 3.00	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				Employer Identification Number
Discovery Elementary PTSA 2.6.9.				94-3152614

### Part V - Line 42a

Individual Name ..... CAARIN HILLIKER

or

Business Name:

Street Address ..... 22944 SE 25TH PLACE

U.S. Address:

Zip code 98075

City Sammamish

State WA

or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number ..... (425) 443-6148

Fax Number .....