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OMB No 1545-1150

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)

Sponsonng 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

Open to Public Inspection

Department of the Treasury

Inte	mal Reve	enue Service	▶ The organization may have to use a copy of this return to satisfy state reporting requirements		mapconan	
Α	For the	2008 calendar year	or tax year beginning 9/01/08, and ending 8/31/09			
В	Check if	f applicable Please	C Name of organization D	Emplo	yer identification number	
	Address	change use IR\$				
	Name cl	hange print or	91-0790941			
	Initial re	B*	Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Telephone number 509 - 884 - 8041		
	Termina	stion See	93 Eastmont Avenue			
	Amende	Specific Instruc-	City or town, state or country, and ZIP + 4	Group	Exemption	
	Applicat	ion pending tions.	East Wenatchee WA 98802	Numbe	er 🕨	
	• Sec	tion 501(c)(3) organi	zations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting me	ethod [X Cash Accrual	
		a col	npleted Schedule A (Form 990 or 990-EZ). Other (specify)			
J	Websit	te: N/A	H Check ▶ X	If the o	rganization is not	
<u>J</u>	Organi	ization type (check onl	y one)— X 501(c) (5) ◀ (insert no) 4947(a)(1) or 527 required to atta	ach Sched <u>)-PF)</u>	organization is not dule B (Form 990,	
Κ	Check	if the organ	ization is not a section 509(a)(3) supporting organization and its gross receipts are normally no	ot more	than \$25,000. A return	
_	is not r	equired, but if the org	anization chooses to file a return, be sure to file a complete return.			
L	Add line	s 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	▶ \$	146,024	
	Şant I	Revenue, Ex	penses, and Changes in Net Assets or Fund Balances (See the instruct	tions f		
	٦ ا	Contributions, gifts, gra	nts, and similar amounts received	1	6,774	
	r = 2	Program service rev	enue including government fees and contracts	2		
,	♀ 3	Membership dues a	nd assessments See Statement 1	3	137,349	
	4 5 5a	Investment income		4	1,901	
	5a 5a	Gross amount from	sale of assets other than inventory 5a 5a	1		
	b b	Less: cost or other b	asis and sales expenses 5b	. 1		
	ည်း င	Gain or (loss) from sale	of assets other than inventory (Subtract line 5b from line 5a) (attach sch)	5c		
Ę	6	Special events and acti	vities (complete applicable parts of Schedule G) If any amount is from gaming, check here	1		
Revenue	a a	Gross revenue (not	ncluding \$ of contributions	. 1		
ž	()	reported on line 1)	<u>6a</u>			
(∯ b	Less: direct expense	es other than fundraising expenses			
	C	Net income or (loss)	from special events and activities (Subtract line 6b from line 6a)	6c		
	7a	Gross sales of inven	tory, less returns and allowances 7a			
	Ь	Less: cost of goods	sold			
	C	Gross profit or (loss)	from sales of inventory (Subtract line 7b from line 7a)	7c		
	8	Other revenue (desc	ribe ▶)	8		
_	9	Total revenue. Add	lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	146,024	
	10	Grants and similar a	mounts paid (attach schedule) RECEIVED L	10	9,260	
	11	Benefits paid to or fo	r members	11		
S	12	Salaries, other comp	or members pensation, and employee benefits d other payments to independent contractors	12	110,290	
nses	13	Professional fees an	13	2,635		
Exper	. 14	Occupancy, rent, util	lities, and maintenance	14	1,324	
Ш	15		s, postage, and shipping	15	895	
	16		scribe ► See Statement 2	16	29,316	
	17		d lines 10 through 16	17	153,720	
Net Assets	18		r the year (Subtract line 17 from line 9)	18	<u>-7,696</u>	
Ass	19		nces at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	147,314	
ē	20	-	t assets or fund balances (attach explanation)	20		
	<u> </u>		alances at end of year Combine lines 18 through 20	21	139,618	
F	Part II	Balance She	ets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of F	orm 990		
		(See	the instructions for Part II.) (A) Beginning of year	ــــــــــــــــــــــــــــــــــــــ	(B) End of year	
		savings, and investme	ents147,314	22	139,618	
		nd buildings	<u> </u>	23		
		issets (describe 🕨		24		
	Total a	•	147,314	25	139,618	
		abilities (describe) 0	26	120 (12	
			s (line 27 of column (B) must agree with line 21) 147,314	27	139,618	
For	r Privacy	y Act and Paperwork	Reduction Act Notice, see the Instructions for Form 990.		Form 990-EZ (2008)	

