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Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

► Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

<u>A</u> .	or the	2013 calendar year, or tax year beginning SEP 1, 2013 and	ending A	UG 31, 2014	<u> </u>				
В	Check if applicable	C Name of organization		D Employer identif	ication number				
	Addres change	PUYALLUP EDUCATION ASSOCIATION		ļ					
	Name change	Doing Business As	91-0	91-0908256					
	Initial		Room/suite	E Telephone numb					
	Termin	201 4314 AVE 3E		253-	-845-1599				
<u>_</u>	Amend	City or town, state or province, country, and ZiP or foreign postal code		G Gross receipts \$	211,432.				
	Applic tion pendir	Fuyariup, WA 30374		H(a) Is this a group					
	p-a.r.a.ii	F Name and address of principal officer: Kallen McNamala		for subordinate	s? Yes X No				
		same as C above		H(b) Are all subordinates					
_		empt status. ☐ 501(c)(3) X 501(c) (5) (Insert no) ☐ 4947(a)(1) (Insert no)	or 527	1 ' '	a list. (see instructions)				
		e: ► N/A	<u> </u>	H(c) Group exemption					
		organization X Corporation Trust Association Other ►	L Year	of formation 19/3	M State of legal domicile WA				
1	art I	Summary	romot o	the cause	of				
če	1	Briefly describe the organization's mission or most significant activities: ${ t To} { t pi}$ education on behalf of its members.	LOMOCE	che cause	<u> </u>				
nar		Check this box If the organization discontinued its operations or dispose	and of more	than 25% of its not a					
و ج	1	Number of voting members of the governing body (Part VI, line 1a)	seu oi more	3	13				
_ଓ	I	Number of independent voting members of the governing body (Part VI, line 1b)		4	13				
_\ X	I	Fotal number of individuals employed in calendar year 2013 (Part V, line 2a)		5	1				
Zig.	ł	Total number of volunteers (estimate if necessary)	•- 	6	0				
) (7 a	Total unrelated business revenue from Part VIII, column (RIEGEIVED	į	7a	0.				
٦		Net unrelated business taxable income from Form 990; II, line 34	ျပ္က	76	0.				
Revenue Activities & Governance		Seattle those and greate (Bort VIII line 1b) PEB 1 2 7015	8 _	Prior Year	Current Year				
1	8	Contributions and grants (Part VIII, line 1h)	0.	3,279.					
	l .	Program service revenue (Part VIII line 2a)	ram service revenue (Part VIII, line 2g) OGDEN LIT 205,7						
	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d							
()	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.						
6.77	12	Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)		206,376.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,853.	5,489.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	<u> </u>				
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		143,445	149,233.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	_	0.	0.				
Ř	1	Total fundraising expenses (Part IX, column (D), line 25)	<u>0.</u>	56 026	50 012				
ш	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	56,026.					
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		203,324					
<u>_ s</u>	19	Revenue less expenses. Subtract line 18 from line 12		3,052.					
Net Assets or Fund Balances	00	T. (() () () () () ()	Re	ginning of Current Year 351,676	End of Year 347, 283.				
Asse Bala	20	Total assets (Part X, line 16)	-	22,393					
net/	21 22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		329,283					
P,	ert II	Signature Block	J	323/203	32071701				
		Ities of perjury, I declare that I have-examined this return, including accompanying schedule:	s and statem	ents, and to the best of r	ny knowledge and belief, it is				
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			1				
	,	Varia Man	·	4	2/15				
Sig	n	Signature of officer		Date					
Her		Karen McNamara, President							
	Type or print name and title								
		Print/Type preparer's name Preparer's signature	10	Date Check	PTIN				
Paid	1	Laird S. Vanetta	29/15 self-emplo	P00171649					
	parer	Firm's name Tremper & Co., LLP		Firm's EIN ▶	91-0872222				
Use	Only	Firm's address 3131 Elliott Avenue; Ste 290			106) 205 4456				
Seattle, WA 98121 Phone no (206) 285-445									
<u>Ma</u>	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				

Form 990 (2013)

Porm 990 (2013) PUYALLUP EDUCATION ASSOCIATION

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			İ
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		!	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			ı
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		Х
40	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
•	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			ı
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X. line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		Х
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	12a	x	ı
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		Х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		X
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
19	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Form	990 ((2013)

