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Short Form Return of Organization Exempt From Income Tax

2011

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsonng 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

Open to Public Inspection

OMB No 1545-1150

Department of the Treasury Internal Revenue Service 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

For Paperwork Reduction Act Notice, see the separate instructions.

Α	For the	2011 calend	ar year, or tax year beginning	July 1	, 2011,	and ending	Ju	ne 30	, 20	_12_	
В	Check if ap	pplicable	C Name of organization				D Emplo	yer Identificatio	n numbe	er	
	Address o	change	Washoe School Principals' Association	n				20-5887970			
	Name cha	ange	Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telep			E Teleph	one number				
닏	Initial retu		P.O. Box 7697					775-861-12	01		
H	Terminate		City or town, state or country, and ZIP + 4				F Group	Exemption			
H	Amended	return on pending	Reno, NV 89510+7697					oer ▶			
		ting Method	✓ Cash	·6.\				If the orga	nuzation	o io not	
_		_	C Cash C Accidal Other (spec					in the orga to attach Sche		113 1101	
								0, 990-EZ, or 9			
	Check ▶										
			0. A Form 990-EZ or Form 990 return is n	•	ougn Form 990-IN (e-postcaro) ma	iy be requ	irea (see instru	ictions)	But II	
	•	the organization chooses to file a return, be sure to file a complete return. 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,									
			* -	•		or ii totai asset	s (rait ii,				
			ow) are \$500,000 or more, file Form 990 inste					\$			
L	art I		e, Expenses, and Changes in N							_	
_			the organization used Schedule O						· ·-	<u>. U</u>	
	1		ons, gifts, grants, and similar amount				· · _	1			
	2	Program s	ervice revenue including government	fees and co	ntracts		L	2			
	3	Membersh	ip dues and assessments				[3	;	54,994	
	4	Investment	tincome					4		1,673	
	5a	Gross amo	ount from sale of assets other than in	ventory	5a						
	b	Less: cost	or other basis and sales expenses .		5b						
	С	Gain or (los	ss) from sale of assets other than inv	entory (Subtr	act line 5b from	ıne 5a)		5c			
	6		d fundraising events	• •		·	Γ				
	а	-						l			
ne					6a			İ			
Revenue	b Gross income from fundraising events (not including \$ of contributions										
€ §		from fundraising events reported on line 1) (attach Schedule G if the						`-			
Σ, π.			ch gross income and contributions ex			1					
<	С		et expenses from gaming and fundrai		6c	-					
<u>-(</u> 1	d		e or (loss) from gaming and fundral		· · · · ·	d 6b and su	btract				
	"	line 6c)	o or (1005) from garriing and fundral	onig events	lada iirioo oa airi		1	6d			
7	70	•	a of inventory loss returns and allow		7a	1	· · ·	0			
٠,	7a		s of inventory, less returns and allow					,			
7.	b		of goods sold			<u> </u>					
1	C		it or (loss) from sales of inventory (Su		RECFI	VCD	~i ` ├	7c			
	8		nue (describe in Schedule O)		NEUE	ALD	1:1	8		EC CC7	
Ę	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c,		\		 •	9 10		56,667	
٧	10		similar amounts paid (list in Schedu		SEP 2.4	2012)				
QS.	/ 11		aid to or for members	1		2012	.∤ ·	11			
ු Expenses	12	Salaries, or	ther compensation, and employee be	enetits .	OODE	<u></u>	} · · ⊦	12		45 200	
ë	13	Profession	al fees and other payments to indepe	endent contra	acter will LV	l UT	J	13		15,388	
Ř	14						-	14			
W	1 . •	Printing, publications, postage, and shipping						15			
	16	•	•				<u> </u>	16		11,866	
	17		enses. Add lines 10 through 16					17		27,254	
Ŋ	18		(deficit) for the year (Subtract line 17				-	18		29,413	
set	19		or fund balances at beginning of y		e 27, column (A)) (must agree					
As		•	ar figure reported on prior year's retui	-			-	19	29	91,348	
Net Assets	20	Other char	iges in net assets or fund balances (e	explain in Scl	nedule O)		[20			
Z	21		or fund balances at end of year. Cor			<u> </u>		21		20,761	
Fo	r Panon		ion Act Notice see the senarate instru			No. 10642I		Form 9	90-EZ	(2011)	

