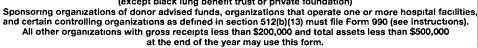


## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## 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)





Open to Public Inspection

Department of the Treasury

A For the 2012 calendar year, or tax year beginning  9/01  , 2012, and ending  8/31  , 20 13							
_				and ending	8/31		
B Check if applicable			C Name of organization		D Employer identification number		
Address change			Walla Walla Valley Education Association			91-0882363	
H	Name cha Initial retu	-	Number and street (or P O box, if mail is not delivered to street address)	Room/suite	E Telephone	number	
H	Terminate		5 W Alder Street	231	5	09-525-7810	
Ħ	Amended		City or town, state or country, and ZIP + 4		F Group Ex	emption	
	Applicatio	on pending	Walla Walla, WA 99362		Number	<u> </u>	
G	Account	ting Method <sup>.</sup>	✓ Cash Accrual Other (specify) ►	Н	Check ► 🗹	if the organization is not	
1 '	Websit	te:▶ www.v	vvea.org			ttach Schedule B	
JI	ax-exen	npt status (che	ck only one) — ☐ 501(c)(3)	<u>527</u>	(Form 990, 99	90-EZ, or 990-PF)	
K	Check •	► ☐ If the	organization is not a section 509(a)(3) supporting organization or a section	527 organizati	on <b>and</b> its gro	ss receipts are normally	
1	not mor		A Form 990-EZ or Form 990 return is not required though Form 990-N (e	-	-		
1	the orga	anization choo	ses to file a return, be sure to file a complete return				
L	Add lines	s 5b, 6c, and 7t	o, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more,	or if total asset	s (Part II,		
li	ne 25, c	olumn (B) belov	w) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ ;	\$ 107,920.00	
P	art I	Revenue	e, Expenses, and Changes in Net Assets or Fund Balanc	es (see the	instruction		
			the organization used Schedule O to respond to any question i	-		🗸	
	1		ns, gifts, grants, and similar amounts received		. 1	2,750.00	
	2		rvice revenue including government fees and contracts		2		
	3		p dues and assessments		3	105,170.00	
	4	Investment			4	103,170.00	
	5a		unt from sale of assets other than inventory 5a			<del>                                     </del>	
	b		or other basis and sales expenses				
	1		s) from sale of assets other than inventory (Subtract line 5b from li	no 50)	. 5c	-	
	C		s) from sale of assets other than inventory (Subtract line 35 from il d fundraising events	ne saj .	. 30	<del> </del>	
	6	_			; <del>*</del>		
يو	a	\$15,000) .	me from gaming (attach Schedule G if greater than		4.64		
5		•					
Š	b		······································	contribution	ıs 🏥		
يقر			aising events reported on line 1) (attach Schedule G if the		3	-	
2UI∯Revenue			n gross income and contributions exceeds \$15,000) 6b				
7	1 .		expenses from gaming and fundraising events 6c		, <u>;</u> ;		
20	ď		or (loss) from gaming and fundraising events (add lines 6a and	1 6b and sul	otract		
N	İ	line 6c)		•	· 6d		
JAN	7a	Gross sales	of inventory, less returns and allowances				
₹ 	b		of goods sold		<u> </u>		
~	С	•	or (loss) from sales of inventory (Subtract line 7b from line 7a) .		<u>7c</u>		
	8		ue (describe in Schedule O)		8		
	9	Total rever	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u> </u>	. ▶ 9	107,920.00	
	10	Grants and	similar amounts paid (list in Schedule O)		10	1,500.00	
Expenses (%)	11	Benefits pai	d to or for members	ENED	. 11		
7 <b>6</b>	12	Salaries, oth	ner compensation, and employee benefits		၂ပ္ 12	19,073.00	
n Si	13	Professiona	ll fees and other payments to independent contractors 📗 📙 ്ര 🤫	13			
þ	14	Occupancy	, rent, utilities, and maintenance 😂	0 13 14 15	5,843.00		
Ä	15		blications, postage, and shipping	[ 15	140.00		
	16	Other exper	16	71,127.00			
	17	•	nses (describe in Schedule O)		17	97,683.00	
	18		deficit) for the year (Subtract line 17 from line 9)		18	+10,237.00	
ets	19		or fund balances at beginning of year (from line 27, column (A))	(must agree			
SS			figure reported on prior year's return)		. 19	63,898.00	
Net Assets	20	-	ges in net assets or fund balances (explain in Schedule O) .		. 20	00,000.00	
ž	21		or fund balances at end of year. Combine lines 18 through 20		. > 21	74,135.00	
				No 10642I	· -   <del>-  </del>	Form <b>990-EZ</b> (2012)	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

