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2008

Open to Public
Inspection

Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or
private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form
► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2008 calendar year, or tax year beginning SEP 1, 2008 and ending AUG 31, 2009

<input type="checkbox"/> Check if applicable Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Olympia Education Association Number and street (or P O box, if mail is not delivered to street address) 1619 State Ave. NE City or town, state or country, and ZIP + 4 Olympia, WA 98840	D Employer identification number 23-7332836
	Room/suite	E Telephone number (360) 525-5255
		F Group Exemption Number ►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

I Website. ► N/A

J Organization type (check only one) 501(c)(5) (insert no) 4947(a)(1) or 527

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ **146,632.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

1 Contributions, gifts, grants, and similar amounts received	1
2 Program service revenue including government fees and contracts	2
3 Membership dues and assessments	3 146,632.
4 Investment income	4
5a Gross amount from sale of assets other than inventory	5a
b Less cost or other basis and sales expenses	5b
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	6a
a Gross revenue (not including \$ FEB 24 2010 contributions reported on line 1)	6b
b Less direct expenses other than fundraising expenses	6c
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a
7a Gross sales of inventory, less returns and allowances	7b
b Less cost of goods sold	7c
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8
8 Other revenue (describe ►)	9 146,632.
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	
10 Grants and similar amounts paid (attach schedule)	10 3,000.
11 Benefits paid to or for members	11
12 Salaries, other compensation, and employee benefits	12 69,729.
13 Professional fees and other payments to independent contractors	13
14 Occupancy, rent, utilities, and maintenance	14 4,044.
15 Printing, publications, postage, and shipping	15
16 Other expenses (describe ►)	16 59,949.
17 Total expenses. Add lines 10 through 16	17 136,722.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 9,910.
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)	19 194,497.
20 Other changes in net assets or fund balances (attach explanation)	20
21 Net assets or fund balances at end of year Combine lines 18 through 20	21 204,407.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	155,516.	22 159,419.
23 Land and buildings	29,285.	23 28,047.
24 Other assets (describe ►)	16,804.	24 20,344.
25 Total assets	201,605.	25 207,810.
26 Total liabilities (describe ►)	7,108.	26 3,403.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	194,497.	27 204,407.

Part III | Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose? See Statement 8

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

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

28 See Statement 7

(Grants \$) If this amount includes foreign grants, check here

28a

29 [View](#) [Edit](#) [Delete](#) [Details](#) [Print](#) [Email](#)

(Grants \$) If this amount includes foreign grants, check here

29a

30 _____

(Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (attach schedule)

(Grants \$ **) If this amount includes foreign grants, check here.**

31a

32 Total program service expenses (add lines 28a through 31a)

32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

Part V Other Information (Note the statement requirements in the instructions for Part VI)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 33 X

34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes 34 X

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T 35a X

a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? 35b N/A

b If "Yes," has it filed a tax return on Form 990-T for this year? 36 X

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch N 37a 0.

37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37b X

b Did the organization file Form 1120-POL for this year? 38a 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 unpaid at the start of the period covered by this return? 38b N/A

b If "Yes," complete Schedule L, Part II and enter the total amount involved 39a N/A

39 Section 501(c)(7) organizations Enter 39b N/A

a Initiation fees and capital contributions included on line 9 40a N/A

b Gross receipts, included on line 9, for public use of club facilities 40b N/A

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► N/A, section 4912 ► N/A, section 4955 ► N/A 40c 0.

b Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I 40d 0.

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40e X

d Enter amount of tax on line 40c reimbursed by the organization 41 None

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 42a David Johnston Telephone no (360) 525-5255 Located at 1619 State Ave. NE Olympia, WA ZIP + 4 98840

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)? 42b X

If "Yes," enter the name of the foreign country ► 42c 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.? 43 43 N/A

If "Yes," enter the name of the foreign country ► 44 X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 45 X

	Yes	No
33	<input type="checkbox"/> X	
34	<input type="checkbox"/> X	
35a	<input type="checkbox"/> X	
35b	<input type="checkbox"/> N/A	
36	<input type="checkbox"/> X	
37b	<input type="checkbox"/> X	
38a	<input type="checkbox"/> X	
38b	<input type="checkbox"/> N/A	
39a	<input type="checkbox"/> N/A	
39b	<input type="checkbox"/> N/A	
40a	<input type="checkbox"/> N/A	
40b	<input type="checkbox"/> N/A	
40c	<input type="checkbox"/> 0.	
40d	<input type="checkbox"/> 0.	
40e	<input type="checkbox"/> X	
41	<input type="checkbox"/> None	
42a	<input type="checkbox"/> David Johnston Telephone no <u>(360) 525-5255</u> Located at <u>1619 State Ave. NE Olympia, WA</u> ZIP + 4 <u>98840</u>	
42b	<input type="checkbox"/> X	
42c	<input type="checkbox"/> X	
43	<input type="checkbox"/> 43 <input type="checkbox"/> N/A	
44	<input type="checkbox"/> X	
45	<input type="checkbox"/> X	

