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990-EZ

Short Form Return of Organization Exempt From Income Tax

2009

OMB No 1545-1150

Department 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 \$500,000 and total assets 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 F	or the	2009 calenda	ar year,	or tax year beginning	July 1	, 2009, an	d ending	Jı	ıne 3	0	, 20	10
B c	heck if ap	plicable	Please	C Name of organization				D Emplo	yer ic	lentif	cation numb	er
<u>□</u> ^	Address change		use IRS label or	Washoe School Principals' A	ssociation				2	0-58	87970	
Name change		print or	Number and street (or P O box, if	mail is not delivered t	o street address) R	oom/suite	E Teleph	none r	umbe	er	-	
	ntial retu		type. See	P.O. Box 7697					77	75-85	0-8006	
=	erminate		Specific	City or town, state or country, and	ZIP + 4			E Crow				-
=	Amended return Instruc- Style County, state of Country, and 211 + 4								F Group Exemption Number ►			
=-				Reno, NV 89510-7697			10.					
•	Sect	ion 501(c)(3)		rations and 4947(a)(1) nonexer		sts must attach	1	_		V	Cash \square A	ccrual
			a con	npleted Schedule A (Form 990	or 990-EZ).			(specify)				_
							H Check		f the o	organ	ıızatıon is n o	ot
W	ebsit/	e: ► <u>N/A</u>					require	ed to atta	ach S	ched	ule B (Form	990,
J Ta	ax-exe	mpt status (d	check or	nly one) — 🗹 501(c)(5) ◀ (insert no) 🔲 494	7(a)(1) or	990-E	Z, or 990	-PF).			
(c	heck •	lf the	e organi	zation is not a section 509(a)(3) s	upporting organiza	tion and its gross re	eceipts are n	ormally r	ot m	ore th	nan \$25,000	. A
F	orm 99			turn is not required, but if the or								
				9 to determine gross receipts; if					4	:		55,357.
	art I			enses, and Changes in					tion	s for		00,001.
ij				 			•			3 101	1 4111.7	-
İ	1 1		-	s, grants, and similar amour				}	1			
i	2	•		evenue including governmer					2			
-	3		-	and assessments				[3			33,178.
ł	4	Investment	t incom	e					4		_	2,179.
ŀ	5a	Gross amo	unt fro	m sale of assets other than i	nventory . 📻	52 1	/CD	7	,			
-	b	Less: cost	or othe	r basis and sales expenses		KF 55F1 \	/ヒレ	1				
-	С			sale of assets other than in	T I	t line 5b from line	5a) . \ 2	2	5c			
2	6			ivities (complete applicable parts of								
ובאבווחב	а			ot including \$			""'' I C	ו ומ	,			
;	a							4	. :			
-		•)	1	OC 68	 47-					
ı	b		•	nses other than fundraising e	•			2				
ı	С	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)							6c			
-	7a	Gross sale:	s of inv	entory, less returns and allov	wances	7a						
١	b	Less: cost	of good	ds sold		7b						
	С	Gross prof	it or (lo	ss) from sales of inventory (S	Subtract line 7b fr	om line 7a)			7c			
-	8	Other rever	-			•		٦ , [8			
	9			dd lines 1, 2, 3, 4, 5c, 6c, 7c,	and 8				9		(55,357.
ᅥ	10			r amounts paid (attach sched					10			
-	11			r for members					11			
,									12			
2001	12			mpensation, and employee t								2 500
	13			and other payments to inder				}	13			3,500.
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4	15			ons, postage, and shipping					15			
	16	Other expe	enses (d	describe See Statement 1	<u> </u>				16		1	2,165.
	17	Total expe	enses.	Add lines 10 through 16 .				. ▶	17		1	15,665.
,	18			for the year (Subtract line 17					18		4	19,692.
2	19			d balances at beginning of					, -	_		
3				reported on prior year's reti			_	I-	19		20	2,008.
Net Assets	20			net assets or fund balances					20			-,000.
<u> </u>			-						21		26	51,700.
	21	Net assets	Shoo	balances at end of year. Cots. If Total assets on line 25	onlymp (P) ore	11 050 000 or me	ro filo For	~ 000 i		od of	Form 000	-71,700.
	art II	Dalance	5 31166			91,200,000 OF THE				10 01		
22 23 24				(See the instructions for P	•			inning of y			(B) End of ye	
22	Ca	sh, savings,	, and in	vestments				202,	008.		25	51,700.
23	La	nd and build	dings .							23		
24	Ot	her assets (d	describ	e▶)			24		
25		tal assets .						202,	008.	25	25	51,700.
26	To	tal liabilitie	s (desc	ribe ▶			,			26		0.
27	Ne	t assets or	fund b	alances (line 27 of column (B) must agree w	ith line 21)	·	202	008.	$\overline{}$	25	51,700.
_=:					_,							