	/	
Form	990-EZ-(2012	١

Pa	rt II Balance Sheets (see the instruction	s for Part II)				
	Check if the organization used Schedu	ile O to respond to a	ny question in this			<u> 🗆</u>
				(A) Beginning of year	<u> </u>	(B) End of year
22	Cash, savings, and investments			63,898.00		74,135.00
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			63,898.00		74,135.00
26	Total liabilities (describe in Schedule O) .				26	
27	Net assets or fund balances (line 27 of colur			63,898.00	27	74,135.00
Par		•				Expenses
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Check if the organization used Schedu			Part III		quired for section
	t is the organization's primary exempt purpose?					(c)(3) and 501(c)(4) anizations and section
as n	cribe the organization's program service accom neasured by expenses. In a clear and concise ons benefited, and other relevant information for	manner, describe th				17(a)(1) trusts, optional others)
28	Provide service to members (teachers) of the asso	ciation in the form of n	egotiating contracts,	committees, and		
	scholarships.					
	(Grants \$ ) If this amou	nt includes foreign gr	ants, check here .	🕨 🗌	28	a 97,683.00
29	***************************************					
	(Grants \$ ) If this amou	nt includes foreign gr	ants, check here .	<u> ▶ 🔲</u>	298	a
30						
	(Grants \$ ) If this amou				30a	a
31	Other program services (describe in Schedule C	•				_
	(Grants \$ ) If this amou	nt includes foreign gra	ants, check here .		31a	
32	Total program service expenses (add lines 28 List of Officers, Directors, Trustees, and F	a ullough Sta) .	h and avan if not com	nanastad (see the in	1	0.,000.00
rat	Check if the organization used Schedu				Siruc	
	Check if the organization used Schedu		(c) Reportable	(d) Health benefits,	<u> </u>	<u> </u>
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC (If not paid, enter -0-)	contributions to employ benefit plans, and		e) Estimated amount of other compensation
Marg	o Piver					
Presi	dent	20		)	0	0
Chris	Blackman					
Vice-	President	10	ļ <u>.</u>	)	0	0
Ted I	<b>Cnauft</b>					
	etary/Treasurer	5		)	0	0
Debb	ue Bailey					_
	utive Board	5		<u> </u>	0	0
	erraro	·				_
	utive Board	5		<u> </u>	0	0
	e Longmire					
	utive Board	5		)	<u> </u>	
•	Peasley					o
	utive Board	5	<del></del>	<u> </u>	0	<u>.</u>
	Sanders				0	0
Exec	utive Board	5		, , , , , , , , , , , , , , , , , , ,	<del>-</del>  -	
			<del> </del>	<del> </del>	+	
			<del> </del>	<del> </del>	+	
•		·				
			<del> </del>	<del> </del>	+	
			1	1		

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
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		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		./
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		<b>√</b>
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			
ь 38а	Did the organization file <b>Form 1120-POL</b> for this year?	37b	7	<b>√</b> \$%\$\$
000	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	الأصيكة خمد د	<b>√</b>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			3. 487 3. 180
39	Section 501(c)(7) organizations. Enter		7	
a b	Initiation fees and capital contributions included on line 9		·	
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		ج کر کر پر خ	
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	<u>. 10</u> 1	<b>√</b>
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		4 14 1	,
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	£ .	<b>✓</b>
41	List the states with which a copy of this return is filed ▶ None			
42a	The organization's books are in care of ▶ Walla Walla Valley Education Association  Telephone no. ▶  Solution 21P + 4 ▶  ZIP + 4 ▶	09-52 99:		<u>.</u>
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		1
	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.	1		
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	<u> </u>	<b>√</b>
40	If "Yes," enter the name of the foreign country: ►  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			_
43	and enter the amount of tax-exempt interest received or accrued during the tax year	· ·	Yes	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	- 4	<b>√</b>
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
c	Did the organization receive any payments for indoor tanning services during the year?	44c		1
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		, F 1.
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<b>√</b>
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)	45b		✓

