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

OMB No 1545-1150

2013**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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning July 1, 2013, and ending June 30, 2014

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
Arrowhead Parent Teacher
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
1304 S Fawcett Ave **300**
 City or town, state or province, country, and ZIP or foreign postal code
Tacoma, WA 98402

D Employer identification number
91-1061740

E Telephone number
206-300-7344

F Group Exemption Number ▶

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

I Website: ▶ www.ptaarrowhead.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 Form of organization: ☐ Corporation ☐ Trust ☒ Association ☐ Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **48982**

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		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	37425	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2	6017	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)
3	Membership dues and assessments	3	3713	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4	65	21	Net assets or fund balances at end of year. Combine lines 18 through 20
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	0		
6	Gaming and fundraising events				
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	93		
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	1080		
c	Less: direct expenses from gaming and fundraising events	6c	17		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	1156		
7a	Gross sales of inventory, less returns and allowances	7a	589		
b	Less: cost of goods sold	7b	865		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	(276)		
8	Other revenue (describe in Schedule O)	8			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	48100		
10	Grants and similar amounts paid (list in Schedule O)	10	8527		
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	4192		
14	Occupancy, rent, utilities, and maintenance	14			
15	Printing, publications, postage, and shipping	15	1569		
16	Other expenses (describe in Schedule O)	16	37960		
17	Total expenses. Add lines 10 through 16	17	52248		
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(4148)		
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	46571		
20	Other changes in net assets or fund balances (explain in Schedule O)	20			
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	42423		

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 ☐

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	46571	22 42423
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets	46571	25 42423
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	46571	27 42423

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 <input type="checkbox"/>	Expenses (Required for section 501(c)(3) organizations)
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Check if the organization used Schedule O to respond to any question in this Part III ☐ (Required for section

What is the organization's primary exempt purpose?	support the education, health and welfare of children	(required for section 501(c)(3) and 501(c)(4)
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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.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28	Programs and events designed to benefit children and/or education enrichment		
	(Grants \$ 2181) If this amount includes foreign grants, check here	28a	42639
29	Programs and events designed to benefit parents		
	(Grants \$ 50) If this amount includes foreign grants, check here	29a	1001
30	Programs and events designed to benefit our community and volunteers		
	(Grants \$) If this amount includes foreign grants, check here	30a	6049
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here	31a	
32	Total program service expenses (add lines 28a through 31a)	32	49689

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 ☒

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
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	✓
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	✓
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	✓
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	
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	
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	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		
b Did the organization file Form 1120-POL for this year?	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	✓
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 ▶ 0		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
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	✓
41 List the states with which a copy of this return is filed ▶ Washington		
42a The organization's books are in care of ▶ Amy Smith Telephone no. ▶ 425-402-7077 Located at ▶ 6241 NE 154th St, Kenmore ZIP + 4 ▶ 98028		
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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	✓
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	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
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	✓
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	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
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	✓
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	✓

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		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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		<input checked="" type="checkbox"/>

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

	Yes	No
48		<input checked="" type="checkbox"/>

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

	Yes	No
49a		<input checked="" type="checkbox"/>

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

	Yes	No
49b		<input checked="" type="checkbox"/>

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	(b) 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 business address of each independent contractor	(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 Signature of officer *Amy Smith* Date *11/12/14*
 Type or print name and title *Amy Smith*

Paid Preparer Use Only Print/Type 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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

Employer identification number

Arrowhead Parent Teacher

91-1061740

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—Non-functionally integrated
- 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 monetary 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 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)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2012. 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 stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2013. 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 stop here. 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 10%-facts-and-circumstances test—2012. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	44112	41690	52580	44334	37425	220141
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	4352	6214	10410	12004	11492	44472
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						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	48464	47904	62990	56338	48917	264613
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						264613

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	46484	47904	62990	56338	48917	264613
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	106	146	76	72	65	465
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	106	146	76	72	65	465
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	48570	48050	63066	56410	48982	265078
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	99.82 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	99.84 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	.18 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	.16 %

- 19a 33 $\frac{1}{3}$ % support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 $\frac{1}{3}$ %, and line 17 is not more than 33 $\frac{1}{3}$ %, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒
- b 33 $\frac{1}{3}$ % support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 $\frac{1}{3}$ %, and line 18 is not more than 33 $\frac{1}{3}$ %, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV **Supplemental Information.** 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).

