

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

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

2012

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

	Ā	For the 2012 c	alendar year, or tax year beginning 711 1 . 2012, and ending			
	_	Check if applicable				2013
		Address change	C Name of organization	i -	mployer R	dentification number
		Name change	Washington Association of Educators for Talented and			59402
		Initial return	Number and street (or P O box, if mail is not delivered to street address) Room/suite	E ™	elephone	number
		Terminated	918 College Street		(509)	662-5951
		Amended return	City or town, state or country, and ZIP + 4	F 0	roup Ex	remption
		Application pending	Wenatchee WA 98801		umber	►
		Accounting Me		H Check ► X	If the	organization is not
	ı	Website: ► v	vaetag.net	required to		
	J		(check only one) — X 501(c)(3) 501(c) () ◀(insert no) 4947(a)(1) or 527			² , or 990-PF)
				- 		
	K	Check ► ∐ if	the organization is not a section 509(a)(3) supporting organization or a section 527	organization a	nd its g	ross receipts are
		instructions) B	ore than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 9 ut if the organization chooses to file a return, be sure to file a complete return	990-N (e-postca	ard) ma	y be required (see
			c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or m			
	L	assets (Part II	line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 99	iore, or it total	▶ \$	50 005
1			ue, Expenses, and Changes in Net Assets or Fund Balances (see			58,327.
1	Га		the organization used Schedule O to respond to any question in this Part I	trie instruct	.10115-1	
					1 - 1	x
			ions, gifts, grants, and similar amounts received	•	1	500.
		_	service revenue including government fees and contracts		2	<u>56,443.</u>
			hip dues and assessments		3	1,353.
		4 Investme	nt income .		4	31.
		5 a Gross an	nount from sale of assets other than inventory 5 a			
		b Less: cos	st or other basis and sales expenses 5 b		7	
		c Gain or (los	s) from sale of assets other than inventory (Subtract line 5b from line 5a)		5 c	
		-	and fundraising events			
	R	_	come from gaming (attach Schedule G if greater than \$15,000)			
	¥ E >		come from fundraising events (not including \$ of contribu	tions	1	
	CZE		fraising events reported on line 1) (attach Schedule G if the sum			
	Ē		ross income and contributions exceeds \$15,000) 6b	1		
		c Less. dire	ect expenses from gaming and fundraising events	1.	1	
		al Notingon	and our (loop) from program and fundaments are also fould have Control	<u> </u>	1 1	
		6b and s	ubtract line 6c)	191	6 d	
		7 a Gross sa	ne or (loss) from gaming and fundraising events (add lines 6a and CEVE) less of inventory, less returns and allowances	SE SO		
		b Less: cos	st of goods sold		1 }	
			of of goods sold of of (loss) from sales of inventory (Subtract line 7b from line) renue (describe in Schedule O) enue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	السر ال	7 c	
			renue (describe in Schedule O)		8	
			enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	
					-	<u>58,327.</u>
			nd similar amounts paid (list in Schedule O)		10	
	_		paid to or for members		11	
	EXPERSES		other compensation, and employee benefits .		12	
	E		nal fees and other payments to independent contractors		13	
	N S		cy, rent, utilities, and maintenance		14	
	Ē	15 Printing,	publications, postage, and shipping		15	
-	·	16 Other ex	Denses (describe in Schedule O) See Form 990 EZ, Parti.	Line 16 Other Expense	§ 16	52,819.
2014		17 Total exp	enses. Add lines 10 through 16	•	17	52,819.
		18 Excess of	r (deficit) for the year (Subtract line 17 from line 9)		18	5,508.
©	NS I	19 Net asse	ts or fund balances at beginning of year (from line 27, column (A)) (must agree with	a and of waar		
de-	ĒS	figure re	orted on prior year's return)	r end-or-year	19	25,914.
N	'T	20 Other ch	anges in net assets or fund balances (explain in Schedule O) See L-20	Stmt	20	
\Rightarrow	-		ts or fund balances at end of year. Combine lines 18 through 20	•	21	-4,291.
	ВА		rk Reduction Act Notice, see the separate instructions.		<u>, </u>	27,131. Form 990-EZ (2012)
		apoitto				1 OIII 330-EZ (2012)
						1 /
SCANNED						lh
9			TEEA0812 03/14/13			$V \sim$
90						

