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Short Form  
Return of Organization Exempt From Income TaxUnder 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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). 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

2010

Open to Public  
Inspection

<b>A For the 2010 calendar year, or tax year beginning</b> 9/01		<b>, 2010, and ending</b> 8/31		<b>, 2011</b>	
<b>B Check if applicable</b>		<b>C</b>		<b>D Employer identification number</b>	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>Tumwater Education Association</b> 1619 State Street NE Olympia, WA 98506		91-1154334	
<b>E Telephone number</b>				(360) 705-8988	
<b>F Group Exemption Number</b>					
<b>G Accounting Method</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <b>Other (specify)</b> ▶ _____		<b>H Check ▶ <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)</b>			
<b>I Website:</b> ▶ N/A					
<b>J Tax-exempt status (ck only one)</b> — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 5 ) ▶ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
<b>K Check ▶ <input type="checkbox"/> 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</b>					
<b>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</b>				▶ \$ 89,713.	
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (See the instructions for Part I.)					
Check if the organization used Schedule O to respond to any question in this Part I. <input checked="" type="checkbox"/>					
REVENUE ASSETS	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	89,569.		
	4 Investment income	4	144.		
	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			
	b Gross income from fundraising events (not including \$ 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)				
	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			
	<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	89,713.		
	10 Grants and similar amounts paid (list in Schedule O)	10			
	11 Benefits paid to or for members	11			
	12 Salaries, other compensation, and employee benefits	12			
13 Professional fees and other payments to independent contractors	13	6,625.			
14 Occupancy, rent, utilities, and maintenance	14	23,755.			
15 Printing, publications, postage, and shipping	15				
16 Other expenses (describe in Schedule O)	16	58,928.			
<b>17 Total expenses.</b> Add lines 10 through 16	17	89,308.			
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	405.			
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	109,348.			
20 Other changes in net assets or fund balances (explain in Schedule O)	20				
<b>21 Net assets or fund balances at end of year</b> Combine lines 18 through 20	21	109,753.			

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

Form 990-EZ (2010)

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**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	37,738.22	38,143.
23 Land and buildings	71,610.23	71,610.
24 Other assets (describe in Schedule O) )	24	
25 <b>Total assets</b>	109,348.25	109,753.
26 <b>Total liabilities</b> (describe in Schedule O) )	0.26	0.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	109,348.27	109,753.

**Part III Statement of Program Service Accomplishments** (see the instrs 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

**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

28	-----		
	-----		
	(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	<b>Total program service expenses</b> (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 and deferred compensation	(e) Expense account and other allowances
Terry VanMeter 3716 67th Ct SW Olympia, WA 98506-7949	President 20.00	0.	0.	0.
Tim Voie 632 NW Folsom St Chehalis, WA 98532-1702	Vice President 3.00	0.	0.	0.
Lori Tibbets 2997 Crosby Blvd SW #513 Tumwater, WA 98512-7847	Secretary 2.50	0.	0.	0.
Katie Gates 8020 Andover Lane SE Olympia, WA 98501-6877	Treasurer 2.50	0.	0.	0.
Melissa Swart 2301 Brentwood Pl SE Lacey, WA 98503-3777	Advocate 0.50	0.	0.	0.
Diane Leighty 3440 78th Ave SE Olympia, WA 98501-9403	At Large 0.50	0.	0.	0.
Kevin Wimsett 2736 Langridge Lp NW Olympia, WA 98502-4421	At Large 0.50	0.	0.	0.
Renee Cruickshank 3524 49th Ave SW Olympia, WA 98512-6602	At Large 1.00	0.	0.	0.
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**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** 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)

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 reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T

35a	X
35b	

**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?

36	X
37a	
37b	X

**b** If 'Yes,' has it filed a tax return on **Form 990-T** for this year (see instructions)?

38a	X
38b	
39a	

**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

39b	N/A
39a	N/A
39b	N/A

**37a** Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** **0.**

40a	
38b	N/A
39a	N/A
39b	N/A
40b	

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

40c	
40b	
40d	
40e	
40f	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 tax year covered by this return?

40f	
40g	
40h	
40i	
40j	

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

40k	
40l	
40m	
40n	
40o	

**39** Section 501(c)(7) organizations Enter.

40p	
40q	
40r	
40s	
40t	

**a** Initiation fees and capital contributions included on line 9

40u	
40v	
40w	
40x	
40y	

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

40z	
40a	
40b	
40c	
40d	

**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**

40e	
40f	
40g	
40h	
40i	

**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? If 'Yes,' complete Schedule L, Part I

40j	
40k	
40l	
40m	
40n	

**c** 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 ► **0.**

40o	
40p	
40q	
40r	
40s	

**d** Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► **0.**

40t	
40u	
40v	
40w	
40x	

**e** 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

40y	
40z	
40a	
40b	
40c	

**41** List the states with which a copy of this return is filed ► **None****42a** The organization's books are in care of ► **Terry VanMeter** Telephone no ► **(360) 705-8988**  
Located at ► **1619 State Street NE Olympia WA** ZIP + 4 ► **98506**

42b	X
42c	
42d	
42e	
42f	

**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)?

42g	
42h	
42i	
42j	
42k	

If 'Yes,' enter the name of the foreign country ► 

42l	
42m	
42n	
42o	
42p	

See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts

42q	
42r	
42s	
42t	
42u	

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

42v	
42w	
42x	
42y	
42z	

If 'Yes,' enter the name of the foreign country ► 

42a	
42b	
42c	
42d	
42e	

**d** Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

42f	
42g	
42h	
42i	
42j	

If 'Yes,' enter the name of the hospital facility ► 

42k	
42l	
42m	
42n	
42o	

If 'Yes,' enter the name of the hospital facility ► 

42p	
42q	
42r	
42s	
42t	

If 'Yes,' enter the name of the hospital facility ►

**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 (see inst.)

**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

**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, employees) who each received more than \$100,000 of compensation from the organization. If there

**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'.

(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

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.

<b>Sign Here</b>	► <u><i>Sandra Van Meter</i></u>	Date <u>1-10-12</u>			
	► <u>Terry VanMeter</u>	President			
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <u>Sandra I. McClaflin, ATA, ABA</u>	Preparer's signature <u><i>Sandra I. McClaflin ATA, ABA</i></u>	Date <u>1/10/12</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>N/A</u>
	Firm's name ► <u>McSwain and Company, PS</u>	Firm's EIN ► <u>N/A</u>			
	Firm's address ► <u>222 N. Capitol Way, Suite 108 Olympia, WA 98501</u>				
			Phone no	<u>360-357-9304</u>	

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

3  
**BAA**

►  Yes  No

Form 990-EZ (2010)

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.

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Name of the organization

Tumwater Education Association

**Employer identification number**

91-1154334

## Form 990-EZ, Part III - Organization's Primary Exempt Purpose

The mission of the Tumwater Education Association is to be a valuable resource and partner in our members' personal and professional growth, and in our efforts to improve teaching and learning in Tumwater's public schools.

Tumwater Education Association

91-1154334

**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

Conferences, Conventions, and Meetings	\$ 9,066.
District Reimbursed Expenses	36,531.
Information Technology	199.
Miscellaneous	26.
Miscellaneous Meeting Expenses	1,703.
Office Supplies	673.
Payments of Travel or Entertainment for Public Officials	1,351.
Stipends Paid	8,285.
Telephone	1,094.
Total	<u>\$ 58,928.</u>