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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2012

Open to Public
Inspection

A For the 2012 calendar year, or tax year beginning SEP 1, 2012 and ending AUG 31, 2013

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization

Monroe Education Association

Number and street (or P O box, if mail is not delivered to street address)

126 S Ferry St.

Room/suite

5

City or town, state or country, and ZIP + 4

Monroe, WA 98272

D Employer identification number

91-6171093

E Telephone number

(425) 339-2147

F Group Exemption
Number ►G Accounting Method ☐ Cash ☒ Accrual Other (specify) ►

I Website. ► N/A

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(5) (insert no) ☐ 4947(a)(1) or ☐ 527H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)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.

► \$ 107,512.

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

☒

Revenue	1	Contributions, gifts, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	107,381.
	4	Investment income	4	131.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events	6	
	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	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	107,512.	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	3,750.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	79,535.
	13	Professional fees and other payments to independent contractors	13	1,583.
	14	Occupancy, rent, utilities, and maintenance	14	11,686.
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	17,981.
	17	Total expenses. Add lines 10 through 16	17	114,535.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-7,023.
	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	166,336.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	159,313.

LHA For Paperwork Reduction Act Notice, see the separate instructions

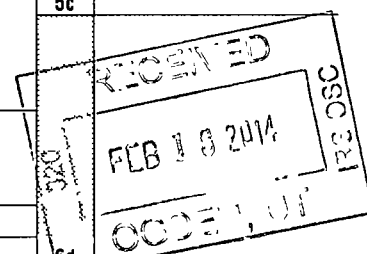
Form 990-EZ (2012)

MAR 04 2014

Revenue

Expenses

Net Assets



P=

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	146,887.	22	147,364.
23 Land and buildings		23	
24 Other assets (describe in Schedule O) See Schedule O	22,989.	24	16,781.
25 Total assets	169,876.	25	164,145.
26 Total liabilities (describe in Schedule O) See Schedule O	3,540.	26	4,832.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	166,336.	27	159,313.

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? 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 ☐ 31a32 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 title	(b) 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
*Shaerie Bruton President	20.00	63,395.	0.	0.
*compensation paid as a reimbursement of salary and benefits	0.00	0.	0.	0.
Lisa Cysewski Vice President	2.00	2,010.	0.	0.
Samuel Adams Treasurer	2.00	2,450.	0.	0.
Darcie Smith Secretary	2.00	920.	0.	0.
Kerri Still Board Member	2.00	0.	0.	0.
Pat Van Hemelryck Board Member	2.00	0.	0.	0.
Dianne Reed Board Member	2.00	0.	0.	0.
Shawna Clark Board Member	2.00	0.	0.	0.
Tara Riddle Board Member	2.00	0.	0.	0.
Debbie Hatcher Board Member	2.00	0.	0.	0.
Lisa Svitavsky Board Member	2.00	0.	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 Sch. O to respond to any question in this Part V ☐

	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		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)		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)?		X
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	N/A	
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		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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
37b Did the organization file Form 1120-POL for this year?		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
38b 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 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		
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	N/A
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		N/A
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		N/A
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	40e	X
41 List the states with which a copy of this return is filed ☐ None		
42a The organization's books are in care of ☐ Samuel Adams Telephone no ☐ (425) 821-9518 Located at ☐ 126 S Ferry St, Monroe, WA ZIP + 4 ☐ 98272-1800		
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)? 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	42b	X
c 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 ☐	42c	X
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	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
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	

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

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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 Sch. C, Part II

	Yes	No
47		
48		
49a		
49b		

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

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

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

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."

(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 amount of other compensation
N/A				

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."

(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 Date

SAMUEL J. ADAMS TREASURER 2-8-14

Signature of officer

S. J. Adams

Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Laird S. Vanetta	<u>Laird S. Vanetta</u>	<u>11/13/14</u>		P00171649
	Firm's name ▶ Tremper & Co., LLP	Firm's EIN ▶ 91-0872222			
	Firm's address ▶ 3131 Elliott Avenue; Ste 290 Seattle, WA 98121	Phone no (206) 285-4456			

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

☒ Yes ☐ 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

2012

Open to Public
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Name of the organization

Monroe Education Association

Employer identification number
91-6171093

Form 990-EZ, Part I, Line 4, Other Investment Income:

Description of Property:

Amount:

Interest Income

131.

Form 990-EZ, Part I, Line 10, Grants and Allocations:

Activity Classification: Scholarship

Grantee Relationship: none

Amount Given:

750.

Activity Classification: Scholarship

Grantee Relationship: none

Amount Given:

750.

Activity Classification: Scholarship

Grantee Relationship: none

Amount Given:

750.

