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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)

2010

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Inspection

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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.

A For the 2010 calendar year, or tax year beginning SEP 1, 2010 and ending AUG 31, 2011

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization

Olympia Education Association

Number and street (or P O box, if mail is not delivered to street address)

1619 State Ave. NE

D Employer identification number

23-7332836

E Telephone number
(360) 525-5255

F Group Exemption Number ►

G Accounting Method Cash Accrual Other (specify) ►

I Website: ► N/A

J Tax-exempt status (check only one) — 501(c)(3) 501(c)(5) (insert no) 4947(a)(1) or 527K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 146,458.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

X

1 Contributions, gifts, grants, and similar amounts received	1	
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	146,458.
4 Investment income	4	
5a Gross amount from sale of assets other than inventory	5a	
b Less cost or other basis and sales expenses	5b	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6 Gaming and fundraising events	6a	
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6b	of contributions
b Gross income from fundraising events (not including \$15,000) from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6c	
c Less direct expenses from gaming and fundraising events	6d	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6e	
7a Gross sales of inventory, less returns and allowances	7a	
b Less cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8 Other revenue (describe in Schedule O)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	146,458.
10 Grants and similar amounts paid (list in Schedule O)	10	2,000.
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	68,121.
13 Professional fees and other payments to independent contractors	13	
14 Occupancy, rent, utilities, and maintenance	14	3,830.
15 Printing, publications, postage, and shipping	15	
16 Other expenses (describe in Schedule O)	16	58,842.
17 Total expenses. Add lines 10 through 16	17	132,793.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	13,665.
19 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)	19	229,365.
20 Other changes in net assets or fund balances (explain in Schedule O)	20	0.
21 Net assets or fund balances at end of year Combine lines 18 through 20	21	243,030.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)



8

Part II Balance Sheets. (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	187,225.	22 203,192.
23 Land and buildings	29,267.	23 26,935.
24 Other assets (describe in Schedule O)	15,345.	24 14,437.
25 Total assets	231,837.	25 244,564.
26 Total liabilities (describe in Schedule O)	2,472.	26 1,534.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	229,365.	27 243,030.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? See Schedule O

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 See Schedule O

(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	28a
29			
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	29a
30			
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)			32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
*David Johnston 1619 State Ave NE, Olympia, WA 98840	President 30.00	61,196.	0.	0.
Anna Beraun 1619 State Ave NE, Olympia, WA 98840	Vice President 2.00	1,850.	0.	0.
Karla Strid 1619 State Ave NE, Olympia, WA 98840	Secretary 2.00	975.	0.	0.
Jenny Morgan 1619 State Ave NE, Olympia, WA 98840	Treasurer 2.00	1,600.	0.	0.
Paula Rosenkranz 1619 State Ave NE, Olympia, WA 98840	Board Member 2.00	750.	0.	0.
Tim Brewer 1619 State Ave NE, Olympia, WA 98840	Board Member 2.00	350.	0.	0.
Dan McCartan 1619 State Ave NE, Olympia, WA 98840	Board Member 2.00	850.	0.	0.
Marty Manley 1619 State Ave NE, Olympia, WA 98840	Board Member 2.00	550.	0.	0.
*compensation paid as a reimbursement of salary and benefits	0.00	0.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

Yes	No
33	X
34	X

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?

35a	X
35b	N/A

b If "Yes," has it filed a tax return on Form 990-T for this year?

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

► 37a | 0 .

36	X
37b	X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions

b Did the organization file Form 1120-POL for this year?

38a	X
38b	N/A

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made

39a	N/A
39b	N/A

in a prior year and still outstanding at the end of the tax year covered by this return?

b If "Yes," complete Schedule L, Part II and enter the total amount involved

39 Section 501(c)(7) organizations Enter

a Initiation fees and capital contributions included on line 9

b Gross receipts, included on line 9, for public use of club facilities

40a	N/A
40b	N/A

40a 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 year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ?

