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990-EZ

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, 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.

OMB No 1545-1150

2011

Open to Public Inspection

A	For the	2011 calendar ye	ear, or tax year beginning	July 1	, 2011,	and ending	J	une 3	0,20	12
В	Check if a		lame of organization				D Empl	-	entification number)r
	Address	7	shington Association of				<u>i</u>	9	1 1259402	
	Name cha	ange Num	nber and street (or P.O box, i	if mail is not delivered to stre	et address)	Room/suite	E Telep	hone n	umber	
┝	j initial retu	1001	1 191st Place SW				<u> </u>	42	25.776.1563	
┝	Terminate Amended	■ Citv	or town, state or country, an	d ZIP + 4			F Grou	р Ехе	mption	
۲	ξ		nwood, WA 98036-5023				Num	nber 🕨	>	
G			Cash Accrual (Other (specify)		Н	Check I	▶ ☑ i	if the organization	is not
ŀ	Websit	•		<u> </u>					ach Schedule B	
J	Tax-exer	npt status (check or	nly one) — 🗸 501(c)(3)	501(c) () ◀ (insert	no.) 4947(a)(1) or	<u></u> 527	(Form 9	90, 99	0-EZ, or 990-PF).	
_	Check •		anization is not a section 5		zation or a section	527 organizat	on and it	s gros	s receipts are non	mally
	not mor		Form 990-EZ or Form 990							
			to file a return, be sure to							
L			line 9 to determine gross re			or if total asse	ts (Part II,			
	line 25, c		re \$500,000 or more, file Fo					▶ \$		
	Part I	Revenue, E	xpenses, and Chan	iges in Net Assets (or Fund Balanc	es (see the	instruc	ctions	s for Part I.)	
		Check if the	organization used Sc	hedule O to respond	to any question i	in this Part	l		<u> </u>	. 🗆
	1	Contributions,	gifts, grants, and simila	ar amounts received .				1		0
	2	Program servic	ce revenue including go	overnment fees and co	ntracts			2	34,0	055.47
	3	Membership du	ues and assessments .					3	3,9	975.00
	4	Investment inco	ome					4		63.45
	5a	Gross amount f	from sale of assets oth	er than inventory .	<u>5a</u>		0			
	b	Less: cost or of	ther basis and sales ex	cpenses	<u>5b</u>		0			
	С	Gain or (loss) fr	rom sale of assets othe	er than inventory (Subtr	act line 5b from li	ine 5a)		5c		0
	6		ndraising events							
	а		from gaming (attacl		ater than	•				
9	<u> </u>	\$15,000)			6a		0			
	Б		from fundraising events			f contributio	ns			
á	2		ng events reported on			1				
		_	ross income and contril				0			
	С	Less: direct exp	penses from gaming ar	nd fundraising events	<u>6c</u>		0			
	d		(loss) from gaming ar	nd fundraising events	(add lines 6a and	d 6b and su	btract			_
		line 6c)						6d		0
	7a		inventory, less returns	and allowances	<u>7a</u>		0			
	b	Less: cost of go			<u>7b</u>	<u></u>	0			_
	С		(loss) from sales of inv		o from line 7a) .			7c		
	8		(describe in Schedule (8		0
_	9	Total revenue.	. Add lines 1, 2, 3, 4, 50	c, 6d, 7c, and 8	<u> </u>	· · · ·		9		093.92 900.00
	10		nilar amounts paid (list i		•	2		10 11	1,3	<u>00.008</u>
	11	Benefits paid to	o or for members		• _ • • • • •	اين: ٠		12		0
	12		compensation, and em					13	16.4	411.91
	2 13	Professional fe	es and other payments nt, utilities, and mainte	s to independent contri	Riois (VI) IS .	(4)		14		585.11
	14							15	 	843.89
	15 16	011	والمام		77.75.115.	, ķ	• •	16		311.63
	17	Total expenses	s (describe in Schedules. Add lines 10 through	h 16		. i		17		306.53
	40	Evenee or /defi	cit) for the year (Subtra	ect line 17 from line (1)	<u>· · · · · · · · · · · · · · · · · · · </u>	· · · ·		18		212.61
ŧ	19		fund balances at begin							
è			ure reported on prior y					19	37.1	126.64
Alot Accote	ž 20		in net assets or fund b					20	3.1	0
Ž	21		und balances at end of					21	25,9	914.03

