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## SCANNED JUN 03 2010

Form 990-EZ Department of the Treasury

Internal Revenue Service

2009

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)

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 \$500,000 and total essets less than \$1,250,000 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 t	or the 2009 calendar year, or tax year beginning and ending						
В	Check	Check if population Please C Name of organization number						
		tes lust Reater Wenatchee Area Technology						
7	Nam		label or	Alliance		91	-21	12603
늗	Initi	ai l	type.		om/suite	E Telep		
F	I retu Ten	min-	See Specific	PO BOX 4943		•	09)	661-9000
늗	ateo	- I	Instruc- tions	City or town, state or country, and ZIP + 4		<del></del>		
늗	.—J retu	ım 1				F Grou		ption
<u> </u>		ication ting					ber 🕨	X Cash Accrual
	• Se	ection	501(c)(		G Accoun			A Cash Accida
_				Schedule A (Form 990 or 990-EZ).	Other (s			
								organization is <b>not</b>
J	Tax-e	xemp		<u> </u>				e B (Form 990, 990-EZ, or 990-PF).
K	Checi	k▶ [	f1	the organization is not a section 509(a)(3) supporting organization <b>and</b> its gross receipts are no	rmally not	more th	ian <b>\$</b> 25	,000. A Form 990-EZ or
			Fo	orm 990 return is not required, but if the organization chooses to file a return, be sure to file a co	mplete ret	um.		
L_	Add li			nd 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form			<u> </u>	48,049.
P	art	F	<u> Jever</u>	nue, Expenses, and Changes in Net Assets or Fund Balances (See	e the instru	ictions 1	or Part	1)
	1	Con	itributio	ns, gifts, grants, and similar amounts received		L	1	
	2	Pro	gram se	ervice revenue including government fees and contracts		L	2	34,335.
	3	Mei	mbershi	ip dues and assessments .			3	13,533.
	4	Inve	estment	income		Ĺ	4	30.
	52	a Gro	ss amo	unt from sale of assets other than inventory . 5a				
				or other basis and sales expenses 5b				
				ss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	
•	6			ents and activities (complete applicable parts of Schedule G). If any amount is from gaming, che	ck here ►			
Ę	1 -			nue (not including \$ of contributions				
Revenue	`			n line 1) 6a				
ш	Ι,	•		t expenses other than fundraising expenses 6b		$\neg$		
	1:			e or (loss) from special events and activities (Subtract line 6b from line 6a)		$\overline{}$	6c	
	7			s of inventory, less returns and allowances		ľ		
	7				<u>.</u>	$\overline{}$		
	1 :			of goods sold  it or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	'، ا	. UIU	155 PIUI	nue (describe Miscellaneous income		\	8	151.
	8					<b>-</b> /	9	48,049.
	9			nue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			10	
	10			similar amounts paid (attach schedule)		}	11	
	11		•			• }	12	
penses	12	on the state of the second of					13	24,969.
Ë	13	THAT I WAIT I					14	486.
Ĕ	14	- O i strange de la companya de la c						10,593.
_	15	AARELLE					15	19,406.
	16						16	55,454.
_	17			nses. Add lines 10 through 16	<del></del>		17	<7,405.>
y,	18			(deficit) for the year (Subtract line 17 from line 9)		Į	18	<u> </u>
set	19			or fund balances at beginning of year (from line 27, column (A))		ŀ		10 247
Net Assets		•	•	ee with end-of-year figure reported on prior year's return)		ŀ	19	18,247.
ş	20			iges in net assets or fund balances (attach explanation)		. }	20	10 042
	21			or fund balances at end of year Combine lines 18 through 20			21	10,842.
P	art		Balan	ICE Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 in			)-EZ.	(B) Fed of year
				<del></del>	eginning o		+	(B) End of year
2				and investments	IR,	247	-	12,592.
2			id build				23	2 250
2				lescribe ► Other assets-EZ	10	0	+	2,250.
2		otai a:			18,	247		14,842.
2				s (describe ► Other liabilities-EZ )	- 1.0		- 26	4,000.
2		_		und balances (line 27 of column (B) must agree with line 21)	18,	247	• 27	10,842.
93	2171	. 11	НД Б	or Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.				Form <b>990-EZ</b> (2009)