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,]]
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	1		1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	-		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
258	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	05-		ļ
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		-
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	OFL		
26	Schedule L, Part I	25b		
20	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,	1		
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
_,	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			ļ
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			,
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33_	L	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	 	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	┼┤	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	2-	1	Х
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	╂	Λ.
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	x	
	Note. All Form 990 filers are required to complete Schedule O		990 (2012
		1 0111	. 550 (2013

_	990 (2013) FOIADBOF EDUCATION ASSOCIATION 91-0900	230	<u> </u>	age o
Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check it Schedule O contains a response of note to any line in this Fait V			ب
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
ь	The full file full file of the			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	ļ	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	med for the calendar year ending with or within the year covered by this recom		v	
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	-
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u> </u>	X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		}
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			x
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		^
b	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	0		X
	any contributions that were not tax deductible as charitable contributions?	_6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	O L		
_	were not tax deductible?	6b_		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).	7-	•	1
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7-		Ì
	to file Form 8282? If "Yes." Indicate the number of Forms 8282 filed during the year.	7c		
		7e	•]
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 6 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	<u> </u>	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 <u>9</u> 7h	<u> </u>	-
_		-/.!.		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	İ	İ
•	Sponsoring organizations maintaining donor advised funds.		ļ	
9		9a	ĺ	1
a	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?	9b	\vdash	
10				<u> </u>
10 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	İ		
11	Section 501(c)(12) organizations. Enter:			
''a	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	Ì	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		1
a	Note. See the instructions for additional information the organization must report on Schedule O.			
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
•	organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	·····	X
0	and the differential indepted only bedimentation appears remained and respond only and the first time.		_	

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 13			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2	i	Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		
ŭ	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
		6	Х	- 41
6	Did the organization have members or stockholders?	-		
/ a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7a	X	
L	more members of the governing body?	/ a		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7ь		X
c	persons other than the governing body? Put the assessment on eastern assessed to decrease the meetings held or written actions undertaken during the year by the following	(0		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		х	
	The governing body?	8a 8b		Х
	Each committee with authority to act on behalf of the governing body?	OD		
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		Х
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<u>9</u>		Α_
<u>sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
100	Did the expension have local charters broughed as offiliated?	10a	163	X
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	<u> I</u> Ua		
Ü	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	ļ	
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
·		12c	х	
13	In Schedule O how this was done	13		X
	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14		X
14 15	Did the process for determining compensation of the following persons include a review and approval by independent	!		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_		15a		х
	The organization's CEO, Executive Director, or top management official	15b		X
D	Other officers or key employees of the organization			
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
ioa		16a		Х
L	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
D	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements? tion C. Disclosure			
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finan	cıai	
10	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	tion:		
20	Kirstin Heaton - (253) 845-1599			
	201 43rd Ave SE, Puyallup, WA 98374			
	TOT TOTA THE CALL THE			

_			
Form	ggn	(2013)	

PUYALLUP EDUCATION ASSOCIATION

91-0908256

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average	(40	not c	Pos			000	(D) Reportable	(E) Reportable	(F) Estimated	
	hours per week	box	, unle cer an	ss pe	rson	ıs bot	h an	compensation from	compensation from related	amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) Heidi Eshpeter	2.00							<u> </u>			
Board Member		X					_	0.	0.	0.	
(2) Katie Ventura	2.00	1				}	1		_		
Board Member		X						0.	0.	0.	
(3) Larry Swanson	2.00	1							_	_	
Board Member		X					<u> </u>	0.	0.	0.	
(4) Amy Tutty	2.00						Ì				
Board Member		X						0.	0.	0.	
(5) Laurie Rose	2.00	١							•		
Board Member		Х				<u> </u>	<u> </u>	0.	0.	0.	
(6) Kim Petty	2.00	.,						_		_	
Board Member		X					_	0.	0.	0.	
(7) Katie Fralick	2.00	١,,							^	^	
Board Member	2 00	X	ļ. —			-	<u> </u>	0.	0.	0	
(8) Sheila Whittingslow	2.00	X	'					0.	0.	0	
Board Member	2.00	<u> </u>	-		_		-				
(9) Julie Harding	2.00	X						0.	0.	0.	
Board Member (10) *Karen McNamara	40.00	^			-		 —	· ·			
President	10.00	i		X				110,691.	0.	0.	
(11) Jennifer Oliver	2.00	┢	_	-			\vdash	110,0310			
Vice President		1		x				0.	0.	. 0	
(12) Lisa Elliott	2.00	_									
Secretary		1		х				0.	0.	0.	
(13) Terry Addison	2.00										
Treasurer		1		Х			ļ	0.	0.	0.	
(14) *reimbursed to school	0.00										
district employer		1						0.	0.	0.	
						-					
		-	_			_	_				
		}]	Į	Į.			

