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Department of the Treasury Internal Revenue Service

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 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 2009

Open to Public Inspection

_												
Α	For the	e 2009 calenda	ar year,	or tax year beginning 09/01/09	, and ending	08/	31/10	<u> </u>				
В	Check if	f applicable	Please	C Name of organization					D Em	ployer identification number		
\Box	Address	change use IRS										
П	Name cl	. ha	label or print or	I WANATCHAA EGUCATIAN ACCACIATIAN I						91-0790941		
П	Initial ref		type.	Number and street (or P O box, if mail is not del				Room/suite	E Tel	ephone number		
П	Termina	ation S	See	93 Eastmont Avenue		•			50	9-884-8041		
H			Specific	City or town, state or country, and ZIP + 4						oup Exemption		
H		į.	Instruc- tions.	East Wenatchee	WA 98	802				mber >		
				zations and 4947(a)(1) nonexempt charita			h	G Accounting		X Cash Accrual		
	• 000	3011 30 1(0)(3)	_	npleted Schedule A (Form 990 or 990-EZ).		t atao	.	Other (specify)		cusii xccuai		
_	Webeit	te: N/2		inpleted Schedule A (1 offil 330 of 330-LZ).					(33)	ne omanization is not		
ï	_	empt status (che		e) — X 501(c) (5) ◀ (insert no.)	4947(a)(1)	or [527	required to 990-EZ, or	affach So	ne organization is not chedule B (Form 990,		
<u>-</u> -	Check			ganization is not a section 509(a)(3) support						at more than \$25,000. A		
I,	_			eturn is not required, but if the organization of			-	-	-			
_									le letuii	440 045		
_	art i			to determine gross receipts, if \$500,000 or more, to the sees, and Changes in Net Ass								
					ets of Fulla	Daia	iices (C	ice the man	1	6,535		
	1 1	-	-	nts, and similar amounts received						0,555		
	2	=		enue including government fees and contrac		(C+^+^	ment 1	2	134,809		
	3	•		nd assessments	3	ee .	state	ment I	3			
	4	Investment in			•	1 -	ı		4	1,601		
	5a			sale of assets other than inventory		5a	┼					
	b			asis and sales expenses		5b	<u> </u>		_{			
	C			of assets other than inventory (Subtract line 5b from				. —	<u>5c</u>			
Revenue	6	Special events	and activ	vities (complete applicable parts of Schedule G) If	any amount is fro	m gami r	ng, check t	nere 🕨 📘	-			
Ķ	a	Gross revenu	ue (not i	ncluding \$ of c	ontributions	,			-	-		
æ		reported on la	ine 1)			6a	ļ		- ∤			
	Ь	Less: direct e	expense	s other than fundraising expenses		6b	<u> </u>		_			
	С	Net income o	or (loss)	from special events and activities (Subtract	line 6b from lin	e 6a)			6c			
	7a	Gross sales	of inven	tory, less returns and allowances		7a	<u> </u>		_}			
	b	Less cost of	goods	sold		7b						
<u> </u>	С	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)						7с				
	8	Other revenue (describe)) 8					
	9	Total revenu	e. Add	lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	(P				9	142,945		
	10	Grants and s	imılar a	mounts paid (attach schedule)	RF	CFI	VED		10	7,277		
	11	Grants and similar amounts paid (attach schedule) Benefits paid to or for members Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors RECEIVED APR 2 5 2011						11				
Ses Ises	12							12	83,568			
≅ë	13							13	2,715			
Se -	l	_	Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping Other expenses (describe See Statement 2						14	6,933		
ŽŽ	15								15	878		
	16	.) 16	35,610		
Net Assets Exp	17								17	136,981		
\bar{c}	18		enses. Add lines 10 through 16 (deficit) for the year (Subtract line 17 from line 9)					18	5,964			
ţ	19				olumn (A)) (mu	et anne	e with			1		
SSE	'		Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with					19	139,618			
ř.	20	· · · · · · · · · · · · · · · · · · ·	id-of-year figure reported on prior year's return) ther changes in net assets or fund balances (attach explanation)					. 20	133,010			
ž	20	-		•	•		•			145,582		
	21			alances at end of year. Combine lines 18 thi			- 61- F	- 000 :	21			
<u>F</u>	art II	Balanc	e Sne	ets. If Total assets on line 25, column (B) a	re \$1,250,000	or more			or Form			
	Cach :			(See the instructions for Part II)			(A) E	Reginning of year	Q 22	(B) End of year		
		savings, and in	ivestme	ents			<u> </u>	139,61		145,582		
		ind buildings							23			
		assets (describ	e 🕨)		120 6	24	145 500		
	Total a					-	<u> </u>	139,61		145,582		
		iabilities (desc)	<u> </u>		0 26	145 500		
				s (line 27 of column (B) must agree with line			<u>i </u>	139,61		145,582		
For	Privacy	y Act and Pap	erwork	Reduction Act Notice, see the separate in	structions.				2	Form 990-EZ (2009)		

