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## Form **990-EZ**

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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)

Sponsoning 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. SFD 1 2009

Open to Public Inspection

B	Check	Rieses C Name of organization	rending HO		identification number		
ľ	applic	cable Please Value of Organization	Cimpioyer	Employer administration named			
ا		inge label or	م م ا	908256			
Ļ		print or PUYALLUP EDUCATION ASSOCIATION  tital Spe Number and street (or P 0 box, if mail is not delivered to street address)	Room/suite				
Ĺ	ret ا	un 1966	E Telephone number 253-845-1599				
L	atı	on Instruc-	<del> </del>	····			
Ļ	An	um   ' '	l .	Group Exemption			
<u>_L</u>		Puyallup, WA 98374		Number			
	• \$	ection 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complete	<b>I</b>	nting method	Cash X Accrual		
_		Schedule A (Form 990 or 990-EZ).		(specify) ►			
l .		site: ►N/A	<del></del>		the organization is not		
<u>J</u>		nization type (check only one)— X 501(c) ( 5 ) ◀ (insert no ) 4947(a)(1) or			dule B (Form 990, 990-EZ, or 990-PF)		
K	Chec		ts are normally <b>no</b>	t more than \$	25,000 A return is not		
_		red, but if the organization chooses to file a return, be sure to file a complete return	. (5		215,171.		
L		lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead	d of Form 990-EZ	▶ \$			
	art		es (See the instr		1		
	1	Contributions, gifts, grants, and similar amounts received		1			
	2	Program service revenue including government fees and contracts		2	213,045.		
	3	Membership dues and assessments		3	213,043.		
	4	Investment income		4			
	5	•					
		b Less cost or other basis and sales expenses 5b					
		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sched		<u>5c</u>			
010 Revenue	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gam	iing, check here <b>P</b>	<b>*</b> Ш			
		a Gross revenue (not including \$ of contributions					
2010 Rev	- 1	reported on line 1)					
<b>®</b>		b Less: direct expenses other than fundraising expenses 6b					
₩		c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c			
	7						
₹		b Less cost of goods sold					
7		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	2 126			
	8	Other revenue (describe  Interest Income		) 8	2,126.		
室_	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<u> </u>	<b>▶</b> 9	215,171.		
SCANNED JAN	10	Grants and similar amounts part (attach schedute)  Stmt	4	10	5,000.		
Ö	11	beliefits paid to or for the most of		11	112 004		
	12	Salaries, other commensation, and employee benefits 1 (Q)		12	112,084.		
Expense	13	Professional fees and after payments to and believe to off actors	13	5,424.			
X	14	Occupancy, rent, utilities land maintenance ( ) (2)		3,156.			
ш.	פון	Printing, publications, postage, and shipping, UT  Other expenses (describe ►OGDEN, UT See St	15	72 452			
	16		atement	1 ) 16	73,453.		
_	17	Total expenses. Add lines 10 through 16		▶ 17	199,117.		
Ŋ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	16,054.		
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))			200 071		
As		(must agree with end-of-year figure reported on prior year's return)		19	299,971.		
Š	20	Other changes in net assets or fund balances (attach explanation)		20	216 025		
F.	21	Net assets or fund balances at end of year Combine lines 18 through 20		▶ 21	316,025.		
	art						
		(See the instructions for Part II )	(A) Beginning (		(B) End of year		
		ash, savings, and investments	145,	713. 22	149,420.		
		and and buildings	0.23				
		ther assets (describe ► See Statement 2 )		500.24	31,056.		
		otal assets	213. 25				
		otal liabilities (describe Accounts Payable )		242.26			
	7 N	et assets or fund balances (line 27 of column (B) must agree with line 21)		971. 27			
12	32171 2-17-08	LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990	J.		Form <b>990-EZ</b> (2008) '		

