

Form 990-EZ

## 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)

2016

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 07-01-2016

, and ending 06-30-2017

B Check if applicable  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

C Name of organization  
CREEKSIDE PTSA

D Employer identification number

27-2303147

Number and street (or P O box, if mail is not delivered to street address) Room/suite  
20777 se 16th st

E Telephone number

(425) 445-2991

City or town, state or province, country, and ZIP or foreign postal code  
Sammamish, WA 98075

F Group Exemption Number ►

G Accounting Method  Cash  Accrual  Other/UnspecifiedH Check ►  if the organization is not

**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 

|  |               |           |                |
|--|---------------|-----------|----------------|
| 22 Cash, savings, and investments . . . . .  | 92,831        | 22        | 101,168        |
| 23 Land and buildings . . . . .  | 0             | 23        | 0              |
| 24 Other assets (describe in Schedule O) . . . . .   | 0             | 24        | 0              |
| <b>25 Total assets</b> . . . . .   | <b>92,831</b> | <b>25</b> | <b>101,168</b> |
| <b>26 Total liabilities</b> (describe in Schedule O) . . . . .                               | 0             | 26        | 0              |
| <b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) | <b>92,831</b> | <b>27</b> | <b>101,168</b> |

| (A) Beginning of year | (B) End of year |
|-----------------------|-----------------|
| 92,831                | 22              |
| 0                     | 23              |
| 0                     | 24              |
| 92,831                | 25              |
| 0                     | 26              |
| 92,831                | 27              |

**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?

Parent/teacher group for education related activities that receives support from general public

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, optional for others )

**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 . . . . .

**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 . . . . .

**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) . . . . .

**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)? . . . . .

**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

**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

**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 . . . . .

**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? . . . . .

**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? . . . . .

**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**

|            | Yes | No |
|------------|-----|----|
| <b>33</b>  |     | No |
| <b>34</b>  |     | No |
| <b>35a</b> |     | No |
| <b>35b</b> |     |    |
| <b>35c</b> |     | No |
| <b>36</b>  |     | No |
| <b>37b</b> |     | No |
| <b>38a</b> |     | No |



## Additional Data

**Software ID:** 16000425  
**Software Version:** v1.00  
**EIN:** 27-2303147  
**Name:** CREEKSIDE PTSA

### Form 990EZ, Part III - Statement of Program Service Accomplishments

| 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<br>(Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.) |
|---|---|---|
| <b>28</b><br>Creekside PTSA funds and provides service accomplishments focused on educational support for over 750 students through educational assistants, grants, teacher stipends and grant support, offering club and competition support and ptsa events<br><br>(Grants \$ 61,181)     | <b>28a</b><br><br>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/> | 3,272   |

## TY 2016 Reasonable Cause Explanation

**Name:** CREEKSIDE PTSA

**EIN:** 27-2303147

**Software ID:** 16000425

**Software Version:** v1.00

**Explanation:** Filed for an extension within timeline required. Switching over of record systems and report updating to have all of the filing information

**SCHEDULE A****Public Charity Status and Public Support**

**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, 8, or 9 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<br>(or fiscal year beginning in) ►  | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
|---|---------|---------|---------|---------|---------|----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")   |         |         |         |         |         |          |
| 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   |         |         |         |         |         |          |
| <b>4 Total.</b> 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) |         |         |         |         |         |          |
| <b>6 Public support.</b> Subtract line 5 from line 4  |         |         |         |         |         |          |

