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Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except 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.

OMB No. 1545-1150

2013

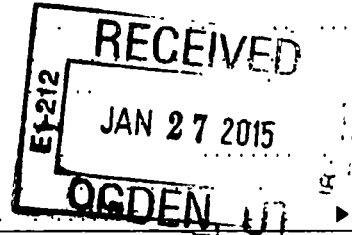
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A For the 2013 calendar year, or tax year beginning JULY 01, 2013, and ending JUNE 30, 2014

| | | | |
|--|---|--|---|
| 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 DISCOVERY ELEMENTARY PTSA 2.6.9. | | D Employer identification number 94-3152614 |
| | Number & street (or P.O. box, if mail is not delivered to street addr.) 2003 65TH AVENUE WEST | | E Telephone number (425) 466-7616 |
| | City or town, state or province, country, and ZIP or foreign postal code TACOMA WA 98466-6215 | | F Group Exemption Number ▶ |
| | G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual 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: ▶ N/A | | | |
| 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 Form of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> 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 ▶ \$ 84,005 | | | |

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 | 3,242 |
| | 2 | Program service revenue including government fees and contracts | 2 | 19,964 |
| | 3 | Membership dues and assessments | 3 | 5,960 |
| | 4 | Investment income | 4 | 9 |
| | 5a | Gross amount from sale of assets other than inventory | 5a | |
| | 5b | Less cost or other basis and sales expenses | 5b | |
| | 5c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | |
| | 6 | Gaming and fundraising events | | |
| | 6a | Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | |
| | 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) | 6b | 54,830 |
| 6c | Less direct expenses from gaming and fundraising events | 6c | 7,323 | |
| 6d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | 47,507 | |
| 7a | Gross sales of inventory, less returns and allowances | 7a | | |
| 7b | Less cost of goods sold | 7b | | |
| 7c | 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 | 76,682 | |
| EXPENSES | 10 | Grants and similar amounts paid (list in Schedule O) | 10 | 30,243 |
| | 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 | 6,358 |
| | 16 | Other expenses (describe in Schedule O) | 16 | 30,932 |
| | 17 | Total expenses. Add lines 10 through 16 | 17 | 67,533 |
| ASSETS | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 9,149 |
| | 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 | 68,728 |
| | 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 | 77,877 |



For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

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 | | 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 | | 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 | | 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 | | |
| 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 | | |
| 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 40a ; section 4912 40a ; section 4955 40a | | |
| b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | | X |
| 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 40c | | |
| d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d | | |
| 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 41 <u>NONE</u> | | |
| 42a The organization's books are in care of 42a <u>SEE ATTACHMENT #4</u> Telephone no. 42a Located at 42a ZIP + 4 42a | | |
| 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 43 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 | | 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 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 | | 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 | (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."

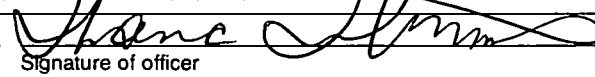
| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

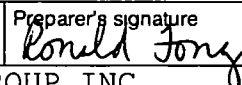
d Total number of other independent contractors each receiving over \$100,000 ▶

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  Date 1/15/15
 SHANA JUKES CO-TREASURER
 Type or print name and title

| | | | | | |
|--------------------------------|---------------------------------|---|-----------|---|-----------|
| Paid Preparer Use Only | Pnn/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | RONALD FONG |  | 1-15-2015 | | P00868219 |
| | Firm's name ▶ HRB TAX GROUP INC | Firm's EIN ▶ 431871840 | | Phone no. 425-558-3541 | |
| Firm's address ▶ 16025 NE 85TH | | | | | |

May the IRS discuss this return with the preparer shown above? See instructions

▶ ☒ Yes ☐ No

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

DISCOVERY ELEMENTARY PTSA 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.

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) | | X |
| 11g(ii) | | X |
| 11g(iii) | | X |

[illegible]**Total**

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

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.") | 8,828 | 10,392 | 10,373 | 8,634 | 9,202 | 47,429 |
| 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 | 124,750 | 96,545 | 76,676 | 74,676 | 82,117 | 454,764 |
| 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 | 133,578 | 106,937 | 87,049 | 83,310 | 91,319 | 502,193 |
| 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 | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | 502,193 |

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 | 133,578 | 106,937 | 87,049 | 83,310 | 91,319 | 502,193 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | 13 | 14 | 9 | 36 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | 13 | 14 | 9 | 36 |
| 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.) | 133,578 | 106,937 | 87,062 | 83,324 | 91,328 | 502,229 |
| 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 | 99.99 % |
| 16 Public support percentage from 2012 Schedule A, Part III, line 15 | 16 | 100.00 % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|----------|
| 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) | 17 | 0.01 % |
| 18 Investment income percentage from 2012 Schedule A, Part III, line 17 | 18 | 100.00 % |

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 ▶ ☐

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

▶ Information about Schedule G (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

DISCOVERY ELEMENTARY PTSA 2.6.9.

