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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013

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.Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30, 2014

B Check if applicable

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

C Name of organization

PETER KIRK ELEMENTARY PTSA

Number and street (or P.O. box, if mail is not delivered to street address)

1312 6TH STREET

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

KIRKLAND, WA 98033

D Employer identification number

91-1238434

E Telephone number

425-681-4766

F Group Exemption
Number ▶G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

I Website: ▶ WWW.PETERKIRKPTSA.ORG

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

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 ▶ \$ 108,633.

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 ☒

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received														50,609.													
	2	Program service revenue including government fees and contracts														42,185.													
	3	Membership dues and assessments														5,329.													
	4	Investment income																											
	5a	Gross amount from sale of assets other than inventory																											
	5b	Less: cost or other basis and sales expenses																											
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																											
	6	Gaming and fundraising events																											
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)														8,083.													
	6b	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)														2,400.													
6c	Less: direct expenses from gaming and fundraising events														8,106.														
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)														2,377.														
7a	Gross sales of inventory, less returns and allowances																												
7b	Less: cost of goods sold																												
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																												
8	Other revenue (describe in Schedule O) SEE SCHEDULE O														27.														
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8														100,527.														
Expenses	10	Grants and similar amounts paid (list in Schedule O)														49,979.													
	11	Benefits paid to or for members																											
	12	Salaries, other compensation, and employee benefits																											
	13	Professional fees and other payments to independent contractors														46,923.													
	14	Occupancy, rent, utilities, and maintenance																											
	15	Printing, publications, postage, and shipping																											
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O														25,644.													
	17	Total expenses. Add lines 10 through 16														122,546.													
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)														<22,019.>													
	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)														87,606.													
	20	Other changes in net assets or fund balances (explain in Schedule O)														0.													
	21	Net assets or fund balances at end of year. Combine lines 18 through 20														65,587.													

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	87,606.	22	65,587.
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	87,606.	25	65,587.
26 Total liabilities (describe in Schedule O)	0.	26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	87,606.	27	65,587.

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 SCHEDULE O**

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	ART/LANGUAGE ART/EDUCATIONAL ENRICHMENT - 550 STUDENTS		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	66,363.
29	SCHOOL/COMMUNITY OUTREACH SERVICES - 550 STUDENTS		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	13,143.
30	MATHEMATICS/SCIENCE EDUCATIONAL ENRICHMENT		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	11,513.
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)	32	91,019.

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 ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
CRAIG BAUGHNSMITH				
PRESIDENT	10.00	0.	0.	0.
ASHLEY DEBRULER				
VICE PRESIDENT - COMMUNITY	4.00	0.	0.	0.
MADELEINE KELLY				
VICE PRESIDENT - ENRICHMENT	5.00	0.	0.	0.
AALAM SAMSAVAR				
VICE PRESIDENT - OUTREACH	4.00	0.	0.	0.
KAREN GENTLES				
SECRETARY	2.00	0.	0.	0.
MANJU VIPIN				
TREASURER - BANKING	12.00	0.	0.	0.
JULIA EDNIE				
TREASURER - REPORTING	5.00	0.	0.	0.
STEPHANIE LECOVIN				
DIRECTOR - COMMUNITY SERVICES	2.00	0.	0.	0.
MEREDITH RASCHE				
DIRECTOR - ARTS & LANGUAGE ARTS	2.00	0.	0.	0.
NICOLE MACKENZIE				
DIRECTOR - BEFORE & AFTER SCH PROGR	4.00	0.	0.	0.
JUSTIN EDISON				
DIRECTOR - MATH & SCIENCE PROGRAMS	5.00	0.	0.	0.
BONNIE MCDANIEL				
DIRECTOR - LEGISLATIVE ADVOCACY	3.00	0.	0.	0.