	n 990-EZ (2008) PUYALLUP EDUCATION ASSOC			91-	09082	56 Page 2
	art III Statement of Program Service Accomplishme		Part III )			tpenses
	at is the organization's primary exempt purpose? See Statement				and (4) or	for 501(c)(3) ganizations and
	cribe what was achieved in carrying out the organization's exempt purposes. In vided, the number of persons benefited, or other relevant information for each p		escribe the services	<u></u> .	4947(a)(1 for others	) trusts, optional )
28	See Statement 7			<del>_</del>		
	(Grants \$ ) If this amount includes foreign	grants, check here	•		28a	
29	Tarans w	grantoj onook noro				
		<u>.</u>		<del></del> _		
	(Grants \$ ) If this amount includes foreign	grants, check here		ليا	29a	
30						
	(Grants \$ ) If this amount includes foreign	grants, check here	<b>&gt;</b>		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)  art IV List of Officers, Directors, Trustees, and Key I	mployees		<u> </u>	32	
	art iv List of Officers, Directors, Trustees, and Key i	Litipioyees. List each one ev	ven if not compensated		ontributions	1
	(a) Name and address	(b) Title and average hours	(c) Compensation	ίtο e	employee	(e) Expense account and
	(a) Name and address	per week devoted to position	(If not paid, enter -0)		fit plans & eferred	other allowances
				com	pensation	
	Con Chahamanh C		02 077			
	See Statement 6		82,077.	-		
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832	72 7-08	.1	<u> </u>	l	Enem	990-EZ (2008)
12-1	/-U8				1 01111	(LUVO)

F	art V Other Information (Note the statement requirements in the instructions for Part VI.)		Yes	No
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		Х
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			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy			
	tax requirements?	35a_	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	•		
b	Did the organization file Form 1120-POL for this year?	37b	<u> </u>	X
38 a	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?	38a	ļ	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	_		
39	Section 501(c)(7) organizations Enter			
	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	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 $\blacktriangleright$ N/A , section 4912 $\blacktriangleright$ N/A , section 4955 $\blacktriangleright$ N/A			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or		l .	
	did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	N/	Α
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958			
d	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		X
41	List the states with which a copy of this return is filed ► None		-15	
42 a	The books are in care of ▶ Patti Taylor Telephone no ▶ (253)	845		99_
	Located at ► 201 43rd Ave SE Puyallup, WA ZIP+4 ► 9	1837	4	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		<b>.</b>	<b>.</b>
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No X
	account)?	42b	ļ	^
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	40.	1	х
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	L	
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	N/A		ш
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	<del></del>	
			Vac	No
	But the accomplated maintain any depart advised funds? If "Vos." Form 000 must be completed instead of		163	140
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	44		х
AF	Form 990-EZ Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be	1		- <u>*</u>
45	completed instead of Form 990-EZ	45	i	Х
	Completed instead of Fulfit 330-52	Form 9	Un-F7	
		3		,_000)

Pa	tables for lines 50 and 51.	n 501(c)(3) organizations mus	t answer question	s 46-49 and c	omplete	the	
46	Did the organization engage in direct or indirect political campaign activities	on behalf of or in opposition to d	candidates for public			Yes	No
	office? If "Yes," complete Schedule C, Part I	.,	·		46		
47	Did the organization engage in lobbying activities? If "Yes," complete Sci	hedule C, Part II			47		
48	Is the organization operating a school as described in section $170(b)(1)(A)(b)$	ıı)? If "Yes," complete Sched	ule E		48	$\longrightarrow$	
	Did the organization make any transfers to an exempt non-charitable related	any transfer to an exempt tree exempt to a second of the s		49a			
	If "Yes," was the related organization(s) a section 527 organization?				49b	- 6400	
50	Complete this table for the five highest compensated employees (other than of compensation from the organization. If there is none, enter "None"	omicers, directors, trustees and	key employees) who	each received i	more mai	1 \$ 100	0,000
	(a) Name and address of each employee paid more than \$100,000 ${ m N/A}$	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contribution to employee benefit plans deferred compensation	(E) & aco other	Experience ( count :	
Total	I number of other employees paid over \$100,000  Complete this table for the five highest compensated independent contractors	► Ins who each received more than	\$100,000 of compen	sation from the	e organiza	ation	If there
	IS none, enter "None"  N/A  (a) Name and address of each independent contractor paid more	e than \$100 000	(b) Type of ser	vice	(c) Comp	ensat	ION
	(a) Name and address of each independent contractor paid more	s trian \$100,000	(8) 1990 01 301				
Total	I number of other independent contractors each receiving over \$100,000  Under penalties of perjury, I declare that have examined this return, including a	accompanying schedules and statemen	ts, and to the best of my	knowledge and b	elief, it is t	rue,	
TOTA		information of which preparer has any	knowledge	5 - 1	l		