Area for supplemental information with horizontal dashed lines.

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

Arrowhead Parent Teacher

Employer identification number

91-1061740

See Attached

1 List of grants - Line 10

2 List of expenses and how they are categorized - lines 11-16 and 28-30

3. List of officers for Part IV

GRANT #	TO WHOM	DESCRIPTION	AMOUNT
1	Arrowhead Elem	6th grade social studies books	\$ 636.57
2	Arrowhead Elem	Bank a meal	\$ 500.00
3	Arrowhead Elem	Book it Performance	\$ 715.96
4	Arrowhead Elem	Classroom enrichment	\$ 2,250.00
5	Arrowhead Elem	Scholarships	\$ 550.00
6	Arrowhead Elem	Pacific Marine research	\$ 1,100.00
7	Arrowhead Elem	student recognition events	\$ 1,100.00
8	Arrowhead Elem	pencil sharpener and hole punch	\$ 101.96
9	Arrowhead Elem	math and reading support	\$ 500.00
10	Arrowhead Elem	school calendar magnets	\$ 500.00
	Student families	PTA scholarships	\$ 280.00
			\$ 8,234.49

	Quicken Expenses	Procured Items Used by PTA	Total Expenses	Line 10 Grants	Line 13 Professional Fees	Line 15 Printing/Postage/Pub	Line 16 Other	Line 28 Student Programs	Line 29 Parent Programs	Line 30 Community Support
EXPENSES										
Art Decent	\$ 748.41	\$ -	\$ 748.41		\$ 250.00		\$ 498.41	\$ 748.41		
Art Decent Training Expense	\$ 250.00		\$ 250.00				\$ 250.00	\$ 250.00		
Assemblies	\$ 1,931.00		\$ 1,931.00	\$ 1,931.00				\$ 1,931.00		
Author's Fair	\$ 715.96		\$ 715.96	\$ 715.96				\$ 715.96		
Bank Fees	\$ 51.00		\$ 51.00				\$ 51.00	\$ 51.00		
Bank-a-Meal Lunch Program	\$ 500.00		\$ 500.00	\$ 500.00				\$ 500.00		
Care	\$ 282.66		\$ 282.66				\$ 282.66			\$ 282.66
Chf Club Expense	\$ 500.71		\$ 500.71				\$ 500.71	\$ 500.71		
Children's Fund SEC - 5th Grade Quilts	\$ 9.50		\$ 9.50				\$ 9.50	\$ 9.50		
Class - Staff Funds	\$ 7,050.00		\$ 7,050.00	\$ 7,050.00			\$ 7,050.00	\$ 7,050.00		
Classroom Books	\$ 3,000.00		\$ 3,000.00	\$ 3,000.00			\$ 3,000.00	\$ 3,000.00		
Classroom Enrichment	\$ 2,250.00		\$ 2,250.00	\$ 2,250.00			\$ 2,250.00	\$ 2,250.00		
Classroom Art	\$ 2,375.00		\$ 2,375.00				\$ 2,375.00	\$ 2,375.00		
Communications Expense	\$ 1,034.05		\$ 1,034.05			\$ 1,034.05				
Dads-n-Donuts	\$ 184.90	\$ 50.00	\$ 234.90				\$ 234.90	\$ 206.44	\$ 234.90	
Director's Expense	\$ 206.44		\$ 206.44					\$ 206.44		
Donation Expense	\$ 680.34		\$ 680.34				\$ 680.34	\$ 680.34		\$ 680.34
Emergency Prep Expense	\$ 604.40		\$ 604.40				\$ 604.40	\$ 604.40		\$ 604.40
Fall Fundraising Expense	\$ 629.76		\$ 629.76			\$ 9.41	\$ 629.76	\$ 629.76		
