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990-E

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)

OMB No. 1545-1150 2016

Department of the Treasury Internal Revenue Service ▶ 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 Inspection

B Cheek of explores is destination Florence Pope PTA.5 7.4 c.	А	or the	2016 calenda	ar year, or tax year beginning	July 1,2016	, 2016, and endir	ig J	<u>June 30</u>	, 20 17
Name develope Protection	B	Check of app	plicable	C Name of organization			D Empl	oyer ide	entification number
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Anexistation problems Pupuling WA 9374	=			15102 122nd Avenue East			l l		
Appetation previor Puyrallup, WA 83774	=			City or town, state or province, country, and Z	IP or foreign postal code		F Grou	ıp Exer	nption
A Accounting Method:	=			Puvallup, WA 98374				•	•
Website: NA Jara-exempt status (check only one)					<i>ı</i>) ▶		H Check	▶ □ ₁f	the organization is not
J Tax-exempt status (check only one) — J 501(c)(3) ☐ 501(c)(3) ☐ 1 (neet no.) ☐ 4947(a)(1) or ☐ 527 (Form 990, 990-EZ, or 990-PF) K Form of organization ☐ Corporation ☐ Trust (Add lines 56, cand 76 to line 90, depth of the status (check only one) ☐ 1 (100 to 100 to			•		·				•
K Form of organization: Corporation Trust Z Association Other				eck only one) - 3 501(a)(3) 501(a) () 4 (insert no.) 14947	7(a)(1) or 527	1 .		
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] Controlutions provided by the control of the contro	_					```	1 (1 01111 01		12,01000111
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 1812 20 2 14855 52 2 14855 52 3 Membership dues and assessments 3 2 15100 4 Investment income 4 4 Investment income 5 Gross amount from sale of assets other than inventory 5 5 5 5 5 5 5 5 5							total accete		· · · · · · · · · · · · · · · · · · ·
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Form	990-EZ (2	016)					Page 2
Pa	rt II	Balance Sheets (see the instructions for	or Part II)				
	<u> </u>	Check if the organization used Schedule	O to respond to ar	y question in this			
ŧ				Ļ	(A) Beginning of year		(B) End of year
22		, savings, and investments			45113 00		52804 00
23		and buildings		[23	
24		r assets (describe in Schedule O)				24	
25		l assets		}	45113 00	_	52804 00
26 27			(D) maximit course with		45113 00	26	
Par		assets or fund balances (line 27 of column Statement of Program Service Accomp				2/	52804 00
ı aı		Check if the organization used Schedule					Expenses
Wha	t is the	organization's primary exempt purpose?			1 41(111 1		quired for section
							(c)(3) and 501(c)(4) anizations; optional for
		e organization's program service accomplis d by expenses. In a clear and concise ma					ers.)
		efited, and other relevant information for ea		cholarships and Award	s		·
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	(Grants	s\$) If this amount	includes foreign gra	nts, check here .	▶ 🗆	28	a l
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30				^			
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31		program services (describe in Schedule O)					}
	(Grants	s \$) If this amount	includes foreign gra	nts, check here .	· · · • []	31	+
		program service expenses (add lines 28a t				32	
Par	t IV	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule				ıstrı	ictions for Part IV)
		Check if the organization used Schedule		(c) Reportable	(d) Health benefits,	÷	· · · · · · - <u></u>
		(a) Name and title	(b) Average hours per week	compensation	contributions to employ		
		lay have and the	devoted to position	(Forms W-2/1099-MISC (if not paid, enter -0-)			other compensation
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Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part '		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
33	detailed description of each activity in Schedule O	33		./
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			_ -v _
	change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b 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 Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b		/
36	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	35c		✓
	during the year? If "Yes," complete applicable parts of Schedule N	36		\checkmark
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a	075		1
ъ 38а	Did the organization file Form 1120-POL for this year?	37b 38a		/
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	330		_
39	Section 501(c)(7) organizations. Enter:			1
а	Initiation fees and capital contributions included on line 9	1		1
ь 40а	Gross receipts, included on line 9, for public use of club facilities			Í
	section 4911 ► ; section 4912 ► ; section 4955 ► Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			ĺ
b	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		/
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		i	
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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		1
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ► Located at ► Telephone no. ► ZIP + 4 ►			
b	Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		1
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c		\
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ 🔲
	and enter the amount of tax-exempt interest received or accrued during the tax year	 	V	B1 :::
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	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	44b		1
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<u> </u>	X/
b	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	└	