Form 990-EZ (2008)

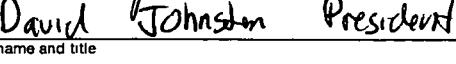
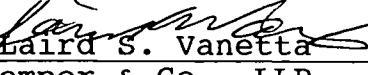
Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization(s) a section 527 organization?	49b	
50 Complete this table for the 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 address of each employee paid more than \$100,000 N/A	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Total number of other employees paid over \$100,000 ►				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

N/A	(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors each receiving over \$100,000 ►			

Sign Here	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		
	Signature of officer	Date	
 David Johnston President Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	 Laird S. Vanetta	2/13/10	Preparer's Identifying Number (See instr)
Firm's name (or yours if self-employed), address, and ZIP + 4		EIN <input type="checkbox"/>	
		Phone <input type="checkbox"/>	no (206) 285-4456

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

Yes No

Form 990-EZ (2008)

Olympia Education Association

23-7332836

Form 990-EZ

Other Expenses

Statement 1

Description	Amount
Office Expense	37,401.
Conferences and Workshops	652.
Honorarium	7,675.
Mileage	800.
WEA/NEA Representative Assembly	13,421.
Total to Form 990-EZ, line 16	59,949.

Form 990-EZ

Other Assets

Statement 2

Description	Beg. of Year	End of Year
Accounts Receivable	9,938.	15,426.
Other Depreciable Assets	6,866.	4,918.
Total to Form 990-EZ, line 24	16,804.	20,344.

Form 990-EZ

Other Liabilities

Statement 3

Description	Beg. of Year	End of Year
Mortgage Payable	6,057.	2,352.
Accounts Payable	1,051.	1,051.
Total to Form 990-EZ, line 26	7,108.	3,403.

Form 990-EZ

Occupancy, Rent, Utilities and Maintenance

Statement 4

Description	Amount
Depreciation	4,044.
Total to Form 990-EZ, line 14	4,044.

Form 990-EZ

Cash Grants and Allocations

Statement 5

Class of Activity/Donee's Name and Address	Donee's Relationship	Amount
Scholarship Carly Anne Holbrooks Olympia, WA 98840	none	1,000.
Scholarship Keven Alexander Flynn Olympia, WA 98840	none	1,000.
Scholarship Megan Reynolds Olympia, WA 98840	none	1,000.
Total Included on Form 990-EZ, Line 10		<u>3,000.</u>

FORM 990-EZ

Information Regarding Transfers
Associated with Personal Benefit Contracts

Statement 6

A) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? [] Yes [X] No

B) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . [] Yes [X] No

Contract maintenance for members. Organization is a teachers association for the Olympia School District. Activities include grievance proceedings, arbitration and representation for teachers at the state and national levels.

Olympia Education Association

23-7332836

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Statement 8

To promote the cause of public education on behalf of its members.

Statement(s) 8

Application for Extension of Time To File an
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an Automatic 30 Month Extension, complete only Part I and check this box
- If you are filing for an Additional (Not Automatic) 30 Month Extension, complete only Part II (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 30 month extension on a previously filed Form 8868

**Part I Automatic 30 Month Extension of Time.** Only submit original (no copies needed)

A corporation required to file Form 990 and requesting an automatic 60 month extension ► check this box and complete Part I only



All other corporations (including 1120 filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (eFile). Generally, you can electronically file Form 8868 if you want a 30 month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 30 month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on eFile for Charities & Nonprofits.

Type or print	Name of Exempt Organization	Employer identification number
	Olympia Education Association	2307332836
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 1619 State Ave. NE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Olympia, WA 98840	

Check type of return to be filed(file a separate application for each return):

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990 (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990 (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input checked="" type="checkbox"/> Form 990-BZ	<input type="checkbox"/> Form 990 (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-F	<input type="checkbox"/> Form 1041	<input type="checkbox"/> Form 8870

David Johnston

- The books are in the care of ► **1619 State Ave. NE Olympia, WA 98840**
Telephone No ► **(360) 525-0525** FAX No. ► _____



- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ► If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 30 month (60 months for a corporation required to file Form 990) extension of time until **April 15, 2010**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for

► calendar year _____ or► tax year beginning **SEP 1, 2008**, and ending **AUG 31, 2009**

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-BF, 990, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$
b If this application is for Form 990-BF or 990, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453 and Form 8879 for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4/2009)