Pag	_	2
rau	•	•

Pa	rt II Balance Sheets. (see the instructions	•				
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II	· ·	
22	Cash, savings, and investments		-	37,126.64		25,914.03
23	Land and buildings				23	23,314.03
24	Other assets (describe in Schedule O)				24	0
25	Total assets		[37,126.64	25	25,914.03
26	Total liabilities (describe in Schedule O)		[26	0
27	Net assets or fund balances (line 27 of column			37,126.64	27	25,914.03
Par	Statement of Program Service Accom					Expenses
\//ha	Check if the organization used Schedule t is the organization's primary exempt purpose?	support teachers of				ared for section (3) and 501(c)(4)
			······		organ	izations and section
	cribe the organization's program service accomplineasured by expenses. In a clear and concise m				4947 for ot	(a)(1) trusts; optional
	ons benefited, and other relevant information for ea		р. с	,		
28	The 2011 conference "Creating Powerful Programs to	or the Gifted" was he	ld in Wenatchee, WA	with 200+		
	teachers and administrators attending.					
200	(Grants \$) If this amount The WAETAG newsletter is published three times a	includes foreign gra		n the entire	28a	21,154.27
29	newsletter is available online at the WAETAG web p		members. in addition	on trie entire		
	incusional is available diffine at the WALTAG HEB p	age. wattag.net				
	(Grants \$) If this amount	includes foreign gra	nts, check here .	···· · ▶ □	29a	2,843.89
30	Scholarships are made available to students to appl					
	scholarships were provided. In addition awards of	100 were presented t	o four students from	across the		"
	state.					
		includes foreign gra	nts, check here .	▶ ⊔	30a	1,900.00
31	Other program services (describe in Schedule O)				04-	
32	(Grants \$) If this amount Total program service expenses (add lines 28a	includes foreign gra			31a 32	25,898,16
Par						
	Check if the organization used Schedule					
·	3	(b) Title and average	(c) Reportable	(d) Health benefits,	1	
	(a) Name and address	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	contributions to employe benefit plans, and		her compensation
		devoted to position	(If not paid, enter -0-)	deferred compensation		
	hen Martin	President			┷	
	Sox 94045, Seattle, WA 98124	1			T	
	dette Alsim		0			0
	lotte Akin	Vice President				
	lox 1440, Battleground, WA 98604		0			0
Mary		Vice President Past President				
Mary 830 (ox 1440, Battleground, WA 98604 Freitas		0			0
Mary 830 (Betty 6811	Box 1440, Battleground, WA 98604 Freitas Cary Road, Edmonds, WA 98020 Buzitis 191st Place SW, Lynnwood, WA 98036	Past President	0			0
Mary 830 (Betty 6811 Susa	Rox 1440, Battleground, WA 98604 Freitas Cary Road, Edmonds, WA 98020 J Buzitis 191st Place SW, Lynnwood, WA 98036 In Casey	Past President	0			0 0
Mary 830 (Betty 6811 Susa	Box 1440, Battleground, WA 98604 Freitas Cary Road, Edmonds, WA 98020 Buzitis 191st Place SW, Lynnwood, WA 98036	Past President Treasurer	0	(0
Mary 830 (Betty 6811 Susa	Rox 1440, Battleground, WA 98604 Freitas Cary Road, Edmonds, WA 98020 J Buzitis 191st Place SW, Lynnwood, WA 98036 In Casey	Past President Treasurer	0			0 0
Mary 830 (Betty 6811 Susa	Rox 1440, Battleground, WA 98604 Freitas Cary Road, Edmonds, WA 98020 J Buzitis 191st Place SW, Lynnwood, WA 98036 In Casey	Past President Treasurer	0			0 0
Mary 830 (Betty 6811 Susa	Rox 1440, Battleground, WA 98604 Freitas Cary Road, Edmonds, WA 98020 J Buzitis 191st Place SW, Lynnwood, WA 98036 In Casey	Past President Treasurer	0			0 0
Mary 830 (Betty 6811 Susa	Rox 1440, Battleground, WA 98604 Freitas Cary Road, Edmonds, WA 98020 J Buzitis 191st Place SW, Lynnwood, WA 98036 In Casey	Past President Treasurer	0			0 0
Mary 830 (Betty 6811 Susa	Rox 1440, Battleground, WA 98604 Freitas Cary Road, Edmonds, WA 98020 J Buzitis 191st Place SW, Lynnwood, WA 98036 In Casey	Past President Treasurer	0			0 0
Mary 830 (Betty 6811 Susa	Rox 1440, Battleground, WA 98604 Freitas Cary Road, Edmonds, WA 98020 J Buzitis 191st Place SW, Lynnwood, WA 98036 In Casey	Past President Treasurer	0			0 0
Mary 830 (Betty 6811 Susa	Rox 1440, Battleground, WA 98604 Freitas Cary Road, Edmonds, WA 98020 J Buzitis 191st Place SW, Lynnwood, WA 98036 In Casey	Past President Treasurer	0			0 0
Mary 830 (Betty 6811 Susa	Rox 1440, Battleground, WA 98604 Freitas Cary Road, Edmonds, WA 98020 J Buzitis 191st Place SW, Lynnwood, WA 98036 In Casey	Past President Treasurer	0			0 0
Mary 830 (Betty 6811 Susa	Rox 1440, Battleground, WA 98604 Freitas Cary Road, Edmonds, WA 98020 J Buzitis 191st Place SW, Lynnwood, WA 98036 In Casey	Past President Treasurer	0			0 0
Mary 830 (Betty 6811 Susa	Rox 1440, Battleground, WA 98604 Freitas Cary Road, Edmonds, WA 98020 J Buzitis 191st Place SW, Lynnwood, WA 98036 In Casey	Past President Treasurer	0			0 0
Mary 830 (Betty 6811 Susa	Rox 1440, Battleground, WA 98604 Freitas Cary Road, Edmonds, WA 98020 J Buzitis 191st Place SW, Lynnwood, WA 98036 In Casey	Past President Treasurer	0			0 0

Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	3 Part		ليا _
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	Yes	No
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		1
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		
С	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	35c		1
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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b 38a	Did the organization file Form 1120-POL for this year?	37b		✓
b	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		✓
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	-		
40a	Gross receipts, included on line 9, for public use of club facilities	∤ ∣		
40a	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
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	40b		
_	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	400		
C	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. ▶		L	L V
42a	The organization's books are in care of ▶ Betty Buzitis Telephone no. ▶	425.77	6.1563	3
	Located at ▶ 6811 191st Place SW, Lynnwood, WA 98036 ZIP + 4 ▶	98036		
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	Yes	No √
	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		. 1	▶ □
	and officer the direction tax exempt interest received or appropriate tax years.		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		1
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		√
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	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
45b	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-F7 (see instructions)	45h		

_	
Page	4

Form	ggn.	.F7	(201	11

								Yes	
46 `		ne organization engage, directly or in						7	
		indidates for public office? If "Yes,"							✓
Part '		Section 501(c)(3) organizations							
		501(c)(3) organizations and secti			trusts mus	st answer qu	estions	47–49	b
		and 52, and complete the tables							
		Check if the organization used Sc	hedule O to respond	to any question i	n this Part	<u>VI</u>	· · ·	<u> </u>	<u>. 🗆</u>
								Yes	No
47	Did t	he organization engage in lobbying	activities or have a	section 501(h) elec	tion in effe	ct during the	tax [Т
	year?	If "Yes," complete Schedule C, Par	tll <i></i>				. 4	7	1
48	ls the	organization a school as described in	n section 170(b)(1)(A)(i	i)? If "Yes." comple	te Schedule	E	. 4	В	1
49a		ne organization make any transfers t					. 49	a	1
b		s," was the related organization a se	•	_			. 49		† *
50	Com	olete this table for the organization's	five highest compen	sated employees (other than	officers direct			nd kev
30	emple	byees) who each received more than	s \$100 000 of comper	esation from the or	ganization	If there is non	e enter	"None."	n ney
	Cilibii	Syces, who each received more than		T		alth benefits,			
	(a) Na	ame and address of each employee	(b) Title and average hours per week	(c) Reportable compensation	contributi	ons to employee		ated amo	unt of
		paid more than \$100,000	devoted to position	(Forms W-2/1099-MIS	2.1	ans, and deferred	other c	ompensa	ition
			·	ļ ·	Con	npensation			
none							ı		
-							ı		
				1			ı		
							ı		
							ı		
f	Total	number of other employees paid ov	or \$100 000	. D no	ne				
		plete this table for the organization			 	- tore who each	receive	ad more	o than
51	\$100	,000 of compensation from the orga	nization. If there is no	one, enter "None."	an Contract	iors write each	1 1000140	30 11101	5 (1141)
				1				.	
(a)	Name a	nd address of each independent contractor pa	uid more than \$100,000	(b) Type of s	service	(c) Compens	sation	
none			·						
110116				1					
									
