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Form 990-EZ

Department of the Treasury

Internal Revenue Service

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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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150 20**09**

Open to Public Inspection

20 A For the 2009 calendar year, or tax year beginning , 2009, and ending July 1 June 30 B Check if applicable C Name of organization D Employer identification number se IRS Address change 91 1259402 Washington Association of Talented and Gifted label or Name change Number and street (or P O box, if mail is not delivered to street address) E Telephone number print or Initial return 6811 191st Place SW 425.776.1563 Terminated Specific City or town, state or country, and ZIP + 4 F Group Exemption Amended return nstruc-Lynnwood, WA 98036-5023 Number ▶ Application pending Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) I Website: ▶ WAETAG.net required to attach Schedule B (Form 990, 990-EZ. or 990-PF) K Check D if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 0 Contributions, gifts, grants, and similar amounts received 38,920.36 2 Program service revenue including government fees and contracts 2 7,325.00 3 Membership dues and assessments 3 4 Investment income 4 184.75 5a Gross amount from sale of assets other than inventory 5a **8** Less: cost or other basis and sales expenses 0 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 0 5с SCANNED SEP Revenue Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ □ Gross revenue (not including \$ _ of contributions 6a Less: direct expenses other than fundraising expenses 6b 0 c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . Gross sales of inventory, less returns and allowances 7a Less: cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7¢ 0 C 0 8 Other revenue (describe ▶ 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 46,430.11 9 9 10 900.00 10 Grants and similar amounts paid (attach schedule) . 0 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits . 12 0 Professional fees and other payments to independent contract 15,179.29 13 13 13.821.02 14 Occupancy, rent, utilities, and maintenance . . . 14 2.431.08 15 15 Printing, publications, postage, and shipping. Other expenses (describe Board expenses (mileage, hotel 6,426.73 16 16

	21 Net assets or fund balances at end of year. Combine lines 18 through 20	🕨 21		35,775.44
P	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more	, file Form 990 inste	ad o	f Form 990-EZ.
	(See the instructions for Part II.)	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	28,103.45	22	35,775.44
23	Land and buildings	0	23	0
24	Other assets (describe ▶)	0	24	0
25	Total assets	28,103.45	25	35,775.44
26	Total liabilities (describe ▶)	0	26	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	28,103.45	27	35,775.44

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Total expenses. Add lines 10 through 16 .

Excess or (deficit) for the year (Subtract line 17 from line 9)

Other changes in net assets or fund balances (attach explanation)

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)

Cat No 106421

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Form **990-EZ** (2009)

38,758.12

7,671.99

28,103.45





Par	t III Statement of Program Service Accom	plishments (See the instri	uctions for Part II	l.)	_	Ехрелѕеѕ		
What is the organization's primary exempt purpose? to provide support for educators in field of gifted/talented (Re								
	ribe what was achieved in carrying out the org					(3) and 501(c)(4)		
	ner, describe the services provided, the number of					izations and section		
	program title.	•			for ot	a)(1) trusts; optional		
	· - · · · · · · · · · · · · · · · · · · ·	orkshans information and/o	r books and materi	ala for 250	10, 00	TOTO 7		
28	Rising Aspirations Conference provided speakers, w		r books and materi	als for 250				
	teachers who returned to their respective school dis	tricts with the information			. 1			
				<u></u> -				
		includes foreign grants, che		▶ ⊔	28a	20,810.60		
29	Newsletter is published both online and hard copy a	nd sent to all persons on the	membership list					
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ □	29a	2,689.31		
30	Scholarships are provided for 2-5 students to attend					· · · · · · · · · · · · · · · · · · ·		
•				i				
						ı		
		includes foreign grants, che		<u>. ▶ ⊔</u>	30a	900.00		
31	Other program services (attach schedule)							
		includes foreign grants, che			31a			
	Total program service expenses (add lines 28a t				32			
Par	List of Officers, Directors, Trustees, and Key	Employees. List each one ev		ted. (See the	instruc	tions for Part IV.)		
	(a) Name and address	(b) Title and average	(c) Compensation	(d) Contributio		(e) Expense		
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred comper		account and other allowances		
Mary	Freitas							
	Cary Road, Edmonds, WA 98020	President	-0-		-0-	-0-		
	/ Buzitis		· · · · · · · · · · · · · · · · · · ·					
		Treasurer	-0-		-0-	•		
	191st Place SW, Lynnwood, WA 98036		-0-		-0-	-0-		
	ie McGovern	Secretary	_		_			
460 \$	SE Gosnell Lane, Shelton, WA 98584		-0-		÷	٠-		
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Part	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		✓
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	<u> </u>		
	not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.	1		
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		1
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	-		
b	Did the organization file Form 1120-POL for this year?	37ь	1	1
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	•	1
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 ▶ ; section 4912 ▶ ; section 4955 ▶			
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			
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		7
41	List the states with which a copy of this return is filed. ▶			•
42a	The organization's books are in care of ▶ Betty Buzitis Telephone no. ▶	425.77	6.156	3
	Located at ► 6811 191st Place SW, Lynnwood, WA ZIP + 4 ►	98036	-5023	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			r
	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 and Financial Accounts.			
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			▶ 🗆
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			1	
44	Did the exceptation maintain any dense adjusted funds 0 16 W/ 7 Farm 000 must be assented to the first		Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		ł	-,
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	44	 	/
40	(0/- T F 000 1)		1	<i></i>
	"Yes," Form 990 must be completed instead of Form 990-EZ	45	<u> </u>	