	990-EZ (2012) Washington Assoc		for Talented a	nd Gifted 91	-125	9402 Page 2
Par	Balance Sheets. (see the Ins Check if the organization used Scheo	tructions for Part II.) Jule 0 to respond to any ques	stion in this Part II			
			(A) Beginning of year	ar _	(B) End of year
22	Cash, savings, and investments .	• • •		25,914		27,131.
23	Land and buildings .	•	<u></u>	0		0.
24	Other assets (describe in Schedule O) .			0	. 24	0.
25	Total assets	•		25,914	. 25	27,131.
	Total liabilities (describe in Schedule O)	• • • • • • •	<u> </u>	0		0.
	Net assets or fund balances (line 27 of c	` '	,	25,914	. 27	27,131.
Päi	TAILITEE Statement of Program Service Ac					Expenses
	Check if the organization used Sch	edule O to respond to any qu	lestion in this Part III			ured for section 501 and 501(c)(4)
What	s the organization's primary exempt purpose?	pport teachers of ta	alented and gift	ed students	organ	izations and section
mea	ribe the organization's program service activities by expenses. In a clear and concise fited, and other relevant information for each	manner, describe the service	s three largest program	of persons		a)(1) trusts; optional
bene	fited, and other relevant information for ea	ich program title	,,		for ot	hers.)
28	The 2012 conference "Crea	ating Powerful Pro	grams for the	Gifted"		
	was held in Tacoma, WA wi	th 200+ teachers	and			
	administrators attending	·			l i	
	(Grants \$ 0.) If the	s amount includes foreign gra	ants, check here	•	28 a	35,039.
29	The WAETAG newsletter is	published three t	imes a year			
	and mailed to all members	In addition th	e entire			
	newsletter is available	online at the WAET	AG web page.			
	(Grants \$ 0.) If th	is amount includes foreign gra	ants, check here	·	29 a	900.
30	Scholarships are made ava	ilable to student	s to apply			
	for in order to attend su					
	and one \$285 scholarship					
	(Grants s o) If th	is amount includes foreign gra	ants, check here .	FT	30 a	785.
31	Other program services (describe in Scho					703.
•		is amount includes foreign gr	ants, check here	▶ □	31 a	
32	Total program service expenses (add Irr				32	36,724.
			aloxoos turbanda an			
Fal	List of Officers, Directors, Check if the organization used Sch	rustees, and Key Emp	JIOYEES. LIST each one even	en ir not compensated	(see the	instructions for Part IV
		(b) Average hours per	(c) Reportable compensation	(d) Health benefit	s,	
	(a) Name and Title	week devoted to	(Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to employee benefit plans, and def	erred	(e) Estimated amount of other compensation
		position	(II flot paid, effter -0-)	compensation		
Cha	rlotte Akin					
Pre	esident	1.00	0.		0.	0.
<u>Ka</u> :	i DeMarco			1		
Vi	ce President	1.00	0.		0.	0.
Ste	ephen Martin					
	st President	1.00	0.		0.	0.
	na Tidd					
	easurer	1.00	0.		0.	0.
La	rie McGovern					
	retary	1.00	0.		Ο.	0.
		·				
	-					
-						
		1				
				1		-
		1				
				T		
		1				
		i		† " 		
		1				
		<u> </u>	<u> </u>	1		
		1				
			<u> </u>	1		
		1		1		
BA		TEEA0812 (1		Form 990-EZ (2012)
	•	10012				1 OHH 330-LE (2014)