				1					
					·				
				-					
				 					
				1					
				<u> </u>					
				-					
				1 22 222		<u></u>			
d		number of other independent contra			. •		one		
52		ne organization complete Schedule						_	
		xempt charitable trusts must attach			<u> </u>		► [Y		No
Under p	enalties	of perjury, I declare that I have examined this	return, including accompan	ying schedules and stat	ements, and to	the best of my ki	nowledge	and belie	f, it is
true, cor	rect, an	d complete Declaration of preparer (other than	n officer) is based on all into	ormation of which prepar	er nas any kno	owieage			
		La arteste 4. A				8-14	-13	<u></u>	
Sign		Signature of officer				Date '			
Here		Charlotte Akin, Vice President							
		Type or print name and title							
Paid		Print/Type preparer's name	Preparer's signature		Date	Check _	if PTIN	٧ -	
	arar			i		self-emplo			
Preparents		Firm's name ▶				Firm's EIN ▶			
USE (JIIIY	Firm's address ▶				Phone no			
May th	e IRS	discuss this return with the prepare	r shown above? See	instructions			► □ Y	es 🗌	No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Inspection **Employer identification number**

Par	t I Reason 1	for Public Cha	rity Status (All orga	nization	s must c	complete	this pa	rt.) See ı	nstructio	ons.	
he c	-	•	ation because it is: (Fo		-		-				
1			hes, or association of			ed in sec	tion 170	(b)(1)(A)(i).		
2											
3											
4											
_		ne, city, and stat	the benefit of a colle					h a aa			
5		on operated for b)(1)(A)(iv). (Com		ge or uni	versity o	wnea or	operated	by a go	vernmeni	tai unit describ	ea in
6 7	An organization	on that normally	nment or government receives a substantia (A)(vi). (Complete Pai	al part of					nit or fron	n the general p	oublic
8	☐ A community	trust described i	n section 170(b)(1)(A)(vi). (Cor	nplete Pa	art II.)					
9	receipts from support from	activities related gross investme	receives: (1) more that d to its exempt funct ent income and unre fter June 30, 1975. Se	ions-sul lated bus	bject to d siness ta	certain ex xable ind	ceptions	s, and (2) ss section	no more	e than 331/3%	of its
10	☐ An organization	on organized and	l operated exclusively	to test fo	r public s	safety. Se	e sectio	n 509(a)(4).		
11	purposes of o	one or more pub	nd operated exclusive dicly supported organ describes the type of	nızations	describe	d in sect	ion 509(a	1)(1) or se	ection 50	9(a)(2). See se	
	a 🗌 Type I	b 🗌	Type II c	□ Туре	III-Funct	ionally in	tegrated		d 🗀] Type III-Othe	er
е	☐ By checking t	this box, I certify undation manage	that the organization ers and other than one	is not co	ntrolled d	lirectly or	indirectl				
f	If the organiz	ation received a	a written determination	on from t	the IRS t	that it is	a Type	I, Type I	l, or Typ	e III supportir	ng _
g	•		he organization accep	pted any	gift or co	ontributio	n from a	ny of the			Ц
	• .		ndirectly controls, eitl	her alone	or toget	her with	nersons	describer	d in (ii) ar	nd Yes	No
			ody of the supported							11g(i)	
	• •		on described in (i) abo	-						11g(ii)	
		•	a person described in							11g(iii)	
h			on about the support				• • •				
	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))		rganization sted in your	(v) Did y the organ col (i)	ou notify nization in of your port?	organizati	zed in the	(vii) Amount of support	of
			1	Yes	No	Yes	No	Yes	No		
A)	- , , -										
B)											
C)											
D)											
	-										
E) 					7						
'otal				[

