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Form **990-EZ**

## 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)

OMB No 1545-1150

2010

Open to Public

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 (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

Department of the Treasury  
Internal Revenue Service

**A** For the 2010 calendar year, or tax year beginning 09/01/10, and ending 08/31/11

<p><b>B</b> Check if applicable:</p> <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	<p><b>C</b> Name of organization <b>Eastmont Education Association</b></p> <p>Number and street (or P O box, if mail is not delivered to street address) Room/suite <b>93 Eastmont Avenue</b></p> <p>City or town, state or country, and ZIP + 4 <b>East Wenatchee WA 98802</b></p>	<p><b>D</b> Employer identification number <b>91-1900912</b></p> <p><b>E</b> Telephone number <b>509-884-6665</b></p> <p><b>F</b> Group Exemption Number</p>
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**G** Accounting Method:  Cash  Accrual Other (specify) \_\_\_\_\_

**H** Check  if the organization is not required to attach Schedule B

**I** Website: N/A

**J** Tax-exempt status (check only one) —  501(c)(3)  501(c) ( 5 ) (insert no.)  4947(a)(1) or  527 (Form 990, 990-EZ, or 990-PF)

**K** 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. ▶ \$ **110,440**

**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.

	1 Contributions, gifts, grants, and similar amounts received			234
	2 Program service revenue including government fees and contracts			
	3 Membership dues and assessments	See Statement		109,048
	4 Investment income			1,158
	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			
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
	c Less direct expenses from gaming and fundraising events	6c		
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	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	110,440
Expenses	10 Grants and similar amounts paid (list in Schedule O)		10	5,400
	11 Benefits paid to or for members		11	
	12 Salaries, other compensation, and employee benefits		12	63,920
	13 Professional fees and other payments to independent contractors		13	2,350
	14 Occupancy, rent, utilities, and maintenance		14	6,129
	15 Printing, publications, postage, and shipping		15	
	16 Other expenses (describe in Schedule O)		16	24,502
	<b>17 Total expenses.</b> Add lines 10 through 16		17	102,301
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18	8,139
	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	113,264
	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	121,403



**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	111,918	22	120,541
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	1,346	24	862
25 Total assets	113,264	25	121,403
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	113,264	27	121,403

**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?

Labor Union and Representation

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, or 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 The Association is the union and representation for all the Public School teachers in the East Wenatchee School District serving 342 members.

(Grants \$ ) If this amount includes foreign grants, check here  28a

29

(Grants \$ ) If this amount includes foreign grants, check here  29a

30

(Grants \$ ) If this amount includes foreign grants, check here  30a

31 Other program services (describe in Schedule O)

(Grants \$ ) If this amount includes foreign grants, check here  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
Tammy Grubb 93 Eastmont Avenue East Wenatchee WA 98802	President 25.00	46,870	0	3,600
Beth Neff 93 Eastmont Avenue East Wenatchee WA 98802	Vice-President 3.00	0	0	1,135
Mary Thompson 93 Eastmont Avenue East Wenatchee WA 98802	Secretary 2.00	0	0	2,150
Cathy Gaylord 93 Eastmont Avenue East Wenatchee WA 98802	Treasurer 3.00	0	0	2,135
Barb Agnew 93 Eastmont Avenue East Wenatchee WA 98802	Grievances 0.00	0	0	1,620
Kim Spradlin 93 Eastmont Avenue East Wenatchee WA 98802	Negotiations 0.00	0	0	1,000
Katy Keiser 93 Eastmont Avenue East Wenatchee WA 98802	Negotiations 0.00	0	0	1,000
Jamea Connor 93 Eastmont Avenue East Wenatchee WA 98802	Negotiations 0.00	0	0	1,045
Veronique Paquette 93 Eastmont Avenue East Wenatchee WA 98802	Negotiations 0.00	0	0	1,000
Terry Sloan Abbott 93 Eastmont Avenue East Wenatchee WA 98802	Negotiations 0.00	0	0	1,000
Tom McRae 93 Eastmont Avenue East Wenatchee WA 98802	Negotiations 0.00	0	0	1,500

**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

		Yes	No
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		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attached 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)		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		
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?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text" value="37a"/>		
b	Did the organization file Form 1120-POL for this year?		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?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <input type="text" value="38b"/>		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 <input type="text" value="39a"/>		
b	Gross receipts, included on line 9, for public use of club facilities <input type="text" value="39b"/>		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="text"/> , section 4912 <input type="text"/> , section 4955 <input type="text"/>		
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		
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 <input type="text"/>		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="text"/>		
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		X
41	List the states with which a copy of this return is filed <input type="text" value="None"/>		
42a	The organization's books are in care of <input type="text" value="Cathy Gaylord"/> Telephone no <input type="text" value="509-884-6665"/> Located at <input type="text" value="93 Eastmont Avenue"/> <input type="text" value="WA"/> ZIP + 4 <input type="text" value="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 account)? If "Yes," enter the name of the foreign country. <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
			X
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <input type="text"/>		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text" value="43"/>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c	Did the organization receive any payments for indoor tanning services during the year?		X
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

- 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 instructions)
- 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?