Employer identification number

94-3152614

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations

b ☐ Internet and email solicitations

c ☐ Phone solicitations

d ☐ In-person solicitations

e ☐ Solicitation of non-government grants

f ☐ Solicitation of government grants

g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes

☒ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fund- raiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|--|---------------|---|----|--------------------------------------|---|---|
| | | Yes | No | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total | | | | | | |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|-----------------|---|----------------------------|--------------------------|---------------------|------------------------------------|
| | | WALK A THO (event type) | CAR WASH (event type) | 5 (total number) | (add col. (a) through col. (c)) |
| REVENUE | 1 Gross receipts | 49,322 | 4,097 | 1,411 | 54,830 |
| | 2 Less Contributions | | | | |
| | 3 Gross income (line 1 minus line 2) | 49,322 | 4,097 | 1,411 | 54,830 |
| DIRECT EXPENSES | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 4,397 | 2,177 | 749 | 7,323 |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 7,323 |
| | 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | 47,507 |

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) thru col. (c)) |
|--|--|--|--|--|
| 1 Gross revenue | | | | |
| 2 Cash prizes | | | | |
| 3 Noncash prizes | | | | |
| 4 Rent/facility costs | | | | |
| 5 Other direct expenses | | | | |
| 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No | |
| 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | |
| 8 Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | |

9 Enter the state(s) in which the organization operates gaming activities. _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☒ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," explain _____

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☒ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No
- 13** Indicate the percentage of gaming activity operated in
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions.

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☒ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

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 N (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

DISCOVERY ELEMENTARY PTSA 2.6.9.

Employer identification number

94-3152614

***** GRANTS *****

ART DOCENT \$212

BELL PROGRAM \$7500

CIRRICULUM GRANT \$7725

SCIENCE TO GO \$3850

TEACHERS GRANT \$9055

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 N (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

DISCOVERY ELEMENTARY PTSA 2.6.9.

Employer identification number

94-3152614

***** OTHER EXPENSES *****

ART SHOW \$632
ASSEMBLIES \$1000
BOOK FAIR EXPENSE 287
DESTINATION IMAGINATION \$170
EAGER READER / MATH BLASTER \$363
EMERGENCY PACK EXPENSE \$2026
FAMILY LITERACY NIGHT \$472
FIFTH GRADE FAREWELL \$398
FIFTH GRADE PARTY \$1875
GARDEN PROJECT \$249
GOLDEN ACORN AWARDS \$627
HAITI RELIEF \$96
K-KIDS \$588
LEARNING RESOURCES ROOM \$300
MOVIE NIGHT \$220
MUSIC APPRECIATION \$100
POPCORN SUPPLIES \$1533
REFLECTIONS \$210
SCHOOL DANCE / FAMILY NIGHT \$984
SCIENCE FAIR \$422
SPELLING BEE \$249
STAFF APPRECIATION \$653
STAFF COOKIE EXCHANGE \$93
SUNSHINE FUND \$393
TAKE 5 LUNCHEON \$1026
TALENT SHOW / CULTURE FAIR \$197
TASTE OF DISCOVERY \$44
VOLUNTEER APPRECIATION \$580
YEARBOOK EXPENSE \$7215
SERVICE FEE EXPENSE \$6908
LEADERSHIP EDUCATION EXPENSE \$1019

990 PRIMARY EXEMPT PURPOSE

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 2, PART III

| | |
|----------------------------------|---|
| OPEN TO PUBLIC | |
| INSPECTION | For calendar year 2013, or tax period beginning 07-01, and ending 06-30-2014. |
| Name of Organization | Employer Identification Number |
| DISCOVERY ELEMENTARY PTSA 2.6.9. | 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 3, PART III

| | | | |
|------------------------------|---|------------------------|-------------|
| OPEN TO PUBLIC INSPECTION | For calendar year 2013, or tax period beginning | 07-01-2013, and ending | 06-30-2014. |
|------------------------------|---|------------------------|-------------|

| | |
|--|--|
| Name of Organization DISCOVERY ELEMENTARY PTSA 2.6.9. | Employer Identification Number 94-3152614 |
|--|--|

Part III - Statement of Program Service Accomplishments

| | | | | |
|------------------------|--------|--------------------------------|--------------------------|--------|
| Grants and allocations | 28,130 | Amount includes foreign grants | Program service expenses | 16,676 |
|------------------------|--------|--------------------------------|--------------------------|--------|

Exempt Purpose Achievements

GENERAL EDUCATION PROGRAMS AND SUPPORT AND EDUCATIONALLY ENRICHING
ACTIVITIES SUPPORTED BY IT'S OWN FUNDRAISING.