Page	e	4

Form 990	-EZ (2009)					F	Page 4	
Part V	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 an	ection 4947(a)(1) none 7(a)(1) nonexempt chari d 51.	xempt charita table trusts mu	ble trusts only. A ist answer questio	II sec Ins 46	tion 3-49	b	
46	Did the organization engage in direct or indirect	political campaign activitie	es on behalf of o	or in opposition to		Yes	No	
	candidates for public office? If "Yes," complete S				46		1	
47	Did the organization engage in lobbying activities	s? If "Yes," complete Sche	dule C, Part II		47		✓	
	Is 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 exempt non-charitable related organization?							
	If "Yes," was the related organization a section 5				49b		 √	
	Complete this table for the organization's five his employees) who each received more than \$100,0							
		(b) Title and average	(c) Compensation	(d) Contributions to	(e)	Exper		
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position		employee benefit plans & deferred compensation		count a		
none		, , , , , , , , , , , , , , , , , , ,	٠.					
		· · · · · · · · · · · · · · · · · · ·						
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					ļ <u>. </u>			
f	Total number of other employees paid over \$100	000	I	l				
	\$100,000 of compensation from the organization (a) Name and address of each independent contractor	·		ype of service	(c) Co	npens	ation	
none								
				3				
ď	Total number of other independent contractors e	ach receiving over \$100,00	00▶					
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete Declaration	ed this return, including accompan of preparer (other than officer) is b	ying schedules and s ased on all informati	statements, and to the beson of which preparer has	st of my any kno	know	ledge je	
Sign Here								
	Signature of officer Betty Buzitis, treasurer Type or print name and title			Date				
Paid	Preparer's signature	Date	Check if self- employed ▶ [Preparer's identifying nui	mber (Se	e instrui	ctions)	
Prepare Use Onl	r Firm's name (or			EIN ►				
	address, and ZIP + 4			Phone no 🕨				
May the	e IRS discuss this return with the preparer shown	above? See instructions			Yes m 99		No (2009)	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

<u>wa</u>	snın			ors of Talented and (91 :		259402
Pa				arity Status (All or							ctions.
The	orga	nization is n	ot a private foun	dation because it is:	(For lines	1 throug	jh 11, ch	eck only	one box.)		
1				rches, or association							
2		A school de	scribed in sectio	n 170(b)(1)(A)(ii). (Att	ach Sche	edule E.)					
3				nospital service organ			ın sectio	n 170(b)	(1)(A)(iii).		
4				tion operated in conj						170(b)(1)(A)(iii). Enter the
-	_		me, city, and sta								, , , ,
5		-	-	the benefit of a colle			vned or o	nerated	by a gove	rnmenta	Lunit described in
•		•	(b)(1)(A)(iv). (Cor		90 01 0111	vorony or		poratoa	<i>D</i> , a go		
6	\Box			ernment or governme	ental unit	describe	d in sect	ion 170/k)(1)(A)(v).	_	
7			· ·	receives a substantia							the general nublic
•	ш	•	•	1)(A)(vi). (Complete P	-	iis suppo	iit iioiii a	governin	iciilai uiili	O HOIN	ine general public
8	\Box			in section 170(b)(1)		omplete	Part II \				
9				receives. (1) more that				m contrib	utions m	embersh	in fees, and gross
3				ed to its exempt funct							
		•		ent income and unre		-		•			
			•	after June 30, 1975.						,	
10	П	•	_	nd operated exclusive						a)/ <u>/</u>)	
11	님			nd operated exclusive							r to carry out the
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				it describes the type							
		a Type			: 🗌 Тур						Type III-Other
_	П	,,		ify that the organizat			•	_			• •
e	Ш			n managers and other							
			section 509(a)(2)		i ilium one	01 111010	publicly	oupporte	a organiz	4110110 40	oonboa iii oobiioii
						the IDC i	that it is	a Tuna	LTune II	or Tuno	III augmenting
f				a written determinati	on from	the IRS	that it is	a Type	ı, rype ii,	or Type	ili supporting
_		•	, check this box	the organization acce	· · ·		ontributu	· · ·	· · · ·		
g		following pe		the organization acce	spied any	giit oi c	Ontributio	א וווטווו מ	uly Ol ule		
				r indirectly controls, e	outhor alou	no or too	other we	th namer	e docorib	od in (ii)	Yes No
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			_			garnzano					11g(ii)
				rson described in (i) a of a person described		 (ii) above					11g(iii)
h			•	ation about the suppo							[**5(**)]
		of supported	(ii) EIN	(iii) Type of organization		organization	1	ou notify	(vi) Is	s the	(vii) Amount of
(-)		anization	(1) 2.11	(described on lines 1-9	in col (i) lis	sted in your	the orga	nization in	organizati	on in col	support
				above or IRC section (see instructions))	governing	document?		of your port?	(i) organiz		
				(See insudedons)	Yes	No	Yes	No	Yes	No	
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Total