Check if self-

employed >

EIN -Phone ▶

no

Preparer's Identifying Number (See instr)

(206) 285-4456

X Yes No

Form 990-EZ (2008)

832174 12-17-08

Paid

Preparer's Use Only

Preparer's signature ▶

if self-employed).

address, and ZIP + 4

Tremper & Co., LLP
3131 Elliott Avenue; Ste 290

Seattle, WA 98121

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

Form 990-EZ	Other Expenses		Statement 1
Description			Amount
Supplies and Office Conference and Convention President's Expense Member Services Community Organizing			24,926. 39,687. 2,055. 6,466. 319.
Total to Form 990-EZ, line 16			73,453.
Form 990-EZ	Other Assets		Statement 2
Description		Beg. of Year	End of Year
Accounts Receivable Deposit on Building Other Depreciable Assets		18,618. 150,000. 3,882.	18,943. 0. 12,113.
Total to Form 990-EZ, line 24		172,500.	31,056.
Form 990-EZ Occupancy, Rent,	Utilities and Ma	intenance	Statement 3
Description			Amount
Depreciation			3,156.
Total to Form 990-EZ, line 14			3,156.

Form 990-EZ	Cash Grants and Allo	Cash Grants and Allocations		
Class of Activi	ty/Donee's Name and Address	Donee's Relationship	Amount	
Scholarship Dane Lawson		none	1,000.	
Puyallup, WA 9	8374			
Scholarship Melissa Rice		none	1,000.	
Puyallup, WA 9	8374			
Scholarship Katherine Potas	ky	none	1,000.	
Puyallup, WA 9	8374			
Scholarship Karissa Myking		none	1,000.	
Puyallup, WA 9	8374			
Scholarship Calen Shula		none	1,000.	
Puyallup, WA 9	8374			
Total Included	on Form 990-EZ, Line 10		5,000.	

FORM 990-EZ		Information Regarding Transfers Associated with Personal Benefit Contracts		Statemen		
A)	directly or	ganization, during the year, receive any funds, indirectly, to pay premiums on a personal atract?	[	] Yes [	X] No	
B)	Did the org	ganization, during the year, pay premiums, indirectly, on a personal benefit contract? .	• [	] Yes [	X] No	

	of Officers, Dirend Key Employees	ectors,	State	ment 6
Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	
*Margaret Langston 201 43rd Ave SE, Puyallup, WA 9837	President 4 40.00	82,077.	0.	0.
Karen McNamara 201 43rd Ave SE, Puyallup, WA 9837	Vice Preside:	nt 0.	0.	0.
Keri McKenna 201 43rd Ave SE, Puyallup, WA 9837	Secretary 2.00	0.	0.	0.
John Moore 201 43rd Ave SE, Puyallup, WA 9837	Treasurer 2.00	0.	0.	0.
Shirley Baker 201 43rd Ave SE, Puyallup, WA 9837	Board Member 2.00	0.	0.	0.
Terry Addison 201 43rd Ave SE, Puyallup, WA 9837	Board Member 2.00	0.	0.	0.
Patti Beaver 201 43rd Ave SE, Puyallup, WA 9837	Board Member 2.00	0.	0.	0.
Meleney Albert 201 43rd Ave SE, Puyallup, WA 9837	Board Member 4 2.00	0.	0.	0.
Angelo Mills 201 43rd Ave SE, Puyallup, WA 9837	Board Member 4 2.00	0.	0.	0.
Kris Haynes 201 43rd Ave SE, Puyallup, WA 9837	Board Member 4 2.00	0.	0.	0.
Mary Jill Nelson 201 43rd Ave SE, Puyallup, WA 9837	Board Member 2.00	0.	0.	0.
Loarraine Hirakawa 201 43rd Ave SE, Puyallup, WA 9837	Board Member 2.00	0.	0.	0.
Sue Corak 201 43rd Ave SE, Puyallup, WA 9837	Board Member 2.00	0.	0.	0.
Sheila Whittingslow 201 43rd Ave SE, Puyallup, WA 9837	Board Member 2.00	0.	0.	0.