Par	tt 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			П
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33		x
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		X
35 a	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)?	35 a		<u> </u>
	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	35 b		
•	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	35 c		x
	Did the organization undergo a liquidation, dissolution, termination, or significant	100		
30	disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N .	36		x
37 a	a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a). 		
	b Did the organization file Form 1120-POL for this year?	37 b		x
38	a 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?	38 a		X
'	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38 b			ı
39	Section 501(c)(7) organizations Enter:			1
	a Initiation fees and capital contributions included on line 9			
1	b Gross receipts, included on line 9, for public use of club facilities 39 b	_		
40	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			i
	section 4911 ► ; section 4912 ► ; section 4955 ►	_		,
I	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	40 Ь		x
,	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			
(d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶			
	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	40 e		X
41	List the states with which a copy of this return is filed *			
	a The organization's books are in care of Tina Tidd Located at 918 College Street Wenatchee WA ZIP + 4 9880 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)?		- <u>5 9 5</u> Yes	No X
	If 'Yes,' enter the name of the foreign country. ▶	_		
		i		
			'	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			X
	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		
	If 'Yes,' enter the name of the foreign country: ►	-		
13	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		▶ □	
73	and enter the amount of tax-exempt interest received or accrued during the tax year . • 43			
	and effect the amount of tax-exempt interest received of accrete during the tax year.		Yes	No
44			† 	
	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead			
	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a		x
	of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed			
	of Form 990-EZ 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	44 a 44 b		x
	of Form 990-EZ 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 c Did the organization receive any payments for indoor tanning services during the year?	44 b		
	of Form 990-EZ 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	44 b		x
	of Form 990-EZ 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 c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?	44 b 44 c		x
45	 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 c Did the organization receive any payments for indoor tanning services during the year? 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 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? 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.' 	44 b 44 c 44 d 45 a		x x
45	of Form 990-EZ 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 c Did the organization receive any payments for indoor tanning services during the year? 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 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	44 b 44 c	0-F7	X X X

Form 990-EZ (2012) Washington Association of Educators for Talented and Gifted 91-1259402

Page 3

Form 990-E	4 (2012) Washington Associat	ion of Educato:	rs for Talented	and Gifted 91-12		Page 4
	e organization engage, directly or indirect dates for public office? If 'Yes,' complete		ign activities on behalf	of or in opposition to		Yes No
Part VI	Section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51.		questions 47-49b a	and 52, and complete	e the tables	5
	Check if the organization used Schedule	O to respond to any	question in this Part VI			П
	e organization engage in lobbying activiti	es or have a section !	501(h) election in effect	during the tax year? If 'Y	es,'	Yes No
•	ete Schedule C, Part II organization a school as described in se	ction 170(h)(1)(A)(ii)?	If 'Yes ' complete Sch	edule F	47	x x
	e organization make any transfers to an				49 a	$\frac{x}{x}$
b If 'Yes	s,' was the related organization a section	527 organization?			49 b	
	lete this table for the organization's five hyees) who each received more than \$100					
	(a) Name and title of each employee paid more than \$100,000	(b) 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 other comp	
None						
						_
f Total	number of other employees paid over \$1	00,000 .			.1	
51 Comp	lete this table for the organization's five	nighest compensated	independent contractor	s who each received more	e than \$100,0	00 of
	ensation from the organization. If there is ame and address of each independent contractor paid	•	(b) Ty	pe of service	(c) Comp	ensation
None						
						