	chee Education Associa		L-0790941				Page:			
Part,III Statement of P	rogram Service Accomplishments	s (See the instruc	tions for Part I	11.)]	Ex	penses			
What is the organization's primary exempt purpose?							(Required for section			
Union Representation	501(c)(3) and 501(c)(4)									
-	ying out the organization's exempt purposes				orć	ganizatio	ons and section			
manner, describe the services provide	ded, the number of persons benefited, or oth	ner relevant information	n for		49	47(a)(1)	trusts; optional			
each program title.					for	others)			
28 Acts as the union and	representation for all public	•	• •							
school teachers in the	Wenatchee school district;		• •							
negotiates between tea	chers and school district.									
(Grants \$) If this amount includes foreign grants	, check here			28a					
29 .										
	•	•	-	Д,		ł				
(Grants \$) If this amount includes foreign grants	, check here	<u> </u>	Ш	29a					
30										
				щ.						
(Grants \$) If this amount includes foreign grants		▶_		30a					
31 Other program services (attach		•		<u></u>						
(Grants \$) If this amount includes foreign grants	s, check here	<u> </u>	ĻĻ	31a					
32 Total program service expense				<u> </u>	32	<u> </u>				
Part IV List of Officers, Dir	ectors, Trustees, and Key Employees. List				Contribi					
(a)	Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,			efit plans &	(e) Expense account and			
		devoted to position	enter -0)	defe	rred com	pensation	other allowances			
Gayle Northcutt	East Wenatchee	President								
93 Eastmont Ave	WA 98802	40.00	68,238	<u> </u>			1,058			
Pat Strand	East Wenatchee	Negotiator								
93 Eastmont Ave	WA 98802	1.00	3,593	-						
Norene Horsell	East Wenatchee	Negotiator	•			1				
93 Eastmont Ave	WA 98802	1.00	3,593			0				
Evelyn Kellogg	East Wenatchee	Negotiator								
93 Eastmont Ave	WA 98802	1.00	3,593	H		이				
Tracy Maynard	East Wenatchee	Negotiator								
93 Eastmont Ave	WA 98802	1.00	3,442	-						
Neil Zobel	East Wenatchee	Treasurer				ا				
93 Eastmont Ave	WA 98802	4.00	960	┝		0	529			
Kathy Anderson	East Wenatchee	Elem Rep								
93 Eastmont Ave	WA 98802	1.00	150			0	529			
Chris Ferrians	East Wenatchee	Vice Pres				_				
93 Eastmont Ave	WA 98802	2.00	<u> </u>			 9	529			
Kelli Jensen	East Wenatchee	Secretary				ا۔				
93 Eastmont Ave	WA 98802	2.00	0	⊢		의	529			
Chris Cloke	East Wenatchee	HS Rep				ا۔				
93 Eastmont Ave	WA 98802	1.00	0			이	529			
Kathy Milanuk	East Wenatchee	MS Rep								
93 Eastmont Ave	WA 98802	1.00	0				529			
Temera Detweiler	East Wenatchee	Elem Rep				_				
93 Eastmont Ave	WA 98802	1.00	0			이	529			
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	990-EZ (2009) Wenatchee Education Association 91-0/909		P	age 3
Pa	Other Information (Note the statement requirements in the instructions for Pa	art V.)	Tv	
22	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed		Yes	No
33	description of each activity	33		x
34	Were any changes made to the organizing or governing documents? If "Yes," attached 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 re	eported		
	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		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	igsqcut	<u> </u>
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr		•	
b	Did the organization file Form 1120-POL for this year?	37b	 	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 outstanding at the end of the period covered by this return?	. 38a	ļ	X
	If "Yes," complete Schedule L, Part II and enter the total amount involved		1	
39	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities 39b		1	
40a	Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			-
40a	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	Ł	1	
	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]	ļ
	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		X
41	List the states with which a copy of this return is filed None			
42a	·	phone no ▶ 509-88	4-8	041
	93 Eastmont Ave	ZIP+4 ▶ 98802		
	Located at East Wenatchee, WA	ZIP+4 ▶ 98802		
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	103	X
	If "Yes," enter the name of the foreign country:			<u> </u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		1	
	and Financial Accounts.		1	l
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		x
	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	▶ 43		
			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	igsquare	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	لـــــــا	X
		Form 9 9	}0-EZ	(2009)

