



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

**Short Form  
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2011**

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 2011 calendar year, or tax year beginning **09/01/11**, and ending **08/31/12**

|   |   |  |
|---|---|--|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>Eastmont Education Association</b>                                  | <b>D</b> Employer identification number<br><b>91-1900912</b> |
|   | Number and street (or P O box, if mail is not delivered to street address)<br><b>93 Eastmont Avenue</b> | Room/suite<br>E Telephone number<br><b>509-884-6665</b>      |
|   | City or town, state or country, and ZIP + 4<br><b>East Wenatchee WA 98802</b>                           | F Group Exemption Number<br>▶                                |

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: ▶ **N/A**

**J** Tax-exempt status (check only one) —  501(c)(3)  501(c) **5** (insert no)  4947(a)(1) or  527

**K** Check  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. ▶ \$ **107,679**

**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

|   |   |         |         |
|---|---|---------|---------|
| <b>Revenue</b>  | 1 Contributions, gifts, grants, and similar amounts received  | 1       | 162     |
|   | 2 Program service revenue including government fees and contracts   | 2       |         |
|   | 3 Membership dues and assessments   | 3       | 106,688 |
|   | 4 Investment income   | 4       | 829     |
|   | 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   |         |         |
| 9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8   | 9   | 107,679 |         |
| <b>Expenses</b>   | 10 Grants and similar amounts paid (list in Schedule O)   | 10      | 6,300   |
|   | 11 Benefits paid to or for members  | 11      |         |
|   | 12 Salaries, other compensation, and employee benefits  | 12      | 72,744  |
|   | 13 Professional fees and other payments to independent contractors  | 13      | 2,600   |
|   | 14 Occupancy, rent, utilities, and maintenance  | 14      | 5,154   |
|   | 15 Printing, publications, postage, and shipping  | 15      |         |
|   | 16 Other expenses (describe in Schedule O)  | 16      | 27,789  |
|   | 17 <b>Total expenses.</b> Add lines 10 through 16   | 17      | 114,587 |
| <b>Net Assets</b>   | 18 Excess or (deficit) for the year (Subtract line 17 from line 9)  | 18      | -6,908  |
|   | 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      | 121,403 |
|   | 20 Other changes in net assets or fund balances (explain in Schedule O)   | 20      |         |
|   | 21 <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20   | 21      | 114,495 |

RECEIVED  
FEB 10 2013  
OCDEN UT

SCANNED MAR 06 2013

18P

**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  | 120,541               | 22 | 113,894         |
| 23 Land and buildings  | 0                     | 23 |                 |
| 24 Other assets (describe in Schedule O)                                       | 862                   | 24 | 601             |
| 25 Total assets  | 121,403               | 25 | 114,495         |
| 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) | 121,403               | 27 | 114,495         |

**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 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 The Association is the union and representation for all the Public School teachers in the East Wenatchee School District serving 324 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) Reportable compensation (Forms 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 |
|---|--|--|---|--|
| Tammy Grubb<br>93 Eastmont Avenue<br>East Wenatchee WA 98802        | President<br>25.00                                       | 58,658   | 0   | 0  |
| Beth Neff<br>93 Eastmont Avenue<br>East Wenatchee WA 98802          | Vice-President<br>3.00                                   | 1,105  | 0   | 0  |
| Mary Thompson<br>93 Eastmont Avenue<br>East Wenatchee WA 98802      | Secretary<br>2.00  | 2,150  | 0   | 0  |
| Cathy Gaylord<br>93 Eastmont Avenue<br>East Wenatchee WA 98802      | Treasurer<br>3.00  | 2,135  | 0   | 0  |
| Barb Agnew<br>93 Eastmont Avenue<br>East Wenatchee WA 98802         | Grievances<br>0.00                                       | 1,605  | 0   | 0  |
| Kim Spradlin<br>93 Eastmont Avenue<br>East Wenatchee WA 98802       | Negotiations<br>0.00                                     | 1,000  | 0   | 0  |
| Katy Keiser<br>93 Eastmont Avenue<br>East Wenatchee WA 98802        | Negotiations<br>0.00                                     | 1,000  | 0   | 0  |
| Jamea Connor<br>93 Eastmont Avenue<br>East Wenatchee WA 98802       | Negotiations<br>0.00                                     | 1,000  | 0   | 0  |
| Terry Sloan Abbott<br>93 Eastmont Avenue<br>East Wenatchee WA 98802 | Negotiations<br>0.00                                     | 1,000  | 0   | 0  |
| Tom McRae<br>93 Eastmont Avenue<br>East Wenatchee WA 98802          | Negotiations<br>0.00                                     | 1,500  | 0   | 0  |
| Erin Kraemer<br>93 Eastmont Avenue<br>East Wenatchee WA 98802       | Negotiations<br>0.00                                     | 1,135  | 0   | 0  |