d Total	number of other independent contractors	each receiving over	\$100,000		<u> </u>	
52 Did th	ne organization complete Schedule A? Notable trusts must attach a completed Sch	ote: All section 501(c)		947(a)(1) nonexempt	► X Yes	No
Under penaltie true, correct, a	s of perjury, I declare that I have examined this return and complete Declaration of preparer (other than offic	, including accompanying sc er) is based on all information	hedules and statements, and t in of which preparer has any ki	o the best of my knowledge and b	elief, it is	
			, 1			
Sign Here	Signature of officer Charlotte Akin, President Type or print name and title	lent Chai	bute AM	Date	26/14	
	Print/Type preparer's name	Preparer's signature	Date	Check K if	PTIN	
Paid	Steve Tidd, CPA	Str7d10	-PA 04/23	self-employed	P0045223	2
Preparer	Firm's name ► Tidd Tax & Acco					
Use Only	Firm's address > 918 College Sti	reet	W. 0000	Firm's EIN Phone no (5)	20-8172	
May the ID	Wenatchee S discuss this return with the preparer sh	nown ahove? See insti		1686 Phone no (5	<u>09) 662-</u> ► □Yes	
	C discuss this return with the preparer Si)-EZ (2012)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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.

OMB No 1545-0047

Open to Public

Employer identification number

Schedule A (Form 990 or 990-EZ) 2012

91-1259402 Washington Association of Educators for Talented and Gifted Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 7 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities 9 related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. 11 Type III - Functionally integrated d Type III - Non-functionally integrated С Type I By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) 11 g (i) below, the governing body of the supported organization? A family member of a person described in (i) above? 11 g (ii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) h Provide the following information about the supported organization(s) (i) Name of supported organization (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization in column (i) listed in (vii) Amount of monetary (ii) EIN (v) Did you notify (vi) Is the organization in organization in support column (i) of your support? column (i) your governing document? Yes Yes Yes (A) (B) (C) (D) (E) Total

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Par	t II Support Schedule for (d 170/hY1YAY	/i)
· un	(Complete only if you checke	d the box on line	5. 7. or 8 of Part	I or if the organiza	ation failed to qual		
Caa	organization fails to qualify u	nder the tests list	ed below, please	complete Part III.)			
	tion A. Public Support	4-> 0000	42,0000	(-) 2010	(4) 2011	(2) 2012	(f) Total
begiı	nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
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	,,, <u>, , , , , , , , , , , , , , , , , ,</u>					
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>					
	tion B. Total Support		T	·	Т.	,	
	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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				ļ		
12	Gross receipts from related activ	ities, etc (see ins	tructions)	••	•	12	<u> </u>
13	First five years. If the Form 990 organization, check this box and	is for the organiz stop here	ation's first, secor	nd, third, fourth, or	r fifth tax year as a	section 501(c)(3)	▶ 🗌
	ction C. Computation of Pu						
14 15	Public support percentage for 20 Public support percentage from 2			ie 11, column (f))		14 15	<u>%</u> %
16	a 33-1/3% support test - 2012. If and stop here. The organization	the organization qualifies as a pu	did not check the blicly supported or	box on line 13, ar rganization	nd the line 14 is 33	3-1/3% or more, che	eck this box
ļ	b 33-1/3% support test 2011. If the and stop here. The organization	the organization of qualifies as a pu	did not check a bo blicly supported o	x on line 13 or 16 rganization .	a, and line 15 is 3	3-1/3% or more, ch	eck this box ►
17	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstances	s' test, check this	box and stop here	. Explain in Part IV	0% how ►
	b 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a	and-circumstance:	s' test, check this	box and stop here	. Explain in Part IV	

BAA

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if y	ou checked the box on I	ne 9 of Part I or if the organization failed to qualify under Part II	If the organization fails
to qualify under the	tests listed helow inlea	se complete Part II)	

