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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.

2011

Open to Public
Inspection

A	For the 2011 calendar year, or tax year beginning	9/01	, 2011, and ending	8/31	, 2012
B	Check if applicable	C			D
Address change			Employer identification number		
Name change			91-1154334		
Initial return			E Telephone number		
Terminated			(360) 705-8988		
Amended return			F Group Exemption Number		
Application pending			►		
G	Accounting Method	<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Accrual	Other (specify) ►	
I	Website:	► N/A			H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J	Tax-exempt status (check only one) —	501(c)(3)	<input checked="" type="checkbox"/> 501(c) (5)	►(insert no)	4947(a)(1) or 527
K	Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization or a section 527 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 ► \$ 73,859.				
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. <input checked="" type="checkbox"/>					
REVENUE JAN 07 2013 SCANNED	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	73,735.	
	4	Investment income	4	124.	
	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			
7a	Gross sales of inventory, less returns and allowances	7b			
b	Less cost of goods sold	7c			
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8			
8	Other revenue (describe in Schedule O)	9	73,859.		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	10			
EXPENSES See Schedule O	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	4,542.	
	14	Occupancy, rent, utilities, and maintenance	14	23,755.	
	15	Printing, publications, postage, and shipping	15		
	16	Other expenses (describe in Schedule O)	16	58,377.	
	17	Total expenses. Add lines 10 through 16	17	86,674.	
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-12,815.	
	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	109,753.	
20	Other changes in net assets or fund balances (explain in Schedule O)	20			
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	96,938.		

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

Form 990-EZ (2011)

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

22 Cash, savings, and investments
 23 Land and buildings
 24 Other assets (describe in Schedule O)
 25 **Total assets**
 26 **Total liabilities** (describe in Schedule O)
 27 **Net assets or fund balances** (line 27 of column (B) must agree with line 21)

(A) Beginning of year	(B) End of year
38,143.22	25,328.
71,610.23	71,610.
	24
109,753.25	96,938.
0.26	0.
109,753.27	96,938.

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 the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 See Schedule O

(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) Reportable compensation (Form W 2/1099 MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Terry VanMeter 3716 67th Ct SW Olympia, WA 98506-7949	President 20	0.	0.	0.
Tim Voie 632 NW Folsom St Chehalis, WA 98532-1702	Vice President 3	0.	0.	0.
Lori Tibbets 2997 Crosby Blvd SW #513 Tumwater, WA 98512-7847	Secretary 2.5	0.	0.	0.
Katie Gates 8020 Andover Lane SE Olympia, WA 98501-6877	Treasurer 2.5	0.	0.	0.
Melissa Swart 2301 Brentwood Pl SE Lacey, WA 98503-3777	Advocate 0.5	0.	0.	0.
Diane Leighty 3440 78th Ave SE Olympia, WA 98501-9403	At Large 0.5	0.	0.	0.
Kevin Wimsett 2736 Langridge Ln NW Olympia, WA 98502-4421	At Large 0.5	0.	0.	0.
Renee Cruickshank 3524 49th Ave SW Olympia, WA 98512-6602	At Large 1	0.	0.	0.
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Part V Other Information (Note the Schedule A and personal benefit contract 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

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) 33 X

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)? 34 X

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 35a X

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 35b X

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 35c X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 0. 36 X

b Did the organization file **Form 1120-POL** for this year? 37b 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? 38a X

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A

39 Section 501(c)(7) organizations Enter 39a N/A

a Initiation fees and capital contributions included on line 9 39b N/A

b Gross receipts, included on line 9, for public use of club facilities 40a 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** 40b 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 40c 0.

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 40d 0.

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40e X

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 41 None

41 List the states with which a copy of this return is filed ► **None** 42a N/A

42a The organization's books are in care of ► **Terry VanMeter** 42b Yes No

Located at ► **1619 State Street NE Olympia WA** 42c X

Telephone no ► **(360) 705-8988**

ZIP + 4 ► **98506**

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)? 42d X

If 'Yes,' enter the name of the foreign country ► **None** 42e N/A

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

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42f X

If 'Yes,' enter the name of the foreign country ► **None** 42g N/A

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

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 X

c Did the organization receive any payments for indoor tanning services during the year? 44c 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 44d X

45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? 45a X

b 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) 45b X

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

OMB No 1545 0047

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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.

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.

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

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Tumwater Education Association

91-1154334

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

Conferences, Conventions, and Meetings	\$ 10,728.
District Reimbursed Expenses	29,696.
Information Technology	84.
Licenses	10.
Miscellaneous	24.
Miscellaneous Meeting Expenses	1,319.
Office Supplies	864.
Payments of Travel or Entertainment for Public Officials	1,065.
Scholarships	1,500.
Stipends Paid	11,455.
Telephone	1,632.
Total	<u>\$ 58,377.</u>