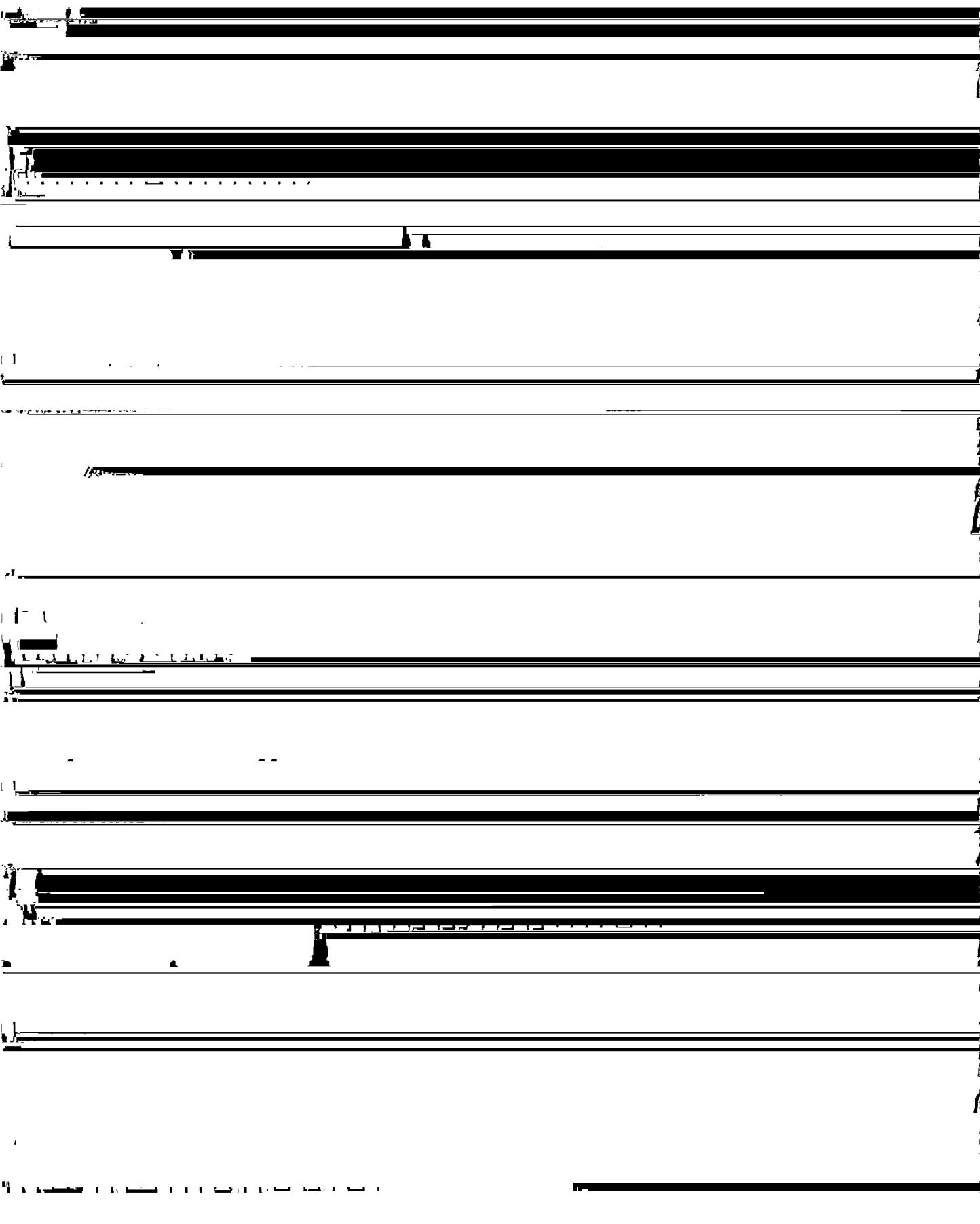
**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ►   | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (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 VI)                                 |         |         |         |         |         |           |
| <b>11 Total support.</b> Add lines 7 through 10  |         |         |         |         |         |           |
| 12 Gross receipts from related activities, etc (see instructions)  |         |         |         |         |         | <b>12</b> |

**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 2016 (line 6, column (f) divided by line 11, column (f))  | <b>14</b> |  |
| 15 Public support percentage for 2015 Schedule A, Part II, line 14   | <b>15</b> |  |
| <b>16a 33 1/3% support test—2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>   |           |  |
| <b>b 33 1/3% support test—2015.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>  |           |  |
| <b>17a 10%-facts-and-circumstances test—2016.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>    |           |  |
| <b>b 10%-facts-and-circumstances test—2015.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/> |           |  |
| <b>18 Private foundation.</b> 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 IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|     |  | Yes | No |
|-----|--|-----|----|
| 1   | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain  | 1   |    |
| 2   | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)   | 2   |    |
| 3a  | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below   | 3a  |    |
| b   | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination   | 3b  |    |
| c   | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use  | 3c  |    |
| 4a  | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below   | 4a  |    |
| b   | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations  | 4b  |    |
| c   | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes   | 4c  |    |
| 5a  | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document) | 5a  |    |
| b   | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   | 5b  |    |
| c   | <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  | 5c  |    |
| 6   | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .  | 6   |    |
| 7   | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)  | 7   |    |
| 8   | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)   | 8   |    |
| 9a  | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .   | 9a  |    |
| b   | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .  | 9b  |    |
| c   | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .   | 9c  |    |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below   | 10a |    |
| b   | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)  | 10b |    |

**Part IV Supporting Organizations (continued)**

11 Has the organization accepted a gift or contribution from any of the following persons?

a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?

| Yes | No |
|-----|----|
|     |    |
|     |    |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

| <b>Section A - Adjusted Net Income</b> |  | (A) Prior Year | (B) Current Year<br>(optional) |
|--|--|----------------|--------------------------------|
| <b>1</b>                               | Net short-term capital gain  | <b>1</b>       |                                |
| <b>2</b>                               | Recoveries of prior-year distributions   | <b>2</b>       |                                |
| <b>3</b>                               | Other gross income (see instructions)  | <b>3</b>       |                                |
| <b>4</b>                               | Add lines 1 through 3  | <b>4</b>       |                                |
| <b>5</b>                               | Depreciation and depletion   | <b>5</b>       |                                |
| <b>6</b>                               | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | <b>6</b>       |                                |
| <b>7</b>                               | Other expenses (see instructions)  | <b>7</b>       |                                |
| <b>8</b>                               | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)   | <b>8</b>       |                                |

