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## 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 black lung benefit trust or private foundation)

2008

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org- anizations 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

year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

For the 2008 calendar year, or tax year beginning 2008, and ending 8/31 2009 9/01 Check if applicable D Employer identification number Address change use IRS DOUGLAS COUNTY PROFESSIONAL EDUCATION 88-6022750 label or Name change ASSOCIATION Telephone number print or Initial return P.O. BOX 2969 type. 775-265-7689 Termination GARDNERVILLE, NV 89410 Specific Amended return Group Exemption tions. Number Application pending Accounting method: Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Cash Accrual Other (specify) X if the organization is not Check ► required to attach Schedule B (Form 990, Website: ► http://dcpea.org 990-EZ, or 990-PF) X 501(c) (6 Organization type (check only one) -) < (insert no.) 4947(a)(1) or If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than Check ► \$25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return 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 238,745 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants, and similar amounts received 1 2 2 Program service revenue including government fees and contracts 3 238,722 Membership dues and assessments 4 4 Investment income. 5a Gross amount from sale of assets other than inventory 5a 5 b b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Surptraof-In-5b from in 5a) (att sch)

6 Special events and activities (complete apolica) (expansion for particular) (fact) amount is from 5с -tf any amount is from gaming, check here a Gross revenue (not including \$ ໍ່າtributions 6a reported on line 1) 0 0 b Less direct expenses other than fundraising expenses

c Net income or (loss) from special events and activities (Subtract-line-6b) from the 6b 6с 7a Gross sales of inventory, less returns and minwances 7a 7 b b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 c 8 8 Other revenue (describe ► 238,745 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) 9 See Statement 1 10 2,500. Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 11 13,625. Salaries, other compensation, and employee benefits 12 Professional fees and other payments to independent contractors. 13 3,042. 13 2,100 14 Occupancy, rent, utilities, and maintenance 14 15 15 Printing, publications, postage, and shipping Other expenses (describe ► See Statement 2 16 179,286. 16 200,553. 17 Total expenses (add lines 10 through 16) 17 38,192. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year 19 77,164. figure reported on prior year's return) 20 20 Other changes in net assets or fund balances (attach explanation) 21 115,356. 21 Net assets or fund balances at end of year. Combine lines 18 through 20 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 (B) End of year (A) Beginning of year (See the instructions for Part II) 75,999. 22 125,701. 22 Cash, savings, and investments 23 Land and buildings 2,903. Other assets (describe - See Statement 3 1,165. 24 24 164. 25 128,604. 25 Total assets Total liabilities (describe - See Statement 4 0. 26 13,248. 26 115,356. Net assets or fund balances (line 27 of column (B) must agree with line 21) 77,164. 27

	990-EZ (2008) DOUGLAS COUNTY				-602	22750	Page 2
Par			(See the instruction	ons.)		Expenses	<b>;</b>
Desc	s the organization's primary exempt purpose? Se ribe what was achieved in carrying out th ribe the services provided, the number of ram title	e Statement 5 ne organization's exempt purp f persons benefited, or other	ooses In a clear and correlevant information for	oncise manner, r each	and 4947	uired for 501(d (4) organizatio (a)(1) trusts, d thers)	ons and
28	SCHOLARSHIPS AWARDED TO E	nis amount includes foreign gi	rants, check here	DUCATION	28 a		
	PROFESSION  (Grants \$ 2,500.) If the		rants, check here		29 a		<u></u>
30	(Grants \$ ) If this amount includes foreign grants, check here						
31	Other program services (attach schedule (Grants \$ ) If the	e) nis amount includes foreign gi	rants, check here	►□	31 a		
32	Total program service expenses (add II	nes 28a through 31a).		•	32		
Par			plovees. (List each o	ne even if not con	npens	sated See the	instrs )
	(a) Name and address	(b) Title and average hours per week devoted to position		(d) Contributions employee benefit plar deferred compensa	to ns and	(e) Expense	account
<u>C/C</u>	AN LACEY PO BOX 2969 DNERVILLE, NV 89410	President 4.00	ł		0.		0.
<u>C/C</u>	TIN MOMSEN PO BOX 2969 DNERVILLE, NV 89410	Vice President 4.00	0.		0.		0.
C/C	ECCA BROWNING PO BOX 2969 DNERVILLE, NV 89410	Secretary 4.00			0.		0.
<u>C/</u> F	EN GUMM PO BOX 2969 DNERVILLE, NV 89410	Treasurer 4.00	·		0.		0.
BRI C/C	AN RIPPET D PO BOX 2969 DNERVILLE, NV 89410	Vice President 4.00	2,780.		0.		0.
					-		
BAA		TEEA0812L 0	01/14/09			Form <b>990-E</b>	<b>Z</b> (2008