PUYALLUP EDUCATION ASSOCIATION			91-0	908256
'Julie Harding Puyallup, WA 98374	Board Member 2.00	0.	0.	0.
Jennifer Oliver 201 43rd Ave SE, Puyallup, WA 98374	Board Member 2.00	0.	0.	0.
Claire Ellis 201 43rd Ave SE, Puyallup, WA 98374	Board Member 2.00	0.	0.	0.
*compensation paid as a reimbursement of salary and benefits	0.00	. 0.	0.	0.
Totals Included on Form 990-EZ, Part IV	- J =	82,077.	0.	0.

990-EZ Pg 2

Statement

7

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

990-EZ Pg 2 Statement 8

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

Department of the Treasury Internal Revenue Service

# **Depreciation and Amortization** 990-EZ

(Including Information on Listed Property) See separate instructions.

Attach to your tax return. Business or activity to which this form relates

23

OMB No 1545-0172

Identifying number

### Name(s) shown on return Form 990-EZ Page 1 91-0908256 PUYALLUP EDUCATION ASSOCIATION Part 1 Election To Expense Certain Property Under Section 179 Note. If you have any listed property, complete Part V before you complete Part I 250,000.1 Maximum amount. See the instructions for a higher limit for certain businesses 2 2 Total cost of section 179 property placed in service (see instructions) 800,000. 3 3 Threshold cost of section 179 property before reduction in limitation 4 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter ·0· 5 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (c) Elected cost (b) Cost (business use only) (a) Description of property 7 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 10 11 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation for qualified property (other than listed property) placed in service during the tax year 14 15 15 Property subject to section 168(f)(1) election 413. 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property ) (See instructions.) Section A 673. 17 17 MACRS deductions for assets placed in service in tax years beginning before 2008 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (b) Month and year placed in service (c) Basis for depreciation (business/investment use (d) Recovery period business/investment us only - see instructions) (e) Convention (f) Method (g) Depreciation deduction (a) Classification of property 3 Yrs. HY $s_{\rm L}$ 254. 19a 3-year property 992. Yrs. HY $\operatorname{SL}$ ь 5-year property 6,822. $\mathtt{SL}$ Yrs. HY 488 7-year property C 10-year property d $\mathtt{SL}$ 1,943. 15 Yrs. 15-year property e f 20-year property S/L 25 yrs. 25-year property q 27.5 yrs. MM S/L h Residential rental property MM S/L 27.5 yrs. MM S/L 39 yrs. i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a S/L Class life S/L 12 yrs. b 12-year 04/09 150,000. S/L 40-year 40 yrs. MM Part IV Summary (See instructions.) 21 21 Listed property. Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 3,156. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

PUYALLUP EDUCATION ASSOCIATION 91-0908256 Page 2 Form 4562 (2008) Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, Part V recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) 24a Do you have evidence to support the business/investment use claimed? No 24b If "Yes," is the evidence written? Yes Yes No (b) (c) (e) (i) **(f)** (g) (h) Date Elected Rusiness/ Basis for depreciation Depreciation Type of property Recovery Method/ Cost or investment (business/investment section 179 placed in (list vehicles first ) Convention deduction other basis period use percentage use only) service cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and 25 used more than 50% in a qualified business use 26 Property used more than 50% in a qualified business use: % % % 27 Property used 50% or less in a qualified business use: S/L· % % S/L· S/L· % 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other \*more than 5% owner, or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. **(f)** (a) (b) (c) (d) (e) Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle 30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 Yes Yes No Yes No 34 Was the vehicle available for personal use Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI Amortization (f) (b) (c) (d) (e) (a) Amortizable amount Description of costs amortization begins period or percentage 42 Amortization of costs that begins during your 2008 tax year:

Form 4562 (2008)

43

44

43 Amortization of costs that began before your 2008 tax year

44 Total. Add amounts in column (f). See the instructions for where to report