Field Day	\$ 99.60		\$ 99.60				\$ 99.60	\$ 99.60		
Get The Vote Out in Northshore	\$ 204.70		\$ 204.70				\$ 204.70	\$ 204.70		\$ 204.70
Green-Garden Team Expense	\$ 212.41		\$ 212.41				\$ 212.41	\$ 212.41		\$ 212.41
Hawk Walk Sponsors Expense	\$ 2,574.39		\$ 2,574.39				\$ 2,574.39	\$ 2,574.39		
Hospitality	\$ 371.98		\$ 371.98				\$ 371.98	\$ 371.98		
Ice Cream Social Expenses	\$ 222.40		\$ 222.40				\$ 222.40	\$ 222.40		\$ 222.40
Legislation	\$ 878.48		\$ 878.48				\$ 878.48	\$ 878.48		
Library Resources	\$ 500.00		\$ 500.00				\$ 500.00	\$ 500.00		
Math - Reading Support	\$ 500.00		\$ 500.00	\$ 500.00				\$ 500.00		
Membership Expense	\$ 30.04		\$ 30.04				\$ 30.04	\$ 30.04		
Missoula Children's Theater Expense	\$ 3,370.18		\$ 3,370.18		\$ 2,750.00		\$ 620.18	\$ 350.00		\$ 3,370.18
MLC Support	\$ 350.00		\$ 350.00				\$ 350.00	\$ 350.00		
Movie Night Expense	\$ 424.71		\$ 424.71				\$ 424.71	\$ 424.71		
Music Appreciation	\$ 500.00		\$ 500.00				\$ 500.00	\$ 500.00		
New Family Committee	\$ 394.39		\$ 394.39				\$ 394.39	\$ 394.39		
NW Aerials Fundraiser Expense	\$ 320.00		\$ 320.00				\$ 320.00	\$ 320.00	\$ 394.39	
Parakee Breakfast Expenses	\$ 1,148.46		\$ 1,148.46				\$ 1,148.46	\$ 1,148.46		
Physical Ed	\$ 500.00		\$ 500.00				\$ 500.00	\$ 500.00		
PTA Admin	\$ 1,524.98		\$ 1,524.98		\$ 400.00		\$ 944.28	\$ 500.00		
PTA Awards	\$ 472.12		\$ 472.12			\$ 180.70	\$ 472.12	\$ 472.12		\$ 472.12
PTA Duet Expense	\$ 3,670.58		\$ 3,670.58				\$ 3,670.58	\$ 3,670.58		
PTA Scholarship Fund	\$ 280.00		\$ 280.00	\$ 280.00			\$ 280.00	\$ 280.00		
PTA Training&Convention	\$ 805.27		\$ 805.27				\$ 805.27	\$ 805.27		
Scholarships	\$ 500.00		\$ 500.00	\$ 500.00			\$ 500.00	\$ 500.00		
School Dance Expense	\$ 819.58		\$ 819.58	\$ 495.00			\$ 324.58	\$ 819.58		
Science Afloat	\$ 1,100.00		\$ 1,100.00	\$ 1,100.00				\$ 1,100.00		
Science Enrichment Expense	\$ 7.95		\$ 7.95				\$ 7.95	\$ 7.95		
Science Fair	\$ 86.43		\$ 86.43				\$ 86.43	\$ 86.43		
Spring Fundraiser Expense	\$ 1,384.16	\$ 2,181.00	\$ 3,565.16			\$ 138.43	\$ 3,426.73	\$ 3,565.16		
Staff Appreciation	\$ 543.60		\$ 543.60	\$ 297.40			\$ 246.20	\$ 543.60		
Student Appreciation	\$ 750.00		\$ 750.00	\$ 750.00				\$ 750.00		
Student Enrichment (SEC)	\$ 2,405.57		\$ 2,405.57				\$ 2,405.57	\$ 2,405.57		
Talent Show Expenses	\$ 61.59		\$ 61.59				\$ 61.59	\$ 61.59		
	\$ 50,017.70	\$ 2,231.00	\$ 52,248.70	\$ 8,526.96	\$ 4,192.40	\$ 1,569.03	\$ 37,960.31	\$ 42,639.19	\$ 1,001.27	\$ 6,049.21