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46 `	Did the organization engage, directly or in to candidates for public office? If "Yes," of				1	Yes N
Part \			, Part	 	46	LL
art	All section 501(c)(3) organizations		etions 47-40h and l	52 and complete ti	he tables f	or lines
	50 and 51.	5 must answer que	Stions 41-430 and	oz, and complete t	iic tables i	or intes
	Check if the organization used Sci	hedule O to respond	to any question in the	nis Part VI		
	Ondon in the organization deba de	nodalo o lo respens	rio any quoditon in a			Yes N
17	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) election		e tax	
18	Is the organization a school as described in					
9a	Did the organization make any transfers t		•		. 49a	
	If "Yes," was the related organization a se		-		. 49b	
io _	Complete this table for the organization's					es, and
	employees) who each received more than	1 \$100,000 of comper	nsation from the organ	nization. If there is no	ne, enter "N	lone."
	(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 employer benefit plans, and deferre compensation		ed amount opensation
/A				 	 	
			 		 	
					1	
					<u> </u>	
				•		
			-	1	1	
	Total number of other employees paid ov Complete this table for the organization	's five highest comp		contractors who ear	ch received	more t
	· · · · · · · · · · · · · · · · · · ·	's five highest compoundation. If there is no	ensated independent		ch received	···
i1 	Complete this table for the organization \$100,000 of compensation from the organization	's five highest compoundation. If there is no	ensated independent one, enter "None."			···
i1 	Complete this table for the organization \$100,000 of compensation from the organization	's five highest compoundation. If there is no	ensated independent one, enter "None."			···
1	Complete this table for the organization \$100,000 of compensation from the organization	's five highest compoundation. If there is no	ensated independent one, enter "None."			···
i1 	Complete this table for the organization \$100,000 of compensation from the organization	's five highest compoundation. If there is no	ensated independent one, enter "None."			···
i1 	Complete this table for the organization \$100,000 of compensation from the organization	's five highest compoundation. If there is no	ensated independent one, enter "None."			···
/A	Complete this table for the organization \$100,000 of compensation from the organization	's five highest companization. If there is no dent contractor	ensated independent one, enter "None." (b) Type of serv			···
/A	Complete this table for the organization \$100,000 of compensation from the organization	's five highest companization. If there is not dent contractor	ensated independent one, enter "None." (b) Type of serv	ice i	(c) Compensat	···
/A	Complete this table for the organization \$100,000 of compensation from the organization	's five highest companization. If there is not dent contractor	ensated independent one, enter "None." (b) Type of serv	nice Inizations must atta	(c) Compensat	ion
d ds2	Complete this table for the organization \$100,000 of compensation from the organization complete Scheduler (a) Name and business address of each independent contraction of the organization complete Scheduler (b) Name and business address of each independent contraction from the organization complete Scheduler (c) Name and business address of each independent contraction from the organization f	's five highest companization. If there is not dent contractor actors each receiving ule A? Note: All serverum, including accompanies.	ensated independent one, enter "None." (b) Type of serv over \$100,000	nice	(c) Compensat	ion
d d 52	Complete this table for the organization \$100,000 of compensation from the organization complete Scheducompleted Schedule A	's five highest companization. If there is not dent contractor actors each receiving ule A? Note: All serverum, including accompanies.	ensated independent one, enter "None." (b) Type of serv over \$100,000	nice	(c) Compensat	ion
d der pe, cor	Complete this table for the organization \$100,000 of compensation from the organization complete Scheducompleted Schedule A	's five highest companization. If there is not dent contractor actors each receiving ule A? Note: All serverum, including accompanies.	ensated independent one, enter "None." (b) Type of serv over \$100,000	nizations must attace	(c) Compensat	ion
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