	Yes	No
47		
48		
49a		
49b		

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

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 ▶  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 ▶ *Tammy Grubb* ▶ Dec 13, 2011  
 Signature of officer Date  
Tammy Grubb President  
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name <u>Angela Collins, CPA</u>	Preparer's signature <u>Angela Collins, CPA</u>	Date <u>12/02/11</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00539630</u>
Firm's name ▶ <u>Homchick, Smith &amp; Associates, P.L.L.C.</u>		Firm's EIN ▶ <u>91-0626552</u>		
Firm's address ▶ <u>PO Box 1371 Wenatchee, WA 98807-1371</u>		Phone no <u>509-663-1131</u>		

May the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service

Name of the organization

**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**Eastmont Education Association**Employer identification number  
**91-1900912****Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
<b>Expenses</b>	
Advertising	\$ 677
Postage	\$ 630
Office Supplies	\$ 809
Governance	\$ 2,661
Membership Services	\$ 5,536
Delegations	\$ 8,123
Negotiations	\$ 1,957
Stipends/Release Time	\$ 4,102
Assessments	\$ 7
<b>Total</b>	<b>\$ 24,502</b>

**Form 990-EZ, Part II, Line 24 - Other Assets**

Description	Beg. of Year	End of Year
	\$ 8,050	\$ 8,050
Less Accumulated Depreciation	\$ 6,704	\$ 7,188
<b>Total</b>	<b>\$ 1,346</b>	<b>\$ 862</b>

**Form 990-EZ, Part III, Line 31 - All Other Achievements**

The Association is the union and representation for all the Public School teachers in the East Wenatchee School District serving 342 members.

91-1900912

**Federal Asset Report**

FYE: 8/31/2011

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Prior MACRS:</b>										
3	Computer	7/29/02	1,008			X	706	5 HY 200DB	1,008	0
4	Bookshelves	11/12/03	459			X	229	7 HY 200DB	441	18
5	EVO D510 Computer & Monitor	11/12/03	1,716			X	858	5 HY 200DB	1,716	0
6	Computer	1/12/06	1,504				1,504	5 HY 200DB	1,417	87
7	3 Part Desk	8/22/08	1,242			X	621	7 MQ200DB	631	175
8	File Cabinet	8/22/08	572			X	286	7 MQ200DB	291	80
9	1st Office Star Chair	8/22/08	130				130	7 MQ200DB	66	18
10	2nd Office Star Chair	8/13/08	130				130	7 MQ200DB	66	18
11	HP Computer and Monitor	5/31/09	920			X	460	5 HY 200DB	699	88
			<u>7,681</u>				<u>4,924</u>		<u>6,335</u>	<u>484</u>
<b>Other Depreciation:</b>										
2	Computer Programs	5/29/92	369				369	5 MO S/L	369	0
	<b>Total Other Depreciation</b>		<u>369</u>				<u>369</u>		<u>369</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>369</u>				<u>369</u>		<u>369</u>	<u>0</u>
	<b>Grand Totals</b>		8,050				5,293		6,704	484
	<b>Less: Dispositions and Transfers</b>		0				0		0	0
	<b>Less: Start-up/Org Expense</b>		0				0		0	0
	<b>Net Grand Totals</b>		<u>8,050</u>				<u>5,293</u>		<u>6,704</u>	<u>484</u>

91-1900912

**AMT Asset Report**

FYE: 8/31/2011

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Prior MACRS:</b>								
3	Computer	7/29/02	1,008	X	706	5 HY 200DB	1,008	0
4	Bookshelves	11/12/03	459	X	229	7 HY 200DB	449	10
5	EVO D510 Computer & Monitor	11/12/03	1,716	X	858	5 HY 200DB	1,716	0
6	Computer	1/12/06	1,504		1,504	5 HY 150DB	1,379	125
7	3 Part Desk	8/22/08	1,242	X	746	7 MQ150DB	496	160
8	File Cabinet	8/22/08	572	X	344	7 MQ150DB	228	74
9	1st Office Star Chair	8/22/08	130		130	7 MQ150DB	52	16
10	2nd Office Star Chair	8/13/08	130		130	7 MQ150DB	52	16
11	HP Computer and Monitor	5/31/09	920	X	460	5 HY 150DB	646	82
			<u>7,681</u>		<u>5,107</u>		<u>6,026</u>	<u>483</u>
<b>Other Depreciation:</b>								
2	Computer Programs	5/29/92	0		0	0 HY	0	0
	<b>Total Other Depreciation</b>		<u>0</u>		<u>0</u>		<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>0</u>		<u>0</u>		<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		<u>7,681</u>		<u>5,107</u>		<u>6,026</u>	<u>483</u>
	<b>Less: Dispositions and Transfers</b>		<u>0</u>		<u>0</u>		<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>7,681</u>		<u>5,107</u>		<u>6,026</u>	<u>483</u>

# Federal Statements

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

<u>Description</u>	<u>Amount</u>
ABA Dues	\$ 109,048
Total	\$ <u>109,048</u>

Form **4562**  
 Department of the Treasury  
 Internal Revenue Service (99)

**Depreciation and Amortization**  
 (Including Information on Listed Property)

OMB No 1545-0172

**2010**

Attachment  
 Sequence No **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return **Eastmont Education Association** Identifying number **91-1900912**

Business or activity to which this form relates  
**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	484
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs.	MM	S/L	
			27 5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	484
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2010)