Form 990	I-EZ (2012)						F	Page 4
				-			Yes	No
	Did the organization engage, directly or ii			on behalf of or	in opposition			
	to candidates for public office? If "Yes,"		, Part I .	<u>· · · · · · · · · · · · · · · · · · · </u>		46	L	1
Part V			ationa 47 40h an	d	anlata tha ta	bloo f	or lin	
	All section 501(c)(3) organization	is must answer que	estions 47-490 an	d 52, and con	ipiete trie ta	.Dies ii	OF III	52
	50 and 51	hadula O ta raanaa	d to any ayantını in	thin Cart \/I				
	Check if the organization used Sc	nedule O to respond	to any question ir	i triis Part VI	<del></del>	<del></del>	Yes	No
47	Did the organization engage in lobbying	activities or have a	section 501/h) elect	tion in effect d	uring the tax		162	NO
	year? If "Yes," complete Schedule C, Par		· · · · · · ·		aring the tax	47		
	Is the organization a school as described i					48		$\vdash$
	Did the organization make any transfers t					49a		$\vdash$
	If "Yes," was the related organization a se	•	_	iization: .		49b	_	
	Complete this table for the organization's			ther than office	ers. directors.		es an	d kev
	employees) who each received more than							
	and the first of the same of t	(b) Average	(c) Reportable	(d) Health b				
	(a) Name and title of each employee paid more than \$100,000	hours per week	compensation	contributions to benefit plans a		Estimate ther com		
	para more than proops	devoted to position	(Forms W-2/1099-MISC	compens		trici com	репзак	1011
							_	
	••••••••••••••••••	•			ļ			
		*****						
		·						
				1				
	Total number of other employees paid ov							
	Complete this table for the organization' \$100,000 of compensation from the orga			nt contractors	who each rec	eived	more	thar
	5 Too, boo or compensation from the orga	inization. Il there is no	lie, eriter None.	<del></del>				
(a) N	ame and address of each independent contractor pa	id more than \$100,000	(b) Type of se	ervice	(c) Com	npensatio	on	
ď	Total number of other independent contra	actors each receiving	over \$100,000	. ▶				
52	Did the organization complete Schedule A	A? Note: All section 5	01(c)(3) organization	ns and 4947(a)(	1)			
r	nonexempt charitable trusts must attach	a completed Schedul	e A	<u> </u>	<u> ▶ [</u>	<u>     Yes                               </u>		10
Under per	nalties of perjury, I declare that I have skamined this r	etum, including accompan	ying schedules and stater	ments, and to the b	est of my knowle	dge and	belief,	ıt ıs
true, corre	ct, and complete Defaration of preparer (other than	officer) is based on all info	rmation of which prepare	r nas any knowledg	,e			
0:	Pec 5,0					D 15	<u> </u>	
Sign	Signature of officer  Date  Date							
Here	President, Walla Walla Valley Education to				c1910	<del></del>		
	▼ Type or print name and title	10	<del></del>	<del></del>		-		
Paid	Print/Type preparer's name	Preparer's signature	[	Date [	Check I if	PTIN		
Prepa	rer			<u></u>	self-employed			
Use O	I	<del></del>	·····		EIN ►			
Marrate	Firm's address >	obaum abau-0 Ca 1		Phone	no F	7.,		
iviay the	IRS discuss this return with the preparer	SHOWIT ADOVE? See I	HSTRUCTIONS			Yes	$ \square$	10

## SCHEDÜLE O (Form 990 or 990-EZ)

## 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

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Walla Walla Valley Education Association

Employer identification number 91-0882363

Form 990, Part I, Line 10 Grants and similar amounts paid: \$500 00 to Travis Stinebaugh, \$500 00 to Adam Gallinat, \$500 00 to Eternity Biegel

Form 990, Part I, Line 16 Other expenses	Committee Expense
	Conferences Conventions and

\$3,213 00

Conferences, Conventions, and Meetings

\$9,899 00

Expense President's Office

\$44,425 00

Insurance

\$337.00

**Negotiation Team** 

\$9,714 00

Office Supplies:

\$1,015 00

Telephone/Internet

\$2,524 00