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7756892542

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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public. \\

Open to Public

Dep	entment o mel Rever	of the Treasury nue Service	► Information about Form	990-EZ and its instructions	is at www.irs.gov	itorm990.	$\mathcal{V}$	mspection
AI	For the 2013 calenda		ar year, or tax year beginning	July 1	, 2013, and endir	ij	June 30	, 20 14
8	Check if applicable:		C Name of organization			D Emp	doyer identi	fication number
	Address o	change	Washoe School Principals' Assoc	iation			20-5	B87970
_	Name cha		Number and street (or P O box, if mail is	not delivered to street address)	Room/sull	e E Telo	phone numb	er
H	inkia) retu Terminate		P.O. Box 7697			- 1	775-8	42-1854
=	Amended		City or town, state or province, country,	and ZIP or foreign postal code		F Gro	up Exemp	tion
G		pplication pending Reno_NV_89510-7697				Nu	mber 🕨	
	Account	ting Method:	✓ Cash	pecify) 🕨		H Check	▶ ☑ If th	e organization is <b>no</b> t
	Vebsite					require	d to attach	Schedule B
<u>J T</u>	ах-ехеп	npt status (ch	eck anty one) 🔲 501(c)(3) 🗸 501(	c) ( ) > ◀ (insert no.) ☐ 494	17(a)(1) or 527	(Form !	990, 990 <b>-</b> E	Z, or 990-PF)
			Corporation Trust		Other			
			7b, to line 9 to determine gross recei		0,000 or more, or it	total asset	\$	
			w) are \$500,000 or more, file Form 99				<b>▶</b> \$	
Р	art I		e, Expenses, and Changes i					
			the organization used Schedul					<u></u> , . $\square$
<b>F</b>	1		ons, gifts, grants, and similar amo				1	
<b>F</b>	2		ervice revenue including governm			٠,	2	
<b>3</b>	3		ip dues and assessments				3	62,589
Z	4	Investment					4	488.52
	5a		ount from sale of assets other tha		5a			
Revenues NIVED JUN W	Ь		or other basis and sales expense		5b			
	C		ss) from sale of assets other than	inventory (Subtract line 5	b from line 5a) .		5c	
9	6		nd fundraising events					
8	a		ome from gaming (attach Sch	nedule G if greater than	n , ,			
n n	16 .	\$15,000)			6a			
A	Ъ		me from fundraising events (not		of contribu	itions		
Œ	1		aising events reported on line 1) th gross income and contribution		1 1			
	l _		=	•	6b			
	d	Net incom	at expenses from gaming and fun e or (loss) from gaming and fun	draising events	6c			
	"	line 6c)	e or (loss) from gaming and fun	draising events (add lines	s oa and ob and	Subtract	SAME A	
	7a		s of inventory, less returns and a	Mayranaca	1-1	-	6d	
	Г,		<b>A</b>		7a			
	C		it or (loss) from sales of inventory	(Cultrant line 7h from Inc.	7b			
	8	Other reve	nue (describe in Schedule O) .		,		7c	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d,	7c and 9			8	
	10	Grants and	similar amounts pald (list in Sch	edulo (1)	12		9	63,077.52
	11		aid to or for members	edule 0)		<i></i>	10	
ø	12	•	ther compensation, and employe	e henefits	601		12	
Expenses	13		al fees and other payments to inc			• • •	13	
9	14		y, rent, utilities, and maintenance		<b>"</b> //		14	99,761.80
ŭ	15		ublications, postage, and shippin			•	15	
	16	Other expe	enses (describe in Schedule O)				16	45.45
	17	Total expe	enses. Add lines 10 through 16				17	10,459.54
6	18	EXCess or	(Deficit) for the year (Subtract line	: 17 from line 9)			18	110,221.34
šet	19	Net assets	or fund balances at beginning i	of vear (from line 27, colu	ımın (A)) (must sı	ree with		(47,144.02)
ğ	1	end-of-yea	ir figure reported on prior year's r	eturn)	· · · · · · ·	aree will	19	040
Net Assets	20		iges in net assets or fund balance			. , .	20	343,822.00
	21	Net assets	or fund balances at end of year.	Combine lines 18 through	20	•	21	200.000
For	Papen	work Reduct	on Act Notice, see the separate in:	structions.	Cat. No. 106421	· · ·		296,677.98 m <b>990-EZ</b> (2013)