40b	N/A
40c	N/A

40c	N/A
40d	X

40d	X
40e	X

41 List the states with which a copy of this return is filed ► None

42a The organization's books are in care of ► David Johnston Telephone no ► (360) 525-5255

Yes	No
42b	X
42c	X

42b	X
42c	X

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 account)?

42c	X
43	X

43	X
44a	X

44a	X
44b	X

44b	X
44c	X

44c	X
44d	

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

44d	
45	

45	
46	

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation

46	
47	

47	
48	

48	
49	

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 | N/A

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

44a	X
44b	X

44b	X
44c	X

44c	X
44d	

44d	
45	

45	
46	

46	
47	

47	
48	

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

If "Yes," complete Schedule C, Part I

	Yes	No
45		X
45a		X
46		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3)

organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

47		
48		
49a		
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				

f Total number of other employees paid over \$100,000 ►

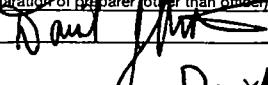
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ►

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.► Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	► Signature of officer  ► Type or print name and title 	2/22/2012 Date
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Paid Preparer Use Only	Print/Type preparer's name Laird S. Vanetta	Preparer's Signature 	Date 2/7/12	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ► Tremper & Co., LLP			Firm's EIN ►	
	Firm's address ► 3131 Elliott Avenue; Ste 290 Seattle, WA 98121			Phone no	(206) 285-4456

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

032174
03-04-11► Yes No

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Of Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	Buildings											
11/3	Original Building	032480SL		40.00	16	9,207.			9,207.	7,001.		230.
Building Rebuild - 21/3		061588SL		31.50	17	42,285.			42,285.	29,812.		1,342.
3Sign - 1/3		061087SL		7.00	17	91.			91.	91.		0.
Upstairs Remodel - 41/3		021592SL		31.50	17	784.			784.	462.		25.
Basement Resealing 5- 1/3		020193SL		31.50	17	387.			387.	216.		12.
Door & handrail - 61/3		022698SL		7.00	17	144.			144.	144.		0.
Storage shed - 1/3		020101SL		7.00	17	421.			421.	421.		0.
Remodel bathroom & 33Other - 1/3		080107SL		39.00	17	3,435.			3,435.	268.		88.
40Remodel 1/3		083108SL		39.00	17	3,793.			3,793.	199.		97.
Hot Water heater 431/3		030109SL		7.00	16	600.			600.	129.		86.
46Carpeting - 1/3		082010SL		7.00	17	3,157.			3,157.	56.		451.
* 990-EZ Pg 1 Total												
Buildings						64,304.			64,304.	38,799.	0.	2,331.
Land												
27Original Land - 1/3		03032480L		.000		3,761.			3,761.		0.	
* 990-EZ Pg 1 Total						3,761.			0.	3,761.	0.	0.
Land												
Other												
File cabinets (4) - 81/3		020188SL		5.00	16							0.