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 Sch. 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		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)		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)?		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	N/A	
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		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		X
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?		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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
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	X
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	X
41 List the states with which a copy of this return is filed	WA	
42a The organization's books are in care of	JULIA EDNIE	
Located at	9618 OBSERVATION DRIVE, KIRKLAND, WA	
	Telephone no.	425-922-7932
	ZIP + 4	98033
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:	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 of the U.S.?	42c	X
If "Yes," enter the name of the foreign country:		
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	N/A
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	Yes	No
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	44a	X
c Did the organization receive any payments for indoor tanning services during the year?	44b	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	44c	X
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d	
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)	45a	X
	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

46

Yes No

X

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 Sch. C, Part II

47

Yes No

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

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." NONE

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

X 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 **JULIA EDNIE, TREASURER** Date **9/5/2014**

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> 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

X 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.
▶ Attach to Form 990 or Form 990-EZ.

2013

Open to Public Inspection

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

Name of the organization

PETER KIRK ELEMENTARY PTSA

Employer identification number
91-1238434

Part I	Reason for Public Charity Status (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.

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)		

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2013

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** ► ☐**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 ► ☐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 ► ☐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 ► ☐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 ► ☐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 ► ☐

Schedule A (Form 990 or 990-EZ) 2013

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.")	53,834.	65,806.	76,694.	57,274.	50,609.	304,217.
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	63,374.	77,788.	67,737.	36,918.	41,745.	287,562.
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	117,208.	143,594.	144,431.	94,192.	92,354.	591,779.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	7,933.	4,636.	3,263.	3,928.	3,965.	23,725.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	7,933.	4,636.	3,263.	3,928.	3,965.	23,725.
8 Public support. (Subtract line 7c from line 6)						568,054.

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	117,208.	143,594.	144,431.	94,192.	92,354.	591,779.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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)	117,208.	143,594.	144,431.	94,192.	92,354.	591,779.

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 2013 (line 8, column (f) divided by line 13, column (f))	15	95.99 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	96.06 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	.00 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 ☒

b 33 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 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 ☐

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).

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

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

PETER KIRK ELEMENTARY PTSA

Employer identification number
91-1238434

FORM 990-EZ, ITEM K, OTHER FORM OF ORGANIZATION:

501(C)3 NONPROFIT CORPORATION

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:

AMOUNT:

BANK INTEREST

27.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: RUNNING CLUB

GRANTEE NAME: PROGRAM FBO PETER KIRK STUDENTS

AMOUNT GIVEN:

2,579.

ACTIVITY CLASSIFICATION: 5TH GRADE CEREMONY

GRANTEE NAME: PROGRAM FBO PETER KIRK STUDENTS

AMOUNT GIVEN:

79.

ACTIVITY CLASSIFICATION: ART DOCENT

GRANTEE NAME: PROGRAM FBO PETER KIRK STUDENTS

AMOUNT GIVEN:

3,535.

ACTIVITY CLASSIFICATION: BACK TO SCHOOL PICNIC

GRANTEE NAME: PROGRAM FBO PETER KIRK STUDENTS

AMOUNT GIVEN:

132.

ACTIVITY CLASSIFICATION: BOOK FAIR

SCHEDULE O
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OMB No 1545-0047

2013

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Inspection

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Employer identification number
91-1238434

GRANTEE NAME: PROGRAM FBO PETER KIRK STUDENTS

AMOUNT GIVEN: 451.

ACTIVITY CLASSIFICATION: CHILD AID SCHOLARSHIP

GRANTEE NAME: PROGRAM FBO PETER KIRK STUDENTS

AMOUNT GIVEN: 1,627.

ACTIVITY CLASSIFICATION: CLASSROOM GRANTS

GRANTEE NAME: PROGRAM FBO PETER KIRK STUDENTS

AMOUNT GIVEN: 6,300.

ACTIVITY CLASSIFICATION: EDUCATIONAL ENRICHMENT STIPENDS

GRANTEE NAME: PROGRAM FBO PETER KIRK STUDENTS

AMOUNT GIVEN: 17,331.

ACTIVITY CLASSIFICATION: EGG DROP SCIENCE EVENT

GRANTEE NAME: PROGRAM FBO PETER KIRK STUDENTS

AMOUNT GIVEN: 111.

ACTIVITY CLASSIFICATION: FALL FUN RUN

GRANTEE NAME: PROGRAM FBO PETER KIRK STUDENTS

AMOUNT GIVEN: 4,468.