Activity Classification: Scholarship

Grantee Relationship: none

Amount Given:

750.

Activity Classification: Scholarship

Grantee Relationship: none

Amount Given:

750.

Total included on Form 990-EZ, line 10

3,750.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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Name of the organization

Monroe Education Association

Employer identification number
91-6171093

Form 990-EZ, Part I, Line 14, Occupancy, Rent, Utilities, and Maintenance:

Description of Expenses:	Amount:
Depreciation	583.
Other Expenses	11,103.
Total to Form 990-EZ, line 14	11,686.

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

Description of Other Expenses:	Amount:
Office	433.
Committee and Other Governance Meetings	8,676.
President's Expense	1,834.
Social	3,426.
Scholarship and Contributions	253.
Miscellaneous	274.
Member release	3,085.
Total to Form 990-EZ, line 16	17,981.

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

Description	Beq. of Year	End of Year
Accounts Receivable	14,756.	14,756.
Prepaid Expenses	6,301.	675.
Other Depreciable Assets	1,932.	1,350.
Total to Form 990-EZ, line 24	22,989.	16,781.

Form 990-EZ, Part II, Line 26, Other Liabilities:

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

Schedule O (Form 990 or 990-EZ) (2012)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

Monroe Education Association

Employer identification number
91-6171093

Description	Beg. of Year	End of Year
Accounts Payable	3,540.	4,832.

Form 990-EZ, Part III, Primary Exempt Purpose - To promote the cause of
public education on behalf of its members.

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

Contract maintenance for members. Organization is a
teachers association for employees of the Monroe School
District. Activities include grievance processings,
arbitration and representation for teachers at the state and national
levels.

Name of the organization

Monroe Education Association

Employer identification number

91-6171093

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)

(a) Name and title	(b) 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
Danielle Sanders				
Board Member	2.00	0.	0.	0.
Dylan Neary				
Board Member	2.00	0.	0.	0.
Annette Woolley				
Board Member	2.00	0.	0.	0.
Natalie Winslow				
Board Member	2.00	0.	0.	0.
Andrea Hehn				
Board Member	2.00	0.	0.	0.
Irene Beazley				
Board Member	2.00	0.	0.	0.
Sharol Hallanger				
Board Member	2.00	0.	0.	0.
Jennifer Gadd				
Board Member	2.00	0.	0.	0.
Dan Leers				
Board Member	2.00	0.	0.	0.
Melissa Hritsko				
Board Member	2.00	0.	0.	0.
Carol Ann Pinto				
Board Member	2.00	0.	0.	0.
Kerry Burnette				
Board Member	2.00	0.	0.	0.
Niki Squier				
Board Member	2.00	0.	0.	0.
Amanda Cope				
Board Member	2.00	0.	0.	0.
Pamela Wilson				
Board Member	2.00	0.	0.	0.
Duane Mogg				
Board Member	2.00	0.	0.	0.
Mindy Burns				
Board Member	2.00	0.	0.	0.
Andy Holmes				
Board Member	2.00	0.	0.	0.
Jim Hartman				
Board Member	2.00	1,240.	0.	0.
Jenny O'Hare				
Board Member	2.00	0.	0.	0.
Theresa Sheckells				
Board Member	2.00	1,600.	0.	0.
Tina Kirk				
Board Member	2.00	0.	0.	0.
Kristie Goree				
Board Member	2.00	0.	0.	0.
Barb Ayers				
Board Member	2.00	0.	0.	0.
Heidi Engle				
Board Member	2.00	0.	0.	0.

2012 DEPRECIATION AND AMORTIZATION REPORT

Form 990-EZ Page 1

990-EZ

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	Office furniture	090101	SL	7.00	16	1,242.			1,242.	1,242.		0.
2	(D) Laptop	112804	SL	3.00	16	1,782.			1,782.	1,782.		0.
3	Secretary Computer	120908	SL	3.00	16	769.			769.	769.		0.
4	HP Pavilion Laptop	011910	SL	3.00	16	530.			530.	456.		74.
5	HP Pavilion Laptop	011910	SL	5.00	16	550.			550.	284.		110.
6	Cannon Printer/Scanner/Cop	011910	SL	3.00	16	350.			350.	301.		49.
7	Desk	011910	SL	7.00	16	789.			789.	291.		113.
8	Desk	011910	SL	7.00	16	789.			789.	291.		113.
9	File Cabinet	011910	SL	7.00	16	450.			450.	166.		64.
10	File Cabinet	011910	SL	7.00	16	419.			419.	155.		60.
* Total 990-EZ Pg 1						7,670.						
Depr								0.	7,670.	5,737.	0.	583.