| <b>Section B - Minimum Asset Amount</b> |  | (A) Prior Year | (B) Current Year<br>(optional) |
|---|--|----------------|--------------------------------|
| <b>1</b>                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | <b>1</b>       |                                |
| <b>a</b>                                | Average monthly value of securities  | <b>1a</b>      |                                |
| <b>b</b>                                | Average monthly cash balances  | <b>1b</b>      |                                |
| <b>c</b>                                | Fair market value of other non-exempt-use assets   | <b>1c</b>      |                                |
| <b>d</b>                                | <b>Total</b> (add lines 1a, 1b, and 1c)  | <b>1d</b>      |                                |
| <b>e</b>                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)   |                |                                |
| <b>2</b>                                | Acquisition indebtedness applicable to non-exempt use assets   | <b>2</b>       |                                |
| <b>3</b>                                | Subtract line 2 from line 1d   | <b>3</b>       |                                |
| <b>4</b>                                | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)                                  | <b>4</b>       |                                |
| <b>5</b>                                | Net value of non-exempt-use assets (subtract line 4 from line 3)   | <b>5</b>       |                                |
| <b>6</b>                                | Multiply line 5 by 035   | <b>6</b>       |                                |
| <b>7</b>                                | Recoveries of prior-year distributions   | <b>7</b>       |                                |
| <b>8</b>                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b>       |                                |

| <b>Section C - Distributable Amount</b> |  |          | Current Year |
|---|--|----------|--------------|
| <b>1</b>                                | Adjusted net income for prior year (from Section A, line 8, Column A)  | <b>1</b> |              |
| <b>2</b>                                | Enter 85% of line 1  | <b>2</b> |              |
| <b>3</b>                                | Minimum asset amount for prior year (from Section B, line 8, Column A) | <b>3</b> |              |
| <b>4</b>                                | Enter greater of line 2 or line 3                                      | <b>4</b> |              |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

| <b>Section D - Distributions</b>   |  | <b>Current Year</b>                                |
|--|--|--|
| <b>1</b>   | Amounts paid to supported organizations to accomplish exempt purposes  |  |
| <b>2</b>   | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity    |  |
| <b>3</b>   | Administrative expenses paid to accomplish exempt purposes of supported organizations  |  |
| <b>4</b>   | Amounts paid to acquire exempt-use assets  |  |
| <b>5</b>   | Qualified set-aside amounts (prior IRS approval required)  |  |
| <b>6</b>   | Other distributions (describe in Part VI) See instructions   |  |
| <b>7</b>   | <b>Total annual distributions.</b> Add lines 1 through 6   |  |
| <b>8</b>   | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions |  |
| <b>9</b>   | Distributable amount for 2016 from Section C, line 6   |  |
| <b>10</b>  | Line 8 amount divided by Line 9 amount   |  |
| <b>Section E - Distribution Allocations (see instructions)</b>   |  |  |
|  |  | <b>(i)<br/>Excess Distributions</b>                |
|  |  | <b>(ii)<br/>Underdistributions<br/>Pre-2016</b>    |
|  |  | <b>(iii)<br/>Distributable<br/>Amount for 2016</b> |
| <b>1</b>   | Distributable amount for 2016 from Section C, line 6   |  |
| <b>2</b>   | Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)  |  |
| <b>3</b>   | Excess distributions carryover, if any, to 2016  |  |
| <b>a</b>   |  |  |
| <b>b</b>   |  |  |
| <b>c</b> From 2013. . . . .  |  |  |
| <b>d</b> From 2014. . . . .  |  |  |
| <b>e</b> From 2015. . . . .  |  |  |
| <b>f Total</b> of lines 3a through e   |  |  |
| <b>g</b> Applied to underdistributions of prior years  |  |  |
| <b>h</b> Applied to 2016 distributable amount  |  |  |
| <b>i</b> Carryover from 2011 not applied (see instructions)  |  |  |
| <b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f   |  |  |
| <b>4</b> Distributions for 2016 from Section D, line 7   |  |  |
| \$   |  |  |
| <b>a</b> Applied to underdistributions of prior years  |  |  |
| <b>b</b> Applied to 2016 distributable amount  |  |  |
| <b>c</b> Remainder Subtract lines 4a and 4b from 4   |  |  |
| <b>5</b> Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) |  |  |
| <b>6</b> Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)                        |  |  |
| <b>7</b> <b>Excess distributions carryover to 2017.</b> Add lines 3j and 4c  |  |  |
| <b>8</b> Breakdown of line 7   |  |  |
| <b>a</b>   |  |  |
| <b>b</b> Excess from 2013. . . . .   |  |  |
| <b>c</b> Excess from 2014. . . . .   |  |  |
| <b>d</b> Excess from 2015. . . . .   |  |  |
| <b>e</b> Excess from 2016. . . . .   |  |  |

**Part VI****Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization  
CREEKSIDE PTSAs**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](http://www.irs.gov/form990).

**2016****Open to Public  
Inspection****Employer identification number**

27-2303147

**990 Schedule O, Supplemental Information**

| Return<br>Reference           | Explanation     |
|-------------------------------|-----------------|
| Form 990-EZ, Part II, Line 24 | no other assets |

# 990 Schedule O, Supplemental Information

| Return<br>Reference           | Explanation          |
|-------------------------------|----------------------|
| Form 990-EZ, Part II, Line 26 | no other liabilities |