ACTIVITY CLASSIFICATION: GALLERY WALK

GRANTEE NAME: PROGRAM FBO PETER KIRK STUDENTS

AMOUNT GIVEN: 191.

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ACTIVITY CLASSIFICATION: GREEN HOUSE LESSONS

GRANTEE NAME: PROGRAM FBO PETER KIRK STUDENTS

AMOUNT GIVEN: 498.

ACTIVITY CLASSIFICATION: GREEN TEAM RECYCLING

GRANTEE NAME: PROGRAM FBO PETER KIRK STUDENTS

AMOUNT GIVEN: 284.

ACTIVITY CLASSIFICATION: LIBRARY GRANT

GRANTEE NAME: PROGRAM FBO PETER KIRK STUDENTS

AMOUNT GIVEN: 700.

ACTIVITY CLASSIFICATION: MATH IS COOL

GRANTEE NAME: PROGRAM FBO PETER KIRK STUDENTS

AMOUNT GIVEN: 1,698.

ACTIVITY CLASSIFICATION: NONFICTION SUBSCRIPTIONS

GRANTEE NAME: PROGRAM FBO PETER KIRK STUDENTS

AMOUNT GIVEN: 5,587.

ACTIVITY CLASSIFICATION: RAZKIDS

GRANTEE NAME: PROGRAM FBO PETER KIRK STUDENTS

AMOUNT GIVEN: 930.

ACTIVITY CLASSIFICATION: READING RAMPAGE

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

Schedule O (Form 990 or 990-EZ) (2013)

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GRANTEE NAME: PROGRAM FBO PETER KIRK STUDENTS

AMOUNT GIVEN: 150.

ACTIVITY CLASSIFICATION: SAFETY PATROL

GRANTEE NAME: PROGRAM FBO PETER KIRK STUDENTS

AMOUNT GIVEN: 431.

ACTIVITY CLASSIFICATION: SCIENCE NIGHT

GRANTEE NAME: PROGRAM FBO PETER KIRK STUDENTS

AMOUNT GIVEN: 1,563.

ACTIVITY CLASSIFICATION: WATCH DOGS

GRANTEE NAME: PROGRAM FBO PETER KIRK STUDENTS

AMOUNT GIVEN: 1,334.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 49,979.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES: AMOUNT:

ASSEMBLIES 140.

BANKING FEES 483.

COUNCIL SCHOLARSHIPS 100.

CLASSROOM SUPPLIES 4,207.

FIRST DAY PACKS 244.

FOUNDER'S DAY 180.

PARKING LOT SAFETY EQUIPMENT 2,851.

HEALTH, SAFETY, WELLNESS 93.

SCHEDULE O
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INSURANCE	400.
LEGISLATION/LEVY SUPPORT	800.
LICENSES	160.
TEACHER PROFESSIONAL DEVELOPMENT	2,250.
MEMBERSHIP AWARDS	550.
MISCELLANEOUS	789.
PLAYGROUND EQUIPMENT	1,890.
PARENT CENTER	66.
PARENT EDUCATION	445.
SCHOOL GROUNDS BEAUTIFICATION	914.
STATE PTA CONVENTION	200.
STUDENT PHONEBOOKS	475.
MATS FOR PORTABLES	909.
SUPPLIES	603.
UKELELES	986.
TEACHER APPRECIATION	264.
WA PTA MEMBERSHIP DUES	3,245.
WEBSITE	266.
WELCOME BACK LUNCHEON	364.
STAFF ROOM FURNITURE	2,657.
GYM MATS	661.
MEDIA CARTS	1,363.
PRIOR YEAR EXPENSES	49.
ADJUSTMENT TO WRITE OFF PRIOR PERIOD UNCASHED CHECKS	-2,960.
TOTAL TO FORM 990-EZ, LINE 16	25,644.

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FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE PTA PROVIDES A WIDE
VARIETY OF EDUCATIONAL ENRICHMENT, COMMUNITY OUTREACH,
HEALTH/SAFETY/WEILLNESS TO 550+ STUDENTS AT PETER KIRK ELEMENTARY
SCHOOL.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.