Form 9	990-EZ (2009) Wenatchee Education Associat		L-0790941			Page 4
Parl	VI Section 501(c)(3) organizations and section 4947(a	a)(1) nonexemp	ot charitable tr	usts only. All s	ection	
	501(c)(3) organizations and section 4947(a)(1) none	exempt charitat	ole trusts must	answer questi	ons 46-4	9b
_	and complete the tables for lines 50 and 51.					
46	Did the organization engage in direct or indirect political campaign activities of	on behalf of or in op	position to		Yes	No
	candidates for public office? If "Yes," complete Schedule C, Part I				46	
	Did the organization engage in lobbying activities? If "Yes," complete Schedu	le C, Part II	• • •	•	47	
	s the organization operating a school as described in section 170(b)(1)(A)(ii)		Schedule E		48	
	Did the organization make any transfers to an exempt non-charitable related		•		49a	
	f "Yes," was the related organization a section 527 organization?	-			49b	
	Complete this table for the organization's five highest compensated employed	es (other than office	ers directors truste	ees and kev	<u> </u>	
	employees) who each received more than \$100,000 of compensation from the					
	(a) Name and address of each employee paid more	(b) Title and average	(c) Compensation	(d) Contributions to	(e) Expe	
	than \$100,000	hours per week devoted to position	j	employee benefit plans & deferred compensation	account a other allow	
		devoted to pesition	-	deletted dampensason	Outer allow	411003
			 			
	•					
	• •					
				1		
			-			
f -	Total number of other employees paid over \$100,000		<u> </u>			
	Complete this table for the organization's five highest compensated independ \$100,000 of compensation from the organization. If there is none, enter "Non-		each received mo	ore than		
	(a) Name and address of each independent contractor paid more than \$100,000	(b)	Type of service	(c) C	ompensation	
	·					
		·····				
					·	
			· · · · · · · · · · · · · · · · · · ·			
	Fotal number of other independent contractors each receiving over \$100,000	<u> </u>				
Sign	Under penalties of penjury, I declare that I have examined this return, including and belief, it is true correct, and complete, Declaration of preparer (other than		Information of which			
Here	Signature of officer Date					
	Neil Zobel	Trea	asurer			
	Type or print name and title	·				
	Preparer's A/ARAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Date	Check if	Preparer's Ident	fying Number (S	See instr)
Paid	signature signature	03/08	S/11 self-	P0093:	3785	
				~~~~		552
Use (	Santa I i i i i i i i i i i i i i i i i i i	octates,	F.D.D.C.		1-0626	<u> </u>
USE (		1271	- <del></del>	Phone	663 4	121
	address, and ZIP+4 Wenatchee, WA 98807-	.12/1	· <del></del>		-663-1	7
may th	e IRS discuss this return with the preparer shown above? See instructions	<del> </del>		. 🖊	Yes	No
				Fo	rm <b>990-E</b> Z	<u>L</u> (2009)

W110 Wenatchee Education Association
 91-0790941 Fede

**Federal Statements** 

FYE: 8/31/2010

## Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	 Amount			
ABA Dues	\$ 134,809			
Total	\$ 134,809			

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

Description	Amount
Expenses	\$
Office	3,026
Governance	3,473
Building Representatives	3,975
Dues Reimbursements	4,761
Policy	1,709
Delegations	12,673
Negotiations	1,609
Member Service	3,560
Agency Fee	814
License	10
Total	\$ 35,610

• W110 Wenatchee Education Association 91-0790941 **Federal Statements** FYE; 8/31/2010

3/8/2011 5:23 PM

Statement 3 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments

Description

To provide scholarships for local students.