	980-EZ (2013)					Page 2
Pa	rt II Balance Sheets (see the instructions					
	Check if the organization used Schedul	e O to respond to ar				<u> </u>
_			<u>                                     </u>	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	• • • • • • • •	_	343,822		296,677.98
23	Land and buildings	• • • • • • •	· · · · · /  -		23	
24	Other assets (describe in Schedule O)		••••-		24	
25 26	Total liabilities (describe in Schedule O)		· · · · · -  -	343,822		<u>296,677.98</u>
27	Net assets or fund balances (line 27 of column	n (B) <b>much</b> serse with	line (21)	5.42.005	26	
	Statement of Program Service Accor			343,822	27	296,677.98
	Check if the organization used Schedul					Expenses
Wha	it is the organization's primary exempt purpose?	o o to respond to di	ly quoditori in this i	<u> </u>		quired for section (c)(3) and 501(c)(4)
	cribe the organization's program service accomp	lichmonts for each a	ite three largest or	ogram sandas	org	anizations and section
as in	neasured by expenses. In a clear and concise	manner, describe the	s services provided.	the number of		i7(a)(1) trusts; optional others)
pers	ons benefited, and other relevant information for	each program title.	protition.		iur	omers ;
28						
						Ì
	(Grants \$ ) If this amour	t includes foreign gra	ints, check here .	🕨 🗌	28	a
29						
	***************************************	******************				1
	(Grants \$ ) If this amour	nt includes foreign gra	ints, check here .	<u> ▶ □</u>	29:	â
30				******		
				*******		
	(O	A in all relations from the same	MERES TO THE TAX TO TH			ļ
24		nt includes foreign gra			30	<del> </del>
31	Other program services (describe in Schedule O (Grants \$ ) If this amour				24.	_}
32		nt includes foreign gra a through 31a)	ints, check here .	· · · <u> </u>	314	<del></del>
	t IV List of Officers, Directors, Trustees, and K					
	Check if the organization used Schedu				i i ju u	
		(b) Average	(c) Reportable	(d) Health benefits,	Ť	
	(a) Name and titte	hours per week	compansation (Forms W-2/1099-MISC)	contributions to employ benefit plans, and		) Estimated amount of other compensation
		devoted to position	(if not paid, enter -0-)	deferred compensation		differ compensation
Alys	on Kendrick					
PO E	Box 7697 Reno, NV 89510-7697	President, 20				
Laur	a Petersen				1	
PO E	Box 7697 Reno, NV 89510-7697	Vice-President, 5				
	en Kelly					
	Box 7697 Reno, NV 89510-7697	Secretary, 5				
	Ciaramella	•••				
<u> PO E</u>	Box 7697 Reno, NV 89510-7697	Treasurer, 8			$\bot$	
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Form 99	0-EZ (2013)		F	age 3		
Part	Part V Other Information (Note the Schedule A and personal benefit contract statement requirement					
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Dart	V			
	y against the design of the capacitation any question in this	CALL		No		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		res	NO		
	detailed description of each activity in Schedule O			؍ ا		
24	,	33		✓		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed		İ			
	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		<b>√</b>		
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>/</b>		
þ	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				
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	35c		1		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets		<del> </del>	<b>-</b> *		
	during the year? If "Yes," complete applicable parts of Schedule N	36				
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			INCHOR!		
ь	Did the organization file Form 1120-POL for this year?	37b	No profession	1949 BES		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were		702000	elene eta:		
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		Chick Coll			
ь		38a		# 100 W 100		
39		- 1		###		
	Section 501(c)(7) organizations. Enter	7100				
a	Initiation fees and capital contributions included on line 9					
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 ► ; section 4912 ► ; section 4955 ►					
þ	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	Mark				
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been		<u> </u>			
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part i	40b				
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,		The in			
	4955, and 4958		Startas			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c		1			
	reimbursed by the organization					
6	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		1		
41	List the states with which a copy of this return is filed ▶					
42a	The organization's books are in care of ▶ Telephone no. ▶					
	Located at ► ZIP + 4 ►					
Ь	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: ▶	H01282		No Real		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		11. 10.			
	and Financial Accounts.					
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	ALTERNATION OF	7 100		
	If "Yes," enter the name of the foreign country: ▶	720				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			_		
	and antor the energy of all the control of the cont	•	. '			
	and enter the amount of tax-exempt interest received or accrued during the tax year		120			
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	FOREIGN STATE	Yes			
	completed instead of Form 990-EZ	四种		3		
ь	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	44a		✓		
	completed instead of Form 990-EZ					
Ċ		44b		_<		
ď	Did the organization receive any payments for indoor tanning services during the year?	44c		✓		
u	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule Q			器器		
A5-		44d	]			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a				
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 B may need to be completed instead at					
	Form 990-EZ (see instructions) .	45b		1		