## Greater Wenatchee Area Technology

	n 990-EZ (2009) Alllance			<u>91-</u>	71170	U3 Page 2
P	art III Statement of Program Service Accomplishmen	nts (See the instructions for	Part III )		Ex	penses
_	at is the organization's primary exempt purpose? See Statement				(Required for	section 501(c)(3)
	scribe what was achieved in carrying out the organization's exempt pur		se manner denor	———	1	organizations and
the	services provided, the number of persons benefited, and other relevan	poses. In a clear and conci	se manner, descri	D <del>O</del>	1	(a)(1) trusts, optional
	· · · · · · · · · · · · · · · · · · ·				for others)	<del></del>
28	The organization held luncheons and					
	throughout the year to promote the	expansion of	technolog	<u>y .</u>		
					1 1	
	(Grants \$ ) If this amount includes foreign (	grants, check here	<b>&gt;</b>		28a	
29				-		
	(O					
	(Grants \$ ) If this amount includes foreign (	grants, cneck nere		<u> </u>	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	granta chack hara	_		31a	
22		grants, Check Here			<del></del>	······································
	Total program service expenses (add lines 28a through 31a) art W List of Officers, Directors, Trustees, and Key E				32	
	BET IN LIST OF OTHICETS, DIRECTORS, TRUSTEES, AND KEY E	ITTPIOYEES. List each one ev	en if not compensated (			or Part IV)
		(b) Title and average hours	(c) Compensation		ontributions	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		employee fit plans &	account and
	(-)	position	-0)		eferred	other allowances
		,	- ',		pensation	
Je	enny Rickel	President and	Director		·	
	Box 4943, Wenatchee, WA 98801	1.00	0.		0.	0.
	ance Hansen	Director				
			0		Λ	_
	Box 4943, Wenatchee, WA 98801	1.00	0.		0.	0.
	eff Heuple		Director			_
	Box 4943, Wenatchee, WA 98801	1.00	0.		0.	0.
Mi	nh Sauram	Secretary and	Director			
PC	Box 4943, Wenatchee, WA 98801	1.00	0.	ĺ	0.	0.
	ebra Purcell	Director				
	Box 4943, Wenatchee, WA 98801	1.00	0.		0.	0.
	rew Zabrocki	Director	•			
_	<del></del>	-	_		^	_
<u>P(</u>	Box 4943, Wenatchee, WA 98801	1.00	0.		0.	0.
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932	172 88-10				Form	<b>990-EZ</b> (2009)

Form 990-EZ (2009)

Pa	Other Information (Note the statement requirements in the instructions for Part 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	33		X
34	Were any changes made to the organizing or governing documents? 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 why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,			l
	and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	<u>A</u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			l
	complete applicable parts of Sch. N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			ĺ
b	Did the organization file Form 1120-POL for this year?	37b		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			ĺ
	in a prior year and still outstanding at the end of the period covered by this return?	38a		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:			
а	Initiation fees and capital contributions included on line 9	_		
b	Gross receipts, included on line 9, for public use of club facilities	]		
40 a	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			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			36
	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction			1
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	N/	A
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			
	or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization N/A	İ		
8	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	408		<u> </u>
41	List the states with which a copy of this return is filed. ► None			
42 a	The organization's books are in care of ▶ Jeff Heuple Telephone no. ▶ (509)		-90	00
	Located at ▶ PO Box 4943, Wenatchee, WA ZIP+4 ▶ S	880	1	
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		Yes	No
	account)?	42b	<u> </u>	X
	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.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<u></u>	X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in Ileu of Form 1041 - Check here			Ш
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	1	
		<del></del>	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			1
	Form 990-EZ	44		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	45_		X
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► X Yes No

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Par	Section 501(c)(3) organizations and section organizations and section 4947(a)(1) nonexempt charitable and 51.					
46 [	Did the organization engage in direct or indirect political campaign activities	on behalf of or in opposition to c	andidates for public	<del></del> ;	Yes	No
	office? If "Yes," complete Schedule C, Part I				46	
	Did the organization engage in lobbying activities? If "Yes," complete Sc	hedule C. Part II			47	
	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Ye				48	
	Did the organization make any transfers to an exempt non-charitable related				19a	
	If "Yes," was the related organization a section 527 organization?			<del> </del>	19b	<del></del>
50 (	Complete this table for the organization's five highest compensated employ than \$100,000 of compensation from the organization. If there is none, entitle	·	, trustees and key e	mployees) who ead	ch received i	more
	(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) Expe account other allow	and
51	Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent organization. If there is none, enter "None" $N/A$		ved more than \$100	),000 of compensa	tion from the	9
	(a) Name and address of each independent contractor paid mor	re than \$100,000	(b) Type of se	rvice (c	Compensat	tion
			1			
					<del></del>	
			-			
				<del></del>		
			4			
			<u> </u>			
a	Total number of other independent contractors each receiving over \$100,0					
	Under penalties of penury, Upscare that I have examined this return, including	accompanying schedules and statemer	nts, and to the best of r	ny knowledge and bel	ef, it is true,	
Sign	correct, and complete Declaration of preparer (other than officer) is based on a	Il information of which preparer has any	knowledge	5-7	-10	
Here	Signature of difficer V	Director/Tree	suler	Date		
	Type or print name and title					
Paid Prepa		1 2 2 1	eck if self-	eparer's identifying nu	mber (See inst	r)
Use 0	Only Cordell Neber & Comp.	Cordell Neber & Company P. L. C. FINE				
	if self-employed), P.O. Box 3068	•		ne 🖊		
_	address, and ZIP+4 Wenatchee, WA 98807-3	V U O				

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

Form 990-EZ	Other Expenses	Statement 1
Description		Amount
Awards Luncheon Expense Catering & Facility Meals & Entertainment Supplies Miscellaneous Directory Expense Website		1,946. 9,776. 1,590. 1,911. 823. 514. 2,846.
Total to Form 990-EZ, line 1	.6	19,406.

FORM 990-EZ	Information Regarding Transfers Associated with Personal Benefit Contracts	Statemer	nt 2
directly o	ganization, during the year, receive any funds, r indirectly, to pay premiums on a personal ntract?	[ ] Yes [)	K] No
	ganization, during the year, pay premiums, r indirectly, on a personal benefit contract? .	. [ ] Yes []	K] No

990-EZ Pg 2 Statement 3

The organization encourages the use and development of technology in North Central Washington by connecting people and resources, providing access to expert information, facilitating the exchange of ideas, and recognizing local innovators.