Form 8868 (Rev January 2011) Department of the Treasury Internal Revenue Service

payment instructions

For Paperwork Reduction Act Notice, see Instructions. DAA

## Application for Extension of Time Tc le an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

▶ X

Do not comp	lete Part II unless you have already been granted ar	automatic 3	3-month extension on a previously filed	Form 886	88		
a corporation 8868 to reque	ing (e-file). You can electronically file Form 8868 if your required to file Form 990-T), or an additional (not autoest an extension of time to file any of the forms listed	omatic) 3-m in Part I or F	onth extension of time You can electr Part II with the exception of Form 8870	onically file , Information	Form		
Return for Tra	ansfers Associated With Certain Personal Benefit Co	ntracts, which	th must be sent to the IRS in paper for	mat (see			
instructions).	For more details on the electronic filing of this form, v	visit www.irs	gov/efile and click on e-file for Charitie	es & Nonpr	ofits.		
Part I	Automatic 3-Month Extension of Time	. Only su	<u>bmit original (no copies neede</u>	<u>ed).</u>			
A corporation	required to file Form 990-T and requesting an autom	atic 6-month	n extension-check this box and comple	ete			
Part I only						▶∐	
All other corp	orations (including 1120-C filers), partnerships, REMI	Cs, and trus	sts must use Form 7004 to request an	extension	of time		
to file income	tax returns						
Type or	Name of exempt organization			Employ	er identification	n number	
print	1			' '			
File by the	Wenatchee Education Asso	ciatio	n	91-0			
due date for	Number, street, and room or suite no. If a P.O. box			1			
filing your	93 Eastmont Avenue	K, 500 III500	onon 5				
return See	City, town or post office, state, and ZIP code For	a foreign add	drace eag instructions	-			
instructions	1	98802	•				
	Bast Wenatchee WA	70002	4				
Enter the Ret	urn code for the return that this application is for (file	a separate a	application for each return)			03	
Application	1	Return	Application			Return	
ls For		Code	Is For				
Form 990		01	Form 990-T (corporation)			07	
Form 990-E	BL .	02	Form 1041-A			08	
Form 990-E	Z	03	Form 4720			09	
Form 990-F	PF	04	Form 5227			10	
Form 990-1	(sec 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T (trust other than above) 06 Form 8870					•	12	
Telephon If the orga If this is for the whole a list with the I reques until Cofor the Co	are in the care of ▶ Neil Zobel e No. ▶ 509-884-8041  anization does not have an office or place of business or a Group Return, enter the organization's four digit of group, check this box ▶ ☐. If it is for part of names and EINs of all members the extension is for st an automatic 3-month (6 months for a corporation in 14/15/11 , to file the exempt organization returoganization's return for calendar year or tax year beginning 09/01/09 , and ending of extension is for less than 12 months, check the properties of the properties o	Group Exem f the group, of the group, of the group fequired to firm for the org	ed States, check this box ption Number (GEN) check this box  I and att le Form 990-T) extension of time ganization named above The extension	on is		▶ □	
c	hange in accounting period			' 	·		
	opplication is for Form 990-BL, 990-PF, 990-T, 4720, c	or 6069, ente	er the tentative tax, less any		•		
-	ndable credits See instructions			3a	\$		
	pplication is for Form 990-PF, 990-T, 4720, or 6069, 6	=			1		
	ed tax payments made Include any prior year overpa			3b	\$		
	e due. Subtract line 3b from line 3a Include your pay						
with FT	D coupon or, if required, by using EFTPS (Electronic	Federal Tax	Payment System). See		{		
instruct				3с	\$		
Caution. If yo	u are going to make an electronic fund withdrawal wit	th this Form	8868, see Form 8453-EO and Form 8	879-EO for	7		

KSR