Other direct expenses
Popcorn Line 7(b)
Fundraising - line 6 ©
Gaming - Line 6 ©

\$ 864.76
\$ -
\$ 16.90
\$ 881.66

Part IV - List of Officers and Board 2013-2014

(A)		(B)	(C)	(D)	(E)
Name/Address	Title	Ave hrs/wk	Compensation	Benefit plan Contributions	Expense Account
Angela Cummings	Co-President	20	0	0	0
15007 61st PI NE	website	1	0	0	0
Kenmore, WA 98028					
Coleen Frederick	Co-president	20	0	0	0
7217 NE 147th PL					
Kenmore, WA 98028					
Anne Bartol	Co-Vice President	5	0	0	0
7214 NE 147th PI					
Kenmore, WA 98028					
Anna Gilbert	Co-Vice President	5	0	0	0
6301 NE 157th St					
Kenmore, WA 98028					
Natalie Bachiri	Co-Vice President	5	0	0	0
not listed	weekly Highlights	1	0	0	0
	Website	1	0	0	0
	Hawk Talk Newsletter	1.5	0	0	0
Amy Smith	Treasurer	10	0	0	0
6241 NE 154th St	Hawk Walk	2.5	0	0	0
Kenmore, WA 98028					
Jenny Wang	Secretary	2	0	0	0
6324 NE 165th Ct					
Kenmore, WA 98028					
Erin Person	Green Garden Team	0.5	0	0	0
15126 69th Lane NE	Hawk Walk	2.5	0	0	0
Kenmore, WA 98028	Membership	1	0	0	0
Rose Chapman	Membership	1	0	0	0
not listed	Staff Appreciation				
Laura Nordyke	Care	0 4	0	0	0
6843 NE 155th PI					
Kenmore, WA 98028					
Cary Westerbeck	Green/Garden Team	0 5	0	0	0
6610 NE 154th St	Legislation	0.25	0	0	0
Kenmore, WA 98028					
Candace Coalman	Art Docent	0.05	0	0	0
6811 NE149th ST					
Kenmore, WA 98028					

Julie Trott 6907 NE 161st St Kenmore, WA 98028	Art Docent Financial Review	0.05 0 25	0	0	0
Nora Berry Not Listed	Staff Appreciation	1	0	0	0
Lisa Nelson 14830 74th Pl NE Kenmore, WA 98028	Fall Fundraiser	2	0	0	0
Kristen Green Not Listed	Fall Fundraiser	2	0	0	0
Tennille Marx Not listed	Social Services	0 25	0	0	0
Kathy Griesen 6446 NE 153rd St Kenmore WA 98028	Student Enrichment Committee	0.05	0	0	0
Stacey van Gelder not published	Art Night	1	0	0	0
Tom Taylor 7040 NE 153rd Pl Kenmore, WA 98028	Emergency Preperation	0 5	0	0	0
Kay Nakajima 16728 72nd Ave NE Kenmore, WA 98028	Hawk Talk Newsletter	1.5	0	0	0
Karen Smith 15816 70th Ave NE Kenmore, WA 98028	Student Enrichment Committee	0.05	0	0	0
Elisabeth Jousse	Financial Review	0.25	0	0	0
Ken Smith 15816 70th Ave NE Kenmore, WA 98028	Financial Review	0.25	0	0	0
David Almond 6156 NE 154th St Kenmore, WA 98028	Financial Review	0 25	0	0	0