Cat No 10642I

Pai	t II	Balance Sheets. (see the instruction	ons for Part II.)				
		Check if the organization used Sched	lule O to respond to a			<u>. </u>	<u> 🗆</u>
					(A) Beginning of year		(B) End of year
22	Cas	h, savings, and investments			291,348	22	320,761
23	Land	d and buildings				23	
24	Oth	er assets (describe in Schedule O)				24	L
25	Tota	al assets			291,348	25	320,761
26	Tota	al liabilities (describe in Schedule O) .		[0	26	0
27		assets or fund balances (line 27 of cold	ımn (B) must agree wit	h line 21)	291,348	27	320,761
Par		Statement of Program Service Acc					Expenses
		Check if the organization used Sched	lule O to respond to a	ny question in this I	Part III 🔲	(Re	equired for section
What	is the	organization's primary exempt purpose	?			501	1(c)(3) and 501(c)(4)
Desc	ribe th	ne organization's program service accor	nplishments for each o	of its three largest pi	ogram services,		anizations and section 17(a)(1) trusts, optional
as m	easure	ed by expenses. In a clear and concis	e manner, describe th				others)
perso	ons be	nefited, and other relevant information for	r each program title				
28							
							j
	(Grant	ts\$) If this amo	unt includes foreign gra	ants, check here .	<u>.</u> ▶ □	28	a
29		·					
	(Grant	ts\$) If this amo	unt includes foreign gr	ants, check here .	▶ 🗆	29	a
30		***************************************					
	(Grant		unt includes foreign gr			30	a
31	Other	program services (describe in Schedule	,			ĺ	1
	(Grant	ts \$) If this amo	unt includes foreign gr	ants, check here .	<u> ▶ 🗆</u>	31	
32	Total	program service expenses (add lines 2				32	
Par	· V	List of Officers, Directors, Trustees, and				nstr	uctions for Part IV.)
		Check if the organization used Sched	lule O to respond to a			<u>.</u>	<u> U</u>
			(b) Title and average	(c) Reportable compensation	(d) Health benefits, contributions to employ	ee (e) Estimated amount of
		(a) Name and address	hours per week devoted to position	(Forms W-2/1099-MISC)			other compensation
			·	(ıf not paid, enter -0-)	deferred compensation	-	
		llenwider	President, 15				
		697, Reno, NV 89510-7697		0			0
	a Geil					0	
			Vice-President, 5				
		97, Reno, NV 89510-7697		0		0	0
	y Ting)	Vice-President, 5 Secretary, 5			0	0
P.O.	ey Ting Box 76	} 97, Reno, NV 89510-7697	Secretary, 5	0			
P.O. Laur	ey Ting Box 76 a Peter	} 697, Reno, NV 89510-7697 rsen		0		0	0
P.O. Laur	ey Ting Box 76 a Peter	} 97, Reno, NV 89510-7697	Secretary, 5			0	0
P.O. Laur	ey Ting Box 76 a Peter	} 697, Reno, NV 89510-7697 rsen	Secretary, 5	0		0	0
P.O. Laur	ey Ting Box 76 a Peter	} 697, Reno, NV 89510-7697 rsen	Secretary, 5	0		0	0
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P.O. Laur	ey Ting Box 76 a Peter	} 697, Reno, NV 89510-7697 rsen	Secretary, 5	0		0	0

Florm 990-EZ (2011)

Page 2

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	1 alt	Yes	No	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	163	<u>₩</u>	
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	-	√	
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		-	
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	-		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III				
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		✓	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a \$0				
	Did the organization file Form 1120-POL for this year?	37b		✓	
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?	38a		√	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		:		
39	Section 501(c)(7) organizations. Enter:		, Tr	l	
а	Initiation fees and capital contributions included on line 9	[
b	Gross receipts, included on line 9, for public use of club facilities	1 .	,		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1 -	٠. ا		
	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			ĺ	
-	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	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		√	
41	List the states with which a copy of this return is filed. ► None				
42a	The organization's books are in care of ▶ Laura Petersen, Treasurer Telephone no. ▶	775-35	3-5740	0	
	Located at ► 255 Prater Way, Sparks, NV ZIP + 4 ►	894	131		
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)?	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.	,			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓_	
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		1	▶ □	
			Yes	No	
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		✓	
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	44b		1	
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1	
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			_	
u	explanation in Schedule O	44d			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1	
45a 45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			<u> </u>	
00	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)	45b		/	

r o	50 F7 (004)						-	age 4
46	Did the organization engage, directly or into candidates for public office? If "Yes,"	complete Schedule C	, Part I			. 46	Yes	No √
Part	Section 501(c)(3) organizations 501(c)(3) organizations and secti and 52, and complete the tables Check if the organization used Sc	on 4947(a)(1) nonex for lines 50 and 51	kempt charitable tru	sts must a				
47 48 49a b 50	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par Is the organization a school as described in Did the organization make any transfers to If "Yes," was the related organization a school complete this table for the organization's employees) who each received more than	t II				. 47 . 48 . 49 . 49l ors, trust	ees an	No d key
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health contributions benefit plans, compe	benefits, to employee and deferred	(e) Estima		unt of
								•
f 51	Total number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the orga	's five highest compe	ensated independent one, enter "None."	contractors	s who each	n receive	d more	e than
(a)	Name and address of each independent contractor pa	aid more than \$100,000	(b) Type of serv	ice	(c)) Compensa	ation	

d T	otal number of other independent	contractors each receiving over \$1	00,000 ▶		
		dule A? Note : All section 501(c)(3) ttach a completed Schedule A			
Under pena true, correc	alties of perjury, I declare that I have examine tt, and complete Declaration of preparer (ot	ed this return, including accompanying scheo her than officer) is based on all information of	lules and statements, and which preparer has any k	to the best of my knowledge and belief, it is nowledge	
Sign Here	Bignature of officer David L. Fullenwider, President Type or print name and title	dent		9/12/12 Date	
Paid	Print/Type preparer's name	Preparer's signature	Date	Check If self-employed	
Prepar Use Or	1		Firm's EIN ▶		
Ose Oi	Firm's address ▶		Phone no		
May the	IRS discuss this return with the pro-	eparer shown above? See instructi	ons	▶ 🗌 Yes 🔲 No	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization 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.

Washoe School Principals' Association	20-5887970
Scholarships & Awards	\$8,795
Professional Development	278
Board meeting expenses	655
Supplies & P.O. Box	266
Year-end banquet	1,872
Total Other Expenses	\$11,866