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			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of		1	١,,
	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		
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.			
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		X
ŀ	of Yes,' has it filed a tax return on Form 990-T for this year?	35 b	_	<del></del> -
	·			<u> </u>
30	Was there a liquidation, dissolution, termination, or substantial contraction during the year?  If 'Yes,' complete applicable parts of Schedule N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
t	Did the organization file Form 1120-POL for this year?	37 b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still unpaid at the start of the period covered by this return?.	38 a		
	of 'Yes,' complete Schedule L, Part II and enter the total			
Ľ	amount involved . 38b N/A			
39	501(c)(7) organizations Enter:			
a	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities  39b  N/A			
40 a	501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► <u>N/A</u> , section 4912 ► <u>N/A</u> , section 4955 ► <u>N/A</u>			
Ŀ	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	40 b		
,	Enter amount of tax imposed on organization managers or disqualified persons during the			
`	year under sections 4912, 4955, and 4958			
c	Enter amount of tax on line 40c reimbursed by the organization			
€	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	40 e		<u> </u>
41	List the states with which a copy of this return is filed None			
42.	The books are in care of ► ALLEN GUMM  Telephone no. ► 775-20	55_7	٥٥ م	
42 8	Telephone no. ► 775-20  Located at ► P.O. BOX 2969 GARDNERVILLE NV ZIP + 4 ► 89410	22-/-	222	
	Localed at P.O. DOX 2303 GARDNERVILLE IV			
ŀ	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	[	Yes	
•	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		<u>X</u> _
	If 'Yes,' enter the name of the foreign country:			
	O H and a few and the second file and a second file of the second file of the second file and the second file of the second file and the second file of the second fi	}		
_	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the US?	42c		
•	If 'Yes,' enter the name of the foreign country	420	1	
	The rest, enter the hame of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	1	<b>-</b> $\square$	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead			<sub>v</sub>
	of Form 990-EZ	44		<u> </u>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		х

Form 990.F7 (2008)	DOUGLAS	COLINAL	PROFESSIONAL	EDUCATION
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address, and

Gardnerville,

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

Only

BAA

88-6022750

Page 4 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 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 46 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? 49 a b If 'Yes,' was the related organization(s) a section 527 organization? 49 b 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.' (e) Expense account and other allowances (d) Contributions to employe benefit plans and (b) Title and average (c) Compensation (a) Name and address of each employee paid more than \$100,000 hours per week devoted to position deferred compensation Total number of other employees paid over \$100,000 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 (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 receiving over \$100,000 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 preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officei Here ALLEN GUMM Treasurer Type or print name and title Preparer's Identifying Number (See instructions) Check if self-Preparer's signature Paid N/A employed Pre-CPA В Jane Lommel Firm's name (or yours if self-employed), parer's Use High School St, Ste B EIN N/A

Phone no

►X Yes

Form 990-EZ (2008)

No

NV 89410-5178

Statement 1 Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid  Donee's Name: Donee's Address: Douglas HIGH SCHOOL 1670 HIGHWAY 88 MINDEN, NV 89423  Cash Amount Given:  Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses  AWARDS		\$	2,500
Donee's Address:  Cash Amount Given:  Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses  AWARDS		\$	2,500
Form 990-EZ, Part I, Line 16 Other Expenses AWARDS			
Conferences, Conventions, and Meetings Depreciation		\$	1,298. 525. 545.
Interest MEETING EXPENSES MEMBERSHIP NSEA DUES Office Expenses SUPPLIES Travel WEB SITE		Total <u>\$</u>	116. 2,291. 479. 170,880. 95. 1,047. 1,710. 300.
Statement 3 Form 990-EZ, Part II, Line 24 Other Assets			
Miscellaneous Prepaid Expenses and Deferred Charges	<u>Be</u> \$ Total <u>\$</u>	1,165. \$ 0. 1,165. \$	Ending 803 2,100 2,903

Total Liabilities	
	<u>Beginning</u> <u>Ending</u>
Accounts Payable and Accrued Expenses	\$ 0. \$ 13,248.
•	Total \$ 0. \$ 13,248.

2008

## Federal Statements DOUGLAS COUNTY PROFESSIONAL EDUCATION ASSOCIATION

Page 2

88-6022750

Statement 5
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

TO PROMOTE THE WELFARE OF CHILDREN IN PUBLIC SCHOOLS, PROMOTE THE TEACHING PROFESSION AND WORKING CONDITIONS IN DOUGLAS COUNTY SCHOOLS

Statement 6
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

MEMBERSHIP IN DCPEA INCLUDES MEMBESHIP IN THE NEVADA STATE EDUCATION ASSOCIATION. DELEGATES ATTEND REGIONAL EDUCATION CONVENTIONS. DCPEA REPRESENTATIVES SERVE ON THE NSEA AND REGIONAL UCN BOARDS TO PROMOTE EDUCATIONAL ISSUES SPECIFIC TO LOCAL GOVERNMENT EMPLOYEE UNIT. DCPEA PRODUCES A MONTHLY NEWSLETTER FOR THE MEMBERSHIP WITH INFORMATION ABOUT CONTRACT, EDUCATION ISSUES, NEGOTITATIONS, AND EMPLOYEE BENEFITS. PROGRAMS PRESENTED FOR MEMBERSHIP INCLUDED IMPACT OF STATE BUDGET CUTS, RETIREMENT, PERS ADVOCACY AND THE UPCOMING NEGOTIATION CYCLE. MEMBERS RECEIVED PENS IMPRINTED WITH CONTACT INFORMATION, MAGNETS WITH WEINGARTEN RIGHTS IMPRINTED, AND NOTEBOOKS/CALENDARS FOR MEETINGS AND ORGANIZATION LITERATURE