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Form **990-EZ**

SCANNED DEC 2 1 2010

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 \$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.

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Open to Public Inspection

A	For	he 2009 calendar year, or tax year beginning SEP 1 , 2009 and ending AUG 31		
B	Check applic Add cha	lole inlease 5	oyer	Identification number
F	cha Nan cha	label or	-0	441241
F	Init	at type Number and street (or P.O. box if mail is not delivered to street address) Room/suite E. Telen	hone	number
F		nn- Specific 201 43rd Ave SE (2	53)845-4535
\vdash	Am	Instruc- ended long City or town, state or country, and ZIP + 4		
F	retu App	Puyallup, WA 98374 Num		•
_		ection 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting met		
	- 3	Schedule A (Form 990 or 990-EZ). Other (specify)	_	
	Moh			the organization is not
				dule B (Form 990, 990-EZ, or 990-PF)
K	Chec		all p	25,000 A FUIII 550-EZ UI
_		Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return	• \$	37,021.
		nes 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions f		
L	art			1
	1	Contributions, gifts, grants, and similar amounts received	1_	
	2	Program service revenue including government fees and contracts	2	26 607
	3	Membership dues and assessments	3	36,687.
	4	Investment income	4	
	5	Gross amount from sale of assets of the that inventory 5a		
	1	Less cost or other basis and sales expenses 9		
	(Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
ē	6	Special events and activities (complèté applicable parts of Schedule G). If any amount is from gaming, check here		
Revenue	;	1021		
ě		_reported on line-1)OGDEN, UT6a		
	;	the state of the s	6c	
	1 _			
	78	- - - - - - - - - - 		
	'		7-	
	_	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 <u>c</u>	334.
	8	Other revenue (describe Interest Income)	8	37,021.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	
	10	Grants and similar amounts paid (attach schedule)	10	1,000.
	11	Benefits paid to or for members	11	7.462
es	12	F	12	7,462.
penses	13		13	981.
	14	Occupancy, rent, utilities, and maintenance See Statement 3	14	409.
Щ	15	- · · · · · · · · · · · · · · · · · · ·	15	
	16	Other expenses (describe ► See Statement 1)	16	20,663.
	17	Total expenses. Add lines 10 through 16	17	30,515.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	6,506.
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A))		
ISS	-		19	29,923.
Net Assets	20	Other changes in net assets or fund balances (attach explanation)	20	
ž	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	36,429.
D	art			
	art	(See the instructions for Part II) (A) Beginning of year		(B) End of year
~~		26.056	22	,
22		001	+	
23		2 001	_	
24		her assets (describe ► See Statement 2) 2,801.	-	
25		tal assets 30,648.	_	
26		tal liabilities (describe ► Accounts Payable) 725.	_	
27		et assets or fund balances (line 27 of column (B) must agree with line 21) 29,923.	27	
932 02-	171 08-10	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.		Form 990-EZ (2009)

For	m 990-EZ (2009) Puyallup Paraeducators A	Association		90-	04412	41 Page 2
P	art III Statement of Program Service Accomplishm	nents (See the instructions for	Part III)		Ex	penses
	at is the organization's primary exempt purpose? See Statemer					r section 501(c)(3)
	scribe what was achieved in carrying out the organization's exempt p		se manner, descr	be) organizations and 7(a)(1) trusts, optional
	services provided, the number of persons benefited, and other relev				for others)	(-)(-)
28	See Statement 6					
	(Grants \$) If this amount includes foreig	n grants, check here	•		28a	
29						_
	(Grants \$) If this amount includes foreig	in grants, check here	•		29a	
30						
-					1	
	(Grants \$) If this amount includes foreig	in grants, check here		\Box	30a	
21	Other program services (attach schedule)	in grants, check here	<u>z.</u> .		1002	
31		to abook boro			31a	
	(Grants \$) If this amount includes foreig	in grants, check here		_	32	
32	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key	· Employees		/C = = # = =		
	art ty List of Officers, Directors, Trustees, and Key	/ Elliployees. List each one ex	ren if not compensated		ontributions	
		(b) Title and average hours	(c) Compensation		employee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and
		position	-0)		eferred	other allowances
_		D-1		com	pensation	
_	an Olmstead	President	1 000		^	
20		5.00	1,800.		0.	0.
_	onica Besteman	Vice Presiden			•	
20		2.00	1,200.		0.	0.
	nelly Guertin	Secretary/Tre		ļ	<u>.</u> _	
2-(1- 43rd Ave SE, Puyallup, WA 98374	2.00	1,200.		0.	0.
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932 02-0	172 18-10				Form	990-EZ (2009)