	tion A. Public Support			,			
	dar year (or fiscal yr beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions and membership fees						
	received (Do not include	7 350	7 225	1 465	2 075	1 053	21 060
2	any 'unusual grants ') Gross receipts from admis-	7,350.	7,325.	1,465.	3,975.	1,853.	21,968.
-	sions, merchandise sold or						
	services performed, or facilities furnished in any activity that is						
	related to the organization's						
	tax-exempt purpose	63,550.	46,430.	50,755.	34,055.	56,443.	251,233.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or						
	facilities furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	70,900.	53,755.	52,220.	38,030.	58,296.	273,201.
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c	Add lines 7a and 7b						
8	Public support (Subtract line						·
	7c from line 6)					<u> </u>	273,201.
	tion B. Total Support	T					
	dar year (or fiscal yr beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6	70,900.	53,755.	52,220.	38,030.	58,296.	273,201.
IVa	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	92.	185.	141.	63.	31.	512.
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	: Add lines 10a and 10b	92.	185.	141.	63.	31.	512.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add Ins 9, 10c, 11, and 12)		53,940.	52,361.	38,093.	58,327.	273,713.
14	First five years. If the Form 990 organization, check this box and	is for the organizat	tion's first, second	i, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ □
500							
	tion C. Computation of Pu Public support percentage for 20			12 solumn (f)	<u>-</u>	. 15	00 01 %
	• • • •	•	· ·	: 13, coluitiii (1))		16	99.81 %
	Public support percentage from 2				· · · · · · · · · · · · · · · · · · ·	10	99.80 %
	tion D. Computation of Inv					117	0.10.9
	Investment income percentage for			·-	"" (<i>'))</i>	17	0.19 %
18	Investment income percentage fi				od line 15 is mars		0.20 %
	a 33-1/3% support tests — 2012. If is not more than 33-1/3%, check a 33-1/3% support tests — 2011. If	this box and stop	here. The organiz	zation qualifies as	s a publicly suppor	ted organization	. * X
	33-1/3% support tests – 2011. If line 18 is not more than 33-1/3%	, check this box ar	nd stop here. The	organization qua	lifies as a publicly	supported organiza	ation
	Private foundation. If the organi	zation did not ched					
BAA	L		TEEA0403	08/09/12	So	chedule A (Form 99	90 or 990-EZ) 2012

Scriedule A	(Form 990 or 990-EZ) 2012 Washi	ngton Association of E	ducators for Talented an	d Gifted 91-1259402	Page 4
[PartilV测]	Supplemental Information. (Part II, line 17a or 17b; and F (See instructions).	Complete this part to Part III, line 12. Also	complete this part fo	itions required by Part II, line or any additional information	e 10; i.

Schedule A (Form 990 or 990-EZ) 2012

BAA

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the organization	Employer identification number
Washington Association of Educators for Talented and Gifted	91-1259402
,	
~	
	-

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)	
Bank Charge	80.
Board Travel	2,963.
Coalition	5,000.
Conference Expenses	35,039.
Constant Contact Dues	247.
Meals	76.
ESD Training Expenses	1,046.
Licenses and Permits	40.
Membership Dues	100.
Merchant Bankcard Fee	20.
Mileage	4,535.
Newsletter	900.
Office Supplies	24.
Paypal Fee	479.
Postage	275.
Printing and Processing	563.
Scholarship Expense	785.
Southwick Specialty	459.
WAETAG	86.
Website Expenses	102.
Total	52,819.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Page 1, Part I, Line 20

Description	Amount
To agree to year-end fund balance	-4,291.
Total	-4,291.

Supporting Statement of:

Form 990-EZ/Line 2

Description	Amount
Administrators Day Registration	450.
Centerpiece Income	975.
Conference Registration Fee Income	49,243.
Conference Vendor Income	1,775.
ESD Training Income	4,000.

Supporting Statement of:

Form 990-EZ/Line 3

Amount
1,323.
1,353.

Supporting Statement of:

Form 990-EZ/Line 16, Amount-4

Description	Amount
Awards	88
Conference Management	6,552
Dumas Bay	234
Food	351.
Hotel Murano	25,124
Parking and Tolls	69.
Speaker	2,499
Workshop and Incidentals	122
Total	35,039

Supporting Statement of:

Form 990-EZ/Line 16, Amount-7

Description	Amount
Food	285.
Miscellaneous	46.
Travel	715.

Total _____1,046.