	()					· ago =				
	Part III Statement of Program Service Accomplishments (See the instructions for Part III.)									
Wha	What the organization's primary exempt purpose? Collective bargaining & secure favorable working condition					(Required for section				
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise						c)(3) and 501(c)(4) hizations and section				
	nanner, describe the services provided, the number of persons benefited, and other relevant information for									
each	program title.					(a)(1) trusts, optional hers.)				
28	Support and enhance member employment opportu	nities.								
	(Grants \$) If this amount	includes foreign grants, ch	eck here	▶ □	28a					
29	Cahalarahina					-				
	29 Scholarships									
	•••••••••••••••••••••••••••••••••••••••									
	(Grants \$) If this amount	includes foreign grants, ch	ock horo	▶ □	29a					
30	Cohool recognition			•	230					
30	School recognition									
	(O	!			20-					
04		includes foreign grants, ch			30a					
31	Other program services (attach schedule)									
00	(Grants \$) If this amount	includes foreign grants, ch	eck nere	<u>. P U</u>	31a					
	Total program service expenses (add lines 28a				32	tions for Dort IV				
Par	List of Officers, Directors, Trustees, and Ke		 	(d) Contributio						
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	employee benefit	plans &					
		devoted to position	enter -0)	deferred comper	nsation	other allowances				
	y Knowles	President, 15								
P.O.	Box 7697, Reno, NV 89510-7697		0.		0.	0.				
	y Kelly	Vice President, 5								
	Box 7697, Reno, NV 89510-7697	7100 7 700100111, 0	0.		0.	0.				
	ey Ting	Secretary, 5								
P.O.	Box 7697, Reno, NV 89510-7697	Occietary, 5	0.		0.	0.				
Davi	d L. Fullenwider	Treasurer, 5								
P.O.	Box 7697, Reno, NV 89510-7697	Treasurer, 5	0.		0.	0.				
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Part	Other Information (Note the statement requirements in the instructions for Part V.)					
,	<i>(</i>		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		✓		
34	Were any changes made to the organizing or governing documents? 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 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, and proxy tax requirements?	35a		✓		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b				
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓		
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?	37b		✓		
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 outstanding at the end of the period covered by this return?	38a		√		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		,			
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					
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶					
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the 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 has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	•			
С	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	3	1-			
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		<u>.</u>		
41	List the states with which a copy of this return is filed. ► None					
42a	The organization's books are in care of ▶ David L. Fullenwider Telephone no. ▶ 7	75-85	0-800	6		
	Located at ► 14101 Old Virginia Road, Reno, NV ZIP + 4 ►	89	521			
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	-	✓		
	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	,	1	-		
	and Financial Accounts.					
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		✓		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		. 1	▶ 🗆		
	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 of	<u> </u>		 ,		
4-	Form 990-EZ	44		✓		
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		✓		
		000	\ E7			

Part V	Section 501(c)(3) organizations and 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	section 4947(a)(1) 47(a)(1) nonexempt nd 51.	nonexempt ch charitable trust	aritable trusts only is must answer ques	, All sec tions 4	tion 6–49b	<u> </u>	
	Did the organization engage in direct or indirect				0	Yes	No	
1	candidates for public office? If "Yes," complete	Schedule C, Part I .			46			
	Did the organization engage in lobbying activitie	•			47			
	•	the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E [
	Did the organization make any transfers to an ex	•	•		49a			
	If "Yes," was the related organization a section 5				49b			
	Complete this table for the organization's five hi employees) who each received more than \$100,	000 of compensation	from the organiz	ation. If there is none,	enter "N	lone."		
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	1 '' '	nsation (d) Contributions to employee benefit plan deferred compensation	is& ac	Expense count and rallowand	d	
f	Total number of other employees paid over \$100	0,000			•			
	\$100,000 of compensation from the organizatio (a) Name and address of each independent contractor			(b) Type of service	(c) Co	mpensati	ion	
d	Total number of other independent controls							
	Total number of other independent contractors e							
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration	ed this return, including acc of preparer (other than office	ompanying schedules er) is based on all inf	s and statements, and to the lormation of which preparer h	best of my as any kno	knowled owledge	ige 	
Sign Here	Signature of officer Date Date Date							
	David L. Fullenwider, President Type or print name and title							
Paid	Preparer's signature	Da	te Check if self-		number (Se	 e instructio	ns)	
Prepare Use Onl	Firm's name (or yours if self-employed),							
May the	e IRS discuss this return with the preparer shown	n above? See instruct	ions		☐ Yes			

Washoe School Principals' Association Form 990-EZ Statement 1 Other Expenses

Scholarships and Awards	\$7,500
Professional Development	
Board Meeting Expense	
Supplies & P.O. Box Expense	
Year-end banquet	
Total Other Expenses (Form 990-EZ, line 16)	\$12,165