Form 990	- <u>EZ (2013)</u>						F	Page 4
		· •					Yes	No
<b>46</b>	Did the organization engage, directly or	indirectly, in political c	ampaign activities on	behalf of or in	apposition			330
1	to candidates for public office? If "Yes,"	complete Schedule C	,Partl.,,			46		1
Part V						<u> </u>		
	All section 501(c)(3) organization	ns must answer que	stions 47-49b and	52, and com	plete the t	ables f	or lin	es
	50 and 51.	·						
	Check if the organization used S	chedule O to respond	to any question in t	his Part VI				
						<del></del>	Yes	No
47	Did the organization engage in lobbyin	o activities or have a :	section 501(h) electio	n in effect du	ring the tax	,	163	110
_	year? If "Yes," complete Schedule C, Pa					47	1	1
	Is the organization a school as described						<del>├</del>	+-
49a	Did the organization make any transfers	ijyaji i jidjori i ilolijo <del>o</del> z ili i . ta an avamat man aba	ny:n res, complete a	Scriedule E		48	<del> </del>	+-
ъъ b	If "Yes," was the related organization a	o an exempt non-cha	ıntadış related organiz	zation'		49a	<del>-</del>	<del> </del>
50	Complete this table for the essentation	section 527 organization	ρη <i>ζ , , , , , .</i> .			495	<u> </u>	1
อบ	Complete this table for the organization	i s tive nignest compen	isated employees (otr	ier than oπice	rs, directors	s, truste	es ar	id key
	employees) who each received more the	an \$ 100,000 of compe	nsation from the organ	<del></del>		enter "n	vone.	<u>.                                    </u>
	fol Name and this of each ampieurs	(c) Reportable		Health benefits, butions to employee (e) (			unt of	
	(a) Name and tittle of each employee	hours per week devoted to position	(Forms W-2/1099-MISC)	benefit plans, and deferred		other compensation		
			(1 011110 11 22 1002 111102)	compense	tion			
				1	ì			
		<u></u>		<u> </u>				
********								
					Ì			
					}			
••••				1				
1	Total number of other employees paid of	over \$100,000	. <b>.</b>		<b>.</b>	,		
	Complete this table for the organization			contractors v	uho each re	acolyad	more	a thai
•	\$100,000 of compensation from the on	ganization. If there is no	one, enter "None."	COMINGOLOIS 1	AUG DECI I		HIOIG	5 u iai
	(a) Name and business address of each indepe	moent contractor	(b) Type of serv	/Ice	(c) Co	mpensat	lon	
			7					
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	Total number of other independent	tennataus cash ' '		<del>_</del>				
	Total number of other independent con			<u> </u>				
52	Did the organization complete Schedule	A? Note. All section 5				_		
	nonexempt charitable trusts must attac					<u> </u>		No
Under pe	naities of perjury, I declare that I have examined the ect, and complete. Declaration of preparer (other tr	is return, including accompan	lying schedules and stateme	ents, and to the be	st of my know	ledge and	f belief,	, it is
	The state of the s	an oncer is based on all this	ormation of which preparer i	nas any knowledo	e. <del>. 1   1   2   -</del>			
Sian	July 1	mess ~	<del></del>		4112			
Sign	Signature of officer			Date	1			
Here	Dina Ciaramella							
	Type or print name and title							
Paid	Print/Type preparer's name	Preparer's signature	Ď3	nte	Check   If	PTIN		
Prepa	ırer				self-employed	l		
Use C				Firm's	EIN ►			
	Firm's address >			Phone		•		
May the	e IRS discuss this return with the prepar	er shown above? See	instructions		🕨	☐ Yes		No

SCHEDULE 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.

Department of the Treasury ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service

OMB No. 1545-0047

2014

Open to Public Inspection

**Employer Identification number** 

Name of the organization

Washoe School Principals Association

Scholarships & Awards

Professional Development

\$6,000.00

\$380.00

**Board Meeting** 

\$1,442.00

Supplies

\$1,198

Year-End Banquet

\$1,439

**Total Expenses** 

\$10,460