Part	II Support Schedule for Organiza						
•	(Complete only if you checked the						alify under
<u> </u>	Part III. If the organization fails to	quality unde	er the tests lis	sted below, p	lease comple	te Part III.)	
	on A. Public Support	(-) 0007	(F) 2009	(a) 2000	(4) 2010	(a) 2011	(f) Total
_	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(I) Folai
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.	<u></u>	<u></u>	<u> </u>	<u> </u>	<u>L</u>	<u></u>
	on B. Total Support				(n 0040	() 0044	(0 T-1-1
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10				<u> </u>		
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he						🏲 📋
	on C. Computation of Public Suppor			4			0/
14	Public support percentage for 2011 (line of Public support percentage from 2010 Sci					14	<u>%</u>
15 16a	331/3% support test—2011. If the organi box and stop here. The organization qua	zation did not	check the box	on line 13, and	d line 14 is 33 ¹	/3% or more, o	heck this
b	331/3% support test—2010. If the organ check this box and stop here. The organ	ization qualifie	es as a publicly	supported org	ganization .		> 🗆
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "forganization	ets the "facts- acts-and-circu	-and-circumsta umstances" tes 	nces" test, chest. The organiz	eck this box ar ation qualifies	nd stop here. I as a publicly s	Explain in upported ► □
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizar Explain in Part IV how the organization m supported organization	tion meets the	e "facts-and-ci	rcumstances" tances" test. T	test, check th	ns box and st	op here.
18	Private foundation. If the organization di	d not check a			a, or 17b, chec	k this box and	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants ")	4,800	7,350	7,325	1,465	3,975	24,915
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	38,394	63,550	46,430	50,755	34,055	533,184
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	43,194	70,900	53,755	52,220	38,030	258,099
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	0	0	0	0	0	0
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000					_	_
	or 1% of the amount on line 13 for the year	0	0	0	0	0	0
	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						252 222
0 4	line 6.)		1			l	258,099
	on B. Total Support	(=) 0007	(h) 0000	(-) 2000	(4) 2010	(a) 2011	(6) Total
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010 52,220	(e) 2011 38,030	(f) Total 258,099
9	Amounts from line 6	43,194	70,900	53,755	52,220	36,030	250,099
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties and income from similar sources .	44	92	185	141	63	525
b	Unrelated business taxable income (less		- 32				
U	section 511 taxes) from businesses	į		i			
	acquired after June 30, 1975	o	o	o	o	o	0
С	Add lines 10a and 10b	44	92	185	141	63	525
11	Net income from unrelated business						
••	activities not included in line 10b, whether						
	or not the business is regularly carried on	o	o	o	0	0	0
12	Other income. Do not include gain or		-				
	loss from the sale of capital assets						
	(Explain in Part IV.)	0	o	o	0	0	0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	43,238	70,992	53,940	52,361	38,093	258,624
14	First five years. If the Form 990 is for the						
	organization, check this box and stop her			<u> </u>			· · P 📙
	on C. Computation of Public Suppor			0 1 (0)		1451	00.0.0/
15	Public support percentage for 2011 (line 8						99.8 %
16	Public support percentage from 2010 Sch			<u> </u>	: : : : :	16	99.8 %
	on D. Computation of Investment Inc Investment income percentage for 2011 (I			ulino 12. colum	on (fl)	17	00.2 %
17	Investment income percentage for 2011 (investment income percentage from 2010)						00.2 %
18	33 ¹ /3% support tests—2011. If the organi						
19a	17 is not more than 33½%, check this box						
b	33 ¹ / ₃ % support tests—2010. If the organiz						
D	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did						
	ato iounadom ii dio organization di						

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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.

Washington Association of Educators for Talented and Gifted	91 1259402
ScholarshipUniversity of Washington for Mary Catherine Meno \$500	
ScholarshipUniversity of Washington for Grant Carey-Odden \$500	
ScholarshipEastern Washington University for Darcy Campbell \$500	·
AwardSergeo Centeno \$100	··
AwardGreg Arps \$100	·
AwardSean Holland \$100	
AwardReyna Flores \$100	·
	·
	·
Line 16 Other expenses Mileage for board members to Board Meetings; postage; conference exper	nses for printing, gifts, etc.
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