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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
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)
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)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.
37b Did the organization file Form 1120-POL for this year?
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?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911, section 4912, section 4955, and 4958
40b 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 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 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e 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 List the states with which a copy of this return is filed: None
42a The organization's books are in care of: Cathy Gaylord
93 Eastmont Avenue
Located at: East Wenatchee
WA ZIP + 4: 98802
Telephone no: 509-884-6665
42b 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:
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
42c 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:
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
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
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-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

Table with 2 columns: Yes, No. Row 46: Yes [ ], No [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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

Table with 2 columns: Yes, No. Row 47: Yes [ ], No [ ]

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Table with 2 columns: Yes, No. Row 48: Yes [ ], No [ ]

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with 2 columns: Yes, No. Row 49a: Yes [ ], No [ ]

b If "Yes," was the related organization a section 527 organization?

Table with 2 columns: Yes, No. Row 49b: Yes [ ], No [ ]

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."

Table with 5 columns: (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 benefits, contributions to employee benefit plans, and deferred compensation; (e) Estimated amount of other compensation.

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."

Table with 3 columns: (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: Signature of officer: Tammy Grubb, Date: 2/4/13, Title: President

Paid Preparer Use Only: Preparer's name: Angela Collins, CPA; Preparer's signature: Angela Collins, CPA; Date: 01/17/13; Firm's name: Homchick, Smith & Associates, P.L.L.C.; Firm's address: PO Box 1371, Wenatchee, WA 98807-1371; Firm's EIN: 91-0626552; Phone no: 509-663-1131

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

Yes [X] No [ ]

**SCHEDULE O**  
 (Form 990 or 990-EZ)

 Department of the Treasury  
 Internal Revenue Service

**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

**2011**

 Open to Public  
 Inspection

Name of the organization

**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                     | \$ 979           |
| Office Supplies             | \$ 588           |
| Governance                  | \$ 2,459         |
| Membership Services         | \$ 2,874         |
| Delegations                 | \$ 11,406        |
| Negotiations                | \$ 1,593         |
| Stipends/Release Time       | \$ 6,762         |
| Assessments                 | \$ 80            |
| Policy making               | \$ 110           |
| Non-investment Depreciation | \$ 261           |
| <b>Total</b>                | <b>\$ 27,789</b> |

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

| Description                   | Beg. of Year  | End of Year   |
|-------------------------------|---------------|---------------|
|                               | \$ 8,050      | \$ 8,050      |
| Less Accumulated Depreciation | \$ 7,188      | \$ 7,449      |
| <b>Total</b>                  | <b>\$ 862</b> | <b>\$ 601</b> |

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

The Association is the union and representation for all the Public School teachers in the East Wenatchee School District serving 324 members.

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

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

OMB No 1545-0172

**2011**

Attachment Sequence No **179**

▶ 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 2010 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 2012. 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 2011  | 17 | 261 |
| 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 |    |     |

**Section B—Assets Placed in Service During 2011 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 2011 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 | 261 |
| 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** (2011)

91-1900912.