990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: PAGE 2 - 990-EZ PAGE 3, PART III

| | |
|--|--|
| OPEN TO PUBLIC INSPECTION | For calendar year 2013, or tax period beginning 07-01-2013, and ending 06-30-2014. |
| Name of Organization DISCOVERY ELEMENTARY PTSA 2.6.9. | Employer Identification Number 94-3152614 |

Part III - Statement of Program Service Accomplishments

| | | | | |
|------------------------|-------|--------------------------------|--------------------------|--------|
| Grants and allocations | 2,112 | Amount includes foreign grants | Program service expenses | 10,444 |
|------------------------|-------|--------------------------------|--------------------------|--------|

Exempt Purpose Achievements

ENRICHMENT PROGRAMS THAT ENHANCE THE EXPERIENCE OF THE STUDENTS

990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: PAGE 3 - 990-EZ PAGE 3, PART III

| | | | |
|--|---|------------------------|--|
| OPEN TO PUBLIC INSPECTION | For calendar year 2013, or tax period beginning | 07-01-2013, and ending | 06-30-2014. |
| Name of Organization DISCOVERY ELEMENTARY PTSA 2.6.9. | | | Employer Identification Number 94-3152614 |

Part III - Statement of Program Service Accomplishments

| | | | |
|------------------------|--------------------------------|--------------------------|--------|
| Grants and allocations | Amount includes foreign grants | Program service expenses | 10,169 |
|------------------------|--------------------------------|--------------------------|--------|

Exempt Purpose Achievements

COMMUNITY PROGRAMS PROMOTING THE EDUCATION OF STUDENTS

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 2013, or tax period beginning 07-01-2013, and ending 06-30-2014.

Name of Organization DISCOVERY ELEMENTARY PTSA 2.6.9. Employer Identification Number 94-3152614

| (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 PRESIDENT | 3.00 | 0 | 0 | 0 |
| DEE CAMP TREASURER - AP | 3.00 | 0 | 0 | 0 |
| RUTH CHIN TREASURER - AR | 3.00 | 0 | 0 | 0 |
| CAARIN HILLIKER VICE PRESIDENT | 3.00 | 0 | 0 | 0 |
| SHANA JUKES CO-TREASURER | 3.00 | 0 | 0 | 0 |
| SARAH MANNINGSMITH SECRETARY | 3.00 | 0 | 0 | 0 |
| JENNIFER RANKIN VP OF VOLUNTEERS | 3.00 | 0 | 0 | 0 |
| STEPHANIE RAINES VP OF COMMUNICATION | 3.00 | 0 | 0 | 0 |
| NANCY HUANG WEBMASTER | 3.00 | 0 | 0 | 0 |
| ERIN SEBO VP OF FUNDRAISING | 3.00 | 0 | 0 | 0 |
| MARI STEVENS VP OF PROGRAMS | 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 2013, or tax period beginning 07-01, and ending 06-30-2014. |
| Name of Organization DISCOVERY ELEMENTARY PTSA 2.6.9. | Employer Identification Number 94-3152614 |
| Part V - Line 42a | |

Individual Name SHANA JUKES
or
Business Name.

Street Address 2300 228TH AVE SE

U.S. Address

Zip code 98075 City SAMMAMISH State WA
or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (425) 466-7616

Fax Number

2013 DETAIL STATEMENTSDISCOVERY ELEMENTARY PTSA 2.6.
94-3152614

PAGE 1

STATEMENT #1 - SEC. COST OTHER BASIS, S EXP (990-EO PG 9 LINE 7B(I))

MONEY MARKET

TOTAL CARRIED TO 990-EO PG 9 LINE 7B(I)

STATEMENT #2 - OTHER EXPENSES (EOEZ PG 1 LINE 16)

| | |
|------------------------------------|--------|
| ACTIVITY EXPENSE..... | 23,005 |
| SERVICE FEE EXPENSES..... | 6,908 |
| LEADERSHIP EDUCATION EXPENSES..... | 1,019 |

TOTAL CARRIED TO EOEZ PG 1 LINE 16..... 30,932

STATEMENT #3 - GIFTS, GRANTS, ETC. (SCH A, PG 2 LINE 1(E))

| | |
|--------------------------------|-------|
| DONATIONS..... | 3,242 |
| MEMBERSHIOP SERVICES FEES..... | 5,960 |

TOTAL CARRIED TO SCH A, PG 2 LINE 1(E)..... 9,202

STATEMENT #4 - GROSS RECEIPTS FROM ADMISSIONS (SCH A, PG 3 LINE 2(E))

| | |
|---------------------------------|--------|
| FUNDRAISING INCOME..... | 54,830 |
| LESS: FUNDRAISING EXPENSES..... | 7,323 |
| ACTIVITIES INCOME..... | 19,964 |

TOTAL CARRIED TO SCH A, PG 3 LINE 2(E)..... 82,117