Sched	tule A (Form 990 or 990-EZ) 2009				, ,		Page 2
Par						and 170(b)(1)(A)(vi)
Soc	(Complete only if you chection A. Public Support	ked the box	on line 5, 7,	or 8 of Part I	.)		
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
O.	ional year (or iisoar year beginning iii,	(4) 2000	(b) 2000	(0) 2001	(4) 2000_	(6) 2003	(i) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.		<u> </u>	<u> </u>	L <u></u>	<u> </u>	
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 0005	(h) 0006	(=) 0007	(4) 0000	(-) 0000	(6 T-1-1
		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 8	Amounts from line 4						
6	gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .	<u> </u>	L	<u> </u>		 	
12	Gross receipts from related activities, etc	•	•			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re			-		
<u>3ec</u>	tion C. Computation of Public Su Public support percentage for 2009 (line			1 column (fil)		14	%
	Public support percentage for 2009 (line Public support percentage from 2008 Sci	,	•	r, column (i))		15	
15 16a	33% % support test—2009. If the organi	•	•	on line 13 and	ine 14 is 33%	•	
104	and stop here. The organization qualifies						
b							
17a	10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.						
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circun ances" test. The	nstances" test, o organization qua	check this box a alifies as a public	and stop here cly supported o	Explain in Parganization	art IV how the

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	ction A. Public Support			,	•		- .
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	22,750	11,720	4,800	7,350	7,325	53,945
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.	58,285	56,288	38,394	63,550	46,430	262,947
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	81,035	68,008	43,194	70,900	53,755	316,892
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	0	0	0	0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	o	o		•		
	amount on line 13 for the year	0	0	0	0	0	0
8 8	Add lines 7a and 7b					U	316,892
Sec	tion B. Total Support						
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	81,035	68,008	43,194	70,900	53,755	316,892
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	127	43	44	92	185	491
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	o	0	0	0	0	0
С	Add lines 10a and 10b	127	43	44	92	185	491
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11, and 12.)	81,162	68,051	43,238	70,992	53,940	317,383
14	First five years. If the Form 990 is for toganization, check this box and stop I	here		nd, third, fourth	-		n 501(c)(3) ▶ □
Sec	tion C. Computation of Public Sup	port Percer	ntage				
15	Public support percentage for 2009 (lin			e 13, column	(f))	15	99.8 %
16	Public support percentage from 2008 S					16	99.8 %
	tion D. Computation of Investmen				, ,,,,	49	02 ~
17	Investment income percentage for 2009	-		•	• • • •	17	0.2 %
18	Investment income percentage from 20					18	
19a	331/3 % support tests—2009. If the organization of the support tests—2009. If the organization of the support tests—2008. If the organization of the support tests—2008. If the organization of the support tests—2008.	ox and stop he	re. The organiz	zation qualifies	as a publicly s	supported orga	nization 🕨 🗹
b	33\% % support tests—2008. If the organi line 18 is not more than 33\% %, check this	box and stop	here. The orgar	nization qualifie	s as a publicly	supported orga	nization 🕨 🗌
<u>20</u>	Private foundation. If the organization	aid not check a	a box on line 1	4, 19a, or 19b	, cneck this bo	x and see inst	ructions 🕨 📙

Schedule A (F	om 990 or 990-EZ) 2009				Page 4
Fart IV	Supplemental Info	rmation. Complete this 17b; and Part III, line 12	part to provide the	explanations required	by Part II, line 10:
	Tarti, ino 174 or	rrb, and r are m, mo 12	Trovido driy otrici	additional information.	Occ mondenens.
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	***************************************				•

990-EZ 2009

Line 10 – Grants and similar amounts paid \$900

David Melegh Robinson Center Guthrie Annex #2 Box 351630 University of Washington Seattle, WA 98195

Jon Low -- \$300 Saturday Academy 830 SW 10th Avenue, Suite 200 Portland, OR 97205

Eamonn Neff Satori Camp 2009 Eastern Washington University 220 Showalter Hall Cheney, WA 99004

The money is sent directly to the summer program and not to the student. Therefore the addresses I have given you are for the programs.

Part III, line 3

In order to qualify for a scholarship, students must fill out a form, write a letter about themselves, and have recommendations from three other people who know them. A committee of Board members and teachers reads the applications and chooses the ones best qualified according to the definition of talented and gifted.