**Federal Asset Report**

FYE: 8/31/2012

**Form 990, Page 1**

| Asset                      | Description                              | Date<br>In Service | Cost         | Bus<br>% | Sec<br>179 | Bonus | Basis<br>for Depr | PerConv Meth | Prior        | Current    |
|----------------------------|--|--------------------|--------------|----------|------------|-------|-------------------|--------------|--------------|------------|
| <b>Prior MACRS:</b>        |  |                    |              |          |            |       |                   |              |              |            |
| 3                          | Computer                                 | 7/29/02            | 1,008        |          |            |       | 706               | 5 HY 200DB   | 1,008        | 0          |
| 4                          | Bookshelves                              | 11/12/03           | 459          |          |            |       | 229               | 7 HY 200DB   | 459          | 0          |
| 5                          | EVO D510 Computer & Monitor              | 11/12/03           | 1,716        |          |            |       | 858               | 5 HY 200DB   | 1,716        | 0          |
| 6                          | Computer                                 | 1/12/06            | 1,504        |          |            |       | 1,504             | 5 HY 200DB   | 1,504        | 0          |
| 7                          | 3 Part Desk                              | 8/22/08            | 1,242        |          | X          |       | 621               | 7 MQ200DB    | 806          | 124        |
| 8                          | File Cabinet                             | 8/22/08            | 572          |          | X          |       | 286               | 7 MQ200DB    | 371          | 58         |
| 9                          | 1st Office Star Chair                    | 8/22/08            | 130          |          |            |       | 130               | 7 MQ200DB    | 84           | 13         |
| 10                         | 2nd Office Star Chair                    | 8/13/08            | 130          |          |            |       | 130               | 7 MQ200DB    | 84           | 13         |
| 11                         | HP Computer and Monitor                  | 5/31/09            | 920          |          | X          |       | 460               | 5 HY 200DB   | 787          | 53         |
|                            |  |                    | <u>7,681</u> |          |            |       | <u>4,924</u>      |              | <u>6,819</u> | <u>261</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             |              | 7,188        | 261        |
|                            | <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>7,188</u> | <u>261</u> |

# Federal Statements

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

| <u>Description</u> | <u>Amount</u>     |
|--------------------|-------------------|
| ABA Dues           | \$ 106,688        |
| Total              | \$ <u>106,688</u> |

Form **8868**  
(Rev. January 2012)

### Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**

A corporation required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

|   |   |  |
|---|---|--|
| Type or print<br><br>File by the due date for filing your return See instructions | Name of exempt organization or other filer, see instructions<br><b>Eastmont Education Association</b>                     | Employer identification number (EIN) or<br><input checked="" type="checkbox"/> <b>91-1900912</b> |
|   | Number, street, and room or suite no. If a P O. box, see instructions.<br><b>93 Eastmont Avenue</b>                       | Social security number (SSN)<br><input type="checkbox"/>   |
|   | City, town or post office, state, and ZIP code For a foreign address, see instructions.<br><b>East Wenatchee WA 98802</b> |  |

Enter the Return code for the return that this application is for (file a separate application for each return)

**01**

| Application Is For                      | Return Code | Application Is For       | Return Code |
|---|-------------|--------------------------|-------------|
| Form 990                                | 01          | Form 990-T (corporation) | 07          |
| Form 990-BL                             | 02          | Form 1041-A              | 08          |
| Form 990-EZ                             | 01          | Form 4720                | 09          |
| Form 990-PF                             | 04          | Form 5227                | 10          |
| Form 990-T (sec 401(a) or 408(a) trust) | 05          | Form 6069                | 11          |
| Form 990-T (trust other than above)     | 06          | Form 8870                | 12          |

**Cathy Gaylord  
93 Eastmont Avenue**

- The books are in the care of ▶ **East Wenatchee**

**WA 98802**

Telephone No. ▶ **509-884-6665**

FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **04/15/13** , to file the exempt organization return for the organization named above The extension is for the organization's return for:

▶  calendar year \_\_\_\_\_ or

▶  tax year beginning **09/01/11** , and ending **08/31/12** .

2 If the tax year entered in line 1 is for less than 12 months, check reason  Initial return  Final return

Change in accounting period

|   |    |    |
|---|----|----|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions                                   | 3a | \$ |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit | 3b | \$ |
| c <b>Balance due.</b> Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions      | 3c | \$ |

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev 1-2012)

*o file. Ae*