		chee Education Associat	ion 9:	<u> 1-0790941</u>			Page 2
<u> P</u>	art III Statement of P	rogram Service Accomplishments (See the instruc	tions for Part I	II.)	Ex	penses
Wha	at is the organization's primary e	xempt purpose?			((Require	d for 501(c)(3)
_ ប	nion Representation						organizations
Des	cribe what was achieved in carry	ring out the organization's exempt purposes. In	a clear and concis	e manner,			7(a)(1) trusts;
		number of persons benefited, or other relevant					for others)
28	Acts as the union and	representation for all public		<u> </u>			
		Wenatchee school district;	•		1		
	•	chers and school district.		•			
	(Grants \$) If this amount includes foreign grants, cl	nook horo			1	
29	Colanis) it this amount includes loreign grants, ci	leck nere		28a	├──	
25							
		•					
	(Grants \$) If this amount includes foreign grants, cl	neck here	<u> </u>	29a	<u> </u>	
30		· ·				i	
						ļ	
	(Grants \$) If this amount includes foreign grants, cl	neck here .	•	30a		
31	Other program services (attach :						
	(Grants \$) If this amount includes foreign grants, cl	neck here	•	31a		
	Total program service expense				▶ 32		
		ectors, Trustees, and Key Employees. List ea	ich one even if not	compensated (Sec		etione fo	or Part IV)
	List of Officers, Dir	ectors, Trustees, and Rey Employees. List ea	(b) Title and average	(c) Compensation	(d) Contrib		(e) Expense
	(a)	Name and address	hours per week	(If not paid,	employee ben		account and
			devoted to position	enter -0)	deferred corr	pensation	other allowances
	le Northcutt	East Wenatchee	President				
93	Eastmont Ave	WA 98802	40	66,225		0	1,009
	ss Crilly	East Wenatchee	President				
93	Eastmont Ave	WA 98802	40	27,625		0	0
Chr	is Ferrians	East Wenatchee	Vice Pres	i			
93	Eastmont Ave	WA 98802	2	o		o	505
Kel	li Jensen	East Wenatchee	Secretary				
93	Eastmont Ave	WA 98802	2	150		اه	505
	l Zobel	East Wenatchee	Treasurer				
	Eastmont Ave	WA 98802	4	1,137		٥	EOE
	is Cloke		1	1,137			505
	•	East Wenatchee	HS Rep				
	Bastmont Ave	WA 98802	1	0		0	505
	hy Milanuk	Rast Wenatchee	MS Rep				
	Eastmont Ave	WA 98802	1	0		0	505
	hy Anderson	. East Wenatchee	Elem Rep		,		
93	Eastmont Ave	WA 98802	1	150		0	505
Pat	Strand	East Wenatchee	Negotiator	:			
93	Eastmont Ave	WA 98802	1	3,551		0	505
Kri	sti Rupp-Wilson	East Wenatchee	Griev Chair				
93	Eastmont Ave	WA 98802	1	0		o	505
Nor	ene Horsell	East Wenatchee	Negotiator		-		
93	Eastmont Ave	WA 98802	1	5,251		ol	0
	lyn Kellogg	East Wenatchee	Negotiator				<u>-</u> _
	Eastmont Ave	WA 98802	1	3,551		ا	0
			Negotiator	3,331		" 	0
	cy Maynard	East Wenatchee				ا۔	_
93	Eastmont Ave	WA 98802	1	3,401		 4	0
	•					ļ	
						\longrightarrow	
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and enter the amount of tax-exempt interest received or accrued during the tax year

"Yes," Form 990 must be completed instead of Form 990-EZ

Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of

Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If

Form **990-EZ** (2008)

No

X

Form 990-EZ

Form 990-E	EZ (2008) Wenatchee Education Associati	on 91	0790941			Page 4
Part VI		1(c)(3) organiz	ations must ar	swer question	s 46–49	
	and complete the tables for lines 50 and 51.					
	he organization engage in direct or indirect political campaign activities of	n behalf of or in opp	position to		Yes	No
	idates for public office? If "Yes," complete Schedule C, Part I				46	
	he organization engage in lobbying activities? If "Yes," complete Schedul				47	+
	e organization operating a school as described in section 170(b)(1)(A)(ii)?	•	Schedule E		48	+
	he organization make any transfers to an exempt non-charitable related ones," was the related organization(s) a section 527 organization?	organization?			49a 49b	+
	plete this table for the five highest compensated employees (other than o	officers directors tr	Lietope and key on	anlovees) who	430	ш
	received more than \$100,000 of compensation from the organization. If		•	inployees/ wild		
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Exper account a other allow	and
	· · · · · · · · · · · · · · · · · · ·					
	•					
Total numb	er of other employees paid over \$100,000			<u> </u>		
	plete this table for the five highest compensated independent contractors bensation from the organization. If there is none, enter "None."	who each received	more than \$100,0	000 of		
(a) Name and address of each independent contractor paid more than \$100,000	(b)	Type of service	(c) C	ompensation	
•						
Total numb	er of other independent contractors each receiving over \$100,000	>				
	Under penalties of penury, I declare that I have examined this return, including					
Sign	and belief, it is true, correct, and complete Declaration of preparer (other than	unicer) is based on all		preparer has any knov	vieage	
Here	Signature of officer		Date			
nere	Type or pnnt name and title			14-10'		
	10/11/1	Date	Check if	Preparer's Identi	fvina Number /5	See instr \
Paid	Preparer's Signature Sully Hulling CP1+	12/28	/09 self- employed ▶	'		
Preparer	110110110110110111011110111111111111111	ociates,	P.L.L.C.	EIN ▶ 9	1-0626	552
Use Only		1001		Phone	ccs -	4 0 -
May the ID	address, and ZiP + 4 Wenatchee, WA 98807 -	13/I			-663-1	
way the IR	S discuss this return with the preparer shown above? See instructions	•			Yes	No

Form **990-EZ** (2008)

W110 Wenatchee Education Association

91-0790941

Federal Statements

FYE: 8/31/2009

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	 Amount		
ABA Dues	\$ 137,349		
Total	\$ 137,349		

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amou	nt
Expenses	 \$	
Governance		1,184
Building Representatives	4	1,200
Dues Reimbursements	Ţ	5,049
Policy	-	L,398
Delegations	8	3,129
Negotiations	-	1,796
Member Service	3	3,723
Agency Fee		837
Total	\$ 29	3,316

W110 Wenatchee Education Association

FYE: 8/31/2009

91-0790941

Federal Statements

Statement 3 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments

Description

To provide scholarships for local students.

12/8/2009 4:37 PM