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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008Department of the Treasury
Internal Revenue Service

Under 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.

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning <u>9/01</u> , 2008, and ending <u>8/31</u> , 2009									
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; vertical-align: top;"> C Please use IRS label or print or type. See Specific Instructions. </td> <td style="width:85%;"> Tumwater Education Association 1619 State Street NE Olympia, WA 98506 </td> </tr> <tr> <td colspan="2"> D Employer identification number <u>91-1154334</u> </td> </tr> <tr> <td colspan="2"> E Telephone number <u>(360) 705-8988</u> </td> </tr> <tr> <td colspan="2"> F Group Exemption Number _____ </td> </tr> </table>	C Please use IRS label or print or type. See Specific Instructions.	Tumwater Education Association 1619 State Street NE Olympia, WA 98506	D Employer identification number <u>91-1154334</u>		E Telephone number <u>(360) 705-8988</u>		F Group Exemption Number _____	
C Please use IRS label or print or type. See Specific Instructions.	Tumwater Education Association 1619 State Street NE Olympia, WA 98506								
D Employer identification number <u>91-1154334</u>									
E Telephone number <u>(360) 705-8988</u>									
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).									
G Accounting method. <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) _____									
H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).									
I Website: <u>N/A</u>									
J Organization type (check only one) — <input checked="" type="checkbox"/> 501(c) (<u>5</u>) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527									
K Check <input type="checkbox"/> 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. ► \$ <u>84,599.</u>									

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)		
REVENUE	1 Contributions, gifts, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5b Less: cost or other basis and sales expenses 5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) 6 Special events and activities (complete applicable parts of Schedule G). If any amounts from gaming, check here <input type="checkbox"/> 6a Gross revenue (not including \$ _____ of contributions reported on line 1) 6b Less: direct expenses other than fundraising expenses 6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances 7b Less: cost of goods sold 7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe: _____) 9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	1 2 3 <u>84,118.</u> 4 <u>481.</u> 5a 5b 5c 6a 6b 6c 7a 7b 7c 8 9 <u>84,599.</u>
EXPENSES	10 Grants and similar amounts paid (attach schedule) See Statement 1 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe: <u>See Statement 2</u>) 17 Total expenses (add lines 10 through 16)	10 <u>3,000.</u> 11 12 13 <u>1,640.</u> 14 <u>26,825.</u> 15 16 <u>52,326.</u> 17 <u>83,791.</u>
ASSETS	18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20	18 <u>808.</u> 19 <u>102,564.</u> 20 21 <u>103,372.</u>

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	102,564.	103,372.
23 Land and buildings		
24 Other assets (describe: _____)		
25 Total assets	102,564.	103,372.
26 Total liabilities (describe: _____)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	102,564.	103,372.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

TEEA0803L 09/18/08

SCANNED JAN 26 2010

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Part III Statement of Program Service Accomplishments (See the instructions.)What is the organization's primary exempt purpose? **See Statement 3**

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	----- ----- ----- (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	----- ----- ----- (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	----- ----- ----- (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Terry VanMeter 3716 67th Ct SW Olympia, WA 98506-7949	President 20.00	0.	0.	0.
Tim Voie 632 NW Folsom St Chehalis, WA 98532-1702	Vice President 3.00	0.	0.	0.
Lori Tibbetts 2997 Crosby Blvd SW #513 Tumwater, WA 98512-7847	Secretary 2.50	0.	0.	0.
Katie Gates 8020 Andover Lane SE Olympia, WA 98501-6877	Treasurer 2.50	0.	0.	0.
Melissa Swart 2301 Brentwood Pl SE Lacey, WA 98503-3777	Advocate 0.50	0.	0.	0.
Dorothy Bubion 2523 Woodfield Lp SE Olympia, WA 98501-7520	At Large 0.50	0.	0.	0.
Mary Russell 2836 Danbury Ln SW Tumwater, WA 98512	At Large 0.50	0.	0.	0.
John Vincent 18236 Melon Ct SW Rochester, WA 98579-9401	At Large 1.00	0.	0.	0.
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Part V Other Information (Note the statement requirement in General Instruction V.)

	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		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		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.		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
b Did the organization file Form 1120-POL for this year?		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?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 501(c)(7) organizations. Enter.		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities. 39b N/A		
40a 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>		
b 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		
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
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		X
41 List the states with which a copy of this return is filed ▶ <u>None</u>		

42a The books are in care of ▶ Terry VanMeter Telephone no. ▶ (360) 705-8988
 Located at ▶ 1619 State Street NE Olympia WA ZIP + 4 ▶ 98506

	Yes	No
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)? If 'Yes,' enter the name of the foreign country: ▶ _____		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ▶ _____		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here ☐ N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43** N/A

	Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
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		X

TEEA0812L 01/14/09

Tumwater Education Association

91-1154334

Statement 1
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Class of Activity:	Scholarship		
Donee's Name:	Centralia College		
	Centralia, WA		
Cash Amount Given:		\$	750.
Class of Activity:	Scholarship		
Donee's Name:	South Puget Sound Community College		
	Olympia, WA 98512		
Cash Amount Given:		\$	1,500.
Class of Activity:	Scholarship		
Donee's Name:	Everett Community College		
	Everett, WA		
Cash Amount Given:		\$	750.

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

Conferences, Conventions, and Meetings	\$	9,291.
District Reimbursed Expenses		28,428.
Gifts		691.
Information Technology		570.
License Renewal		10.
Miscellaneous		24.
Miscellaneous Meeting Expenses		946.
Office Supplies		622.
Stipends Paid		10,270.
Telephone		751.
Travel		723.
Total	\$	<u>52,326.</u>

Statement 3
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

The mission of the Tumwater Education Association is to be a valuable resource and partner in our members' personal and professional growth, and in our efforts to improve teaching and learning in Tumwater's public schools.