90-0441241 Form 990-EZ (2009) Puyallup Paraeducators Association Page 3 Part V Other Information (Note the statement requirements in the instructions for Part V.) No Yes X 33 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes 34 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 a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, 35a and proxy tax requirements? N/A b If "Yes," has it filed a tax return on Form 990-T for this year? 35b Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," X 36 complete applicable parts of Sch. N. 0. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions X 37b b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made X 38a in a prior year and still outstanding at the end of the period covered by this return? N/A b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations Enter N/A 39a a Initiation fees and capital contributions included on line 9 N/A b Gross receipts, included on line 9, for public use of club facilities 39b 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under N/A N/A , section 4912 🕨 , section 4955 🕨 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 N/A 40b has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers N/A 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 N/A organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter 40e transaction?-If "Yes;" complete Form 8886-T 41 List the states with which a copy of this return is filed ▶ None 42a The organization's books are in care of ▶ Patti Taylor Telephone no ► (253)845-4535 ZIP+4 ▶ 98374 Located at ▶ 201 43rd Ave SE, Puyallup, WA b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial 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. X 42c c At any time during the calendar year, did the organization maintain an office outside of the US? If "Yes," enter the name of the foreign country 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

Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of

Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be

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Form 990-EZ (2009)

44

Yes No

X

Form 990-EZ

completed instead of Form 990-EZ

Form 990-EZ (2009)

Part V	Section 501(c)(3) organizations and section organizations and section 4947(a)(1) nonexempt charitable and 51.	4947(a)(1) nonexempt			ection	1 501	
46 Did ti	he organization engage in direct or indirect political campaign activities	on behalf of or in opposition to o	candidates for public			Yes	No
office	e? If "Yes," complete Schedule C, Part I				46		
	he organization engage in lobbying activities? If "Yes," complete Sc				47	_	
48 Is the	e organization a school as described in section 170(b)(1)(A)(ii)? If "Ye	es," complete Schedule E		_	48		
	he organization make any transfers to an exempt non-charitable related	d organization?		<u> </u>	19a		<u> </u>
	s," was the related organization a section 527 organization?			-	19b		<u> </u>
	plete this table for the organization's five highest compensated employ \$100,000 of compensation from the organization. If there is none, ent		s, trustees and key er	nployees) who ead	ch rece	eived i	nore
	(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	acc	Expe	
51 Com	number of other employees paid over \$100,000 plete this table for the organization's five highest compensated independiction of there is none, enter "None"	ndent contractors who each recei	ved more than \$100	,000 of compensat	ion fro	om the	
	(a) Name and address of each independent contractor paid more	re than \$100,000	(b) Type of se	vice (c)	Comp	ensat	ion
							
d Total	number of other independent contractors each receiving over \$100,0	00	>	1			
Sign Here	Under pepaties of penury, I declare that I have examined this return, including correct, and complete Declaration of prepareflother than officer is based on a Signature of officer Type or print name and title	accompanying schedules and statement information of which preparer has any constant the statement of the sta	nts, and to the best of m knowledge	y knowledge and beli Date	ef, it is f	true,	
Paid Preparer's Use Only	Jan July V	- ``` <i> </i>	eck if self- ployed Prep	parer's identifying nui	mber (S	ee inst	r)
Jac Villy	Firm's name (or yours of self-employed), address, and ZIP+4 Themper & Co., LLP 3131 Elliott Avenue; Seattle, WA 98121	Ste. 290	EIN Phor		15-4	145	
May the IR	IS discuss this return with the preparer shown above? See instructions	· · · · · · · · · · · · · · · · · · ·		▶ [Yes		No

2009 DEPRECIATION AND AMORTIZATION REPORT FORM 990-EZ Page 1

990-EZ

[·]	• •	
Current Year Deduction	409	
Current Sec 179	o	
Accumulated Depreciation	204.	
Basis For Depreciation	1,226.	
Reduction In Basis	0	
Bus % Excl		
Unadjusted Cost Or Basis	1,226.	
No e	16	
Life	00.5	
Method		
Date Acquired	062309SL	
Description	lLaptop * Total 990-EZ Pg 1 Depr	4
Asset No	T	

(D) · Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Form 990-EZ	Other Expenses		Statement	_1
Description			Amount	
Office Expense			3,85	
Conferences and Committees			4,01	
Bargaining and Advocacy Member Services			2,87 44	/2. 18.
Living Wage Expense			8,49	2.
President's Expense			97	79.
Total to Form 990-EZ, line 16			20,66	3.
Form 990-EZ	Other Assets		Statement	2
Description		Beg. of Year	End of Yea	ır
Accounts Receivable		1,780.	1,78	30.
Deposit on Building		0.	1,00	00.
Other Depreciable Assets		1,021.	61	.3.
Total to Form 990-EZ, line 24		2,801.	3,39	3.
Form 990-EZ Occupancy, Rent	, Utilities and Ma	aintenance	Statement	3
Description			Amount	
Depreciation			40	9.
Total to Form 990-EZ, line 14			40	9.

Form 990-EZ Ca	orm 990-EZ Cash Grants and Allocations			4
Class of Activity/Grantee's	Name and Address	Grantee's Relationship	Amount	:
Scholarship		none	50	00.
Scholarship		none	50	00.
Total Included on Form 990-	EZ, Line 10		1,00	00.

FORM 990-EZ	PRM 990-EZ Information Regarding Transfers Associated with Personal Benefit Contracts		5
directly of	ganization, during the year, receive any funds, r indirectly, to pay premiums on a personal atract?	[] Yes [X]] No
	ganization, during the year, pay premiums, r indirectly, on a personal benefit contract? .	. [] Yes [X]] No

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Statement

6

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

7

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Statement

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