2010 DEPRECIATION AND AMORTIZATION REPORT

Form 990-EZ Page 1

990-EZ

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Of Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
9 (D)VCR - 1/3	021501SL	5.00	17	50.					50.	50.	0.	0.
10 Rug - 1/3	020101SL	7.00	17	90.					90.	90.	0.	0.
(D)Fax Machine - 111/3	020199SL	5.00	17	200.					200.	200.	0.	0.
12Tables (6) - 1/3	020198SL	7.00	17	267.					267.	267.	0.	0.
Window coverings - 131/3	020198SL	7.00	17	233.					233.	233.	0.	0.
14Chair - 1/3	020198SL	7.00	17	33.					33.	33.	0.	0.
Bookcases (5 oak, 2 metal) - 1/3	020198SL	7.00	17	267.					267.	267.	0.	0.
Shelving bricks & boards - 1/3	020103SL	7.00	17	928.					928.	928.	0.	0.
Telephone system - 171/3	020197SL	5.00	17	866.					866.	866.	0.	0.
18Alarm system - 1/3	092995SL	5.00	17	86.					86.	86.	0.	0.
19Color printer - 1/3	020102SL	5.00	17	200.					200.	200.	0.	0.
Pictures & plants - 201/3	020197SL	7.00	17	100.					100.	100.	0.	0.
21A/C unit - 1/3	020193SL	7.00	17	1,810.					1,810.	1,810.	0.	0.
Apple computer - 221/3	013198SL	5.00	17	1,273.					1,273.	1,273.	0.	0.
23Computer - 1/3	053102SL	5.00	17	461.					461.	461.	0.	0.
(D)Compac laptop - 241/3	110703SL	5.00	17	467.					467.	467.	0.	0.
(D)Laptop, Costco - 251/3	031704SL	5.00	17	649.					649.	649.	0.	0.
26File server - 1/3	020103SL	5.00	17	1,258.					1,258.	1,258.	0.	0.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Of Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
2	desks & corners, 2801ly & NT - 1/3	071407SL	7.00	17	819.				819.	386.		124.
291/3	Minolta Copier -	012206SL	5.00	16	4,331.				4,331.	3,970.		361.
2	drwr storage								231.	109.		35.
30	cabinets, Oly & NT	071107SL	7.00	17	231.				136.	92.		30.
311/3	patio furniture -	080307SL	5.00	17	136.				145.	68.		22.
32	task chairs - 1/3	081407SL	7.00	17	145.				344.	232.		74.
2	shelf bookcase &								1,556.	1,128.		285.
34	file cab - 1/3	080707SL	5.00	17	1,556.				1,489.	1,042.		298.
35	Computer-100%	100406SL	5.00	17	1,489.				188.	74.		25.
36	Computer-100%	100406SL	5.00	17	188.				454.	179.		61.
37	Refridgerator 1/3	091507SL	7.00	17	454.				98.	38.		13.
38(30)	Stacking chairs - 1/3	091907SL	7.00	17	98.				454.	227.		91.
39	Television 1/3	100107SL	7.00	17	454.				260.	91.		52.
41	IPhone-100%	102407SL	5.00	17	260.				389.	362.		28.
42	Video Camera 100%	120108SL	5.00	16	389.				0.	20,132.	17,236.	0.
44	Desk w/ credenza,	081504SL	7.00	17					0.	88,197.	56,035.	0.
45(2)	Armoire cabinets 1/3	010199SL	7.00	17								0.
* 990-EZ Pg 1 Total												
* Grand Total 990-EZ Pg 1 Depr												
* 3,830.												

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010Open to Public
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Name of the organization

Olympia Education Association

Employer identification number
23-7332836Form 990-EZ, Part I, Line 10, Grants and Allocations:Activity Classification: ScholarshipGrantee Relationship: noneAmount Given:

1,000.

Activity Classification: ScholarshipGrantee Relationship: noneAmount Given:

1,000.

Total included on Form 990-EZ, line 10

2,000.

Form 990-EZ, Part I, Line 14, Occupancy, Rent, Utilities, and Maintenance:Description of Expenses:Amount:Depreciation

3,830.

Form 990-EZ, Part I, Line 16, Other Expenses:Description of Other Expenses:Amount:Office Expense

43,042.

Conferences and Workshops

150.

Honorarium

3,819.

Mileage

800.

WEA/NEA Representative Assembly

11,031.

Total to Form 990-EZ, line 16

58,842.

Form 990-EZ, Part II, Line 24, Other Assets:DescriptionBeg. of YearEnd of YearLHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
032211
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization	Olympia Education Association	Employer identification number	23-7332836
Accounts Receivable	12,441.	12,236.	
Other Depreciable Assets	2,904.	2,201.	
Total to Form 990-EZ, line 24	15,345.	14,437.	

Form 990-EZ, Part II, Line 26, Other Liabilities:

Description	Beg. of Year	End of Year
Accounts Payable	2,472.	1,534.

Form 990-EZ, Part III, Primary Exempt Purpose - To promote the cause of
public education on behalf of its members.

Form 990-EZ, Part III, Line 28, Program Service Accomplishments:

Contract maintenance for members. Organization is a
teachers association for the Olympia School District.

Activities include grievance proceedings, arbitration and
representation for teachers at the state and national levels.