Page 8

Pai	(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	tes or director (go XX op)	not c		c) intion more erson firecto	l than	one than tee)	(D) Reportable compensation from the	es (continued) (E) Reportable compensation from related organization (W-2/1099-MIS	on J S	com fi org an	(F) stimate nount other spensa rom the anizati d relate	of ation e ion ed
С	1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)								0.					
3 4 5	Total number of individuals (including but no compensation from the organization Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for some For any individual listed on line 1a, is the suand related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," competition B. Independent Contractors	director, or truuch individual um of reportab 0,000? If "Yes, accrue compe	uste le co " <i>co</i> nsat	e, ke omp	ey er ensa ete S	mplo ation Sche	oyee n and eduk y unr	, or d ott	highest compensated e her compensation from for such individual	mployee on		3 4 5	Yes	No X X
1	1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) Name and business address NONE Description of services									(C) Compensation				
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot li	mıte	d to	tho (se li:	stec	d above) who received n	nore than				

Form 990 (2013) PUYALLU
Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			
					(Å) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
इ इ	1 a	Federated campaigns	1a					
E Z	b		1b					
اغق	c	- · · · · · · · · · · · · · · · · · · ·	1c					
a iii	d	5141	1d					
9,E	e		ions) 1e					
Sig.	f	All other contributions, gifts, gran						
돌		similar amounts not included abo	l I	3,279.				
들임	g	Noncash contributions included in lines	11a-1f \$					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		•	3,279.			
				Business Code		005 016		
ce	2 a	Membership Dues	<u> </u>	611710	207,916.	207,916.		
او چ	b							
ري <u>ا</u>	C							
[송]	d			-				
Program Service Revenue	е							
۱ ۵	f	All other program service reve	enue		207 016			
\rightarrow	g			>	207,916.			
	3	Investment income (including	rest, and	237.			237.	
		other similar amounts)			237.			237.
	4	Income from investment of ta	x-exempt bond	proceeds				
	5	Royalties			··- · · ·		-,	
	_		(i) Real	(II) Personal				
	6 a	*						
	b	•		 -				
	C	Rental income or (loss)		>				1
	d	, ,	(i) Securities	(II) Other				
	/ a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	_		-					
	b	and sales expenses						
	_		-					
	c d			<u> </u>				1
	_	Gross income from fundraisin	a events (not		······································			
u G	0 0	including \$	-					
Other Reven		contributions reported on line						
Œ,		Part IV, line 18		a				
흎	b	Less: direct expenses		ь				
0		Net income or (loss) from fund	draising events	>				
		Gross income from gaming a						
		Part IV, line 19		a				
	b	Less: direct expenses	1	b				
	С	: Net income or (loss) from gan	ning activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances		a				
	b	Less: cost of goods sold	I	ь[
	c	Net income or (loss) from sale	es of inventory	<u>▶</u>				
		Miscellaneous Revenu	u <u>e</u>	Business Code				
	11 a							
	b							
	С	·						
	d	All other revenue						
	е	Total. Add lines 11a-11d		💄	211 422	207 016	0	237.
	12	Total revenue. See instructions			211,432.	207,916.		• 23/•

Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must com			omplete column (A).						
	Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and									
	organizations in the United States See Part IV, line 21									
2	Grants and other assistance to individuals in									
	the United States. See Part IV, line 22	5,489.								
3	Grants and other assistance to governments,									
	organizations, and individuals outside the									
	United States. See Part IV, lines 15 and 16									
4	Benefits paid to or for members	· 								
5	Compensation of current officers, directors,		:	1						
	trustees, and key employees	110,691.								
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	21,341.	<u> </u>	ļ. <u> — </u>	·					
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits	13,560.								
10	Payroll taxes	3,641.		<u> </u>						
11	Fees for services (non-employees):	ĺ								
а	Management									
b	Legal	926.								
C	Accounting	5,586.								
d	Lobbying									
е	Professional fundraising services. See Part IV, line 17	<u> </u>								
f	Investment management fees									
9	Other. (If line 11g amount exceeds 10% of line 25,									
	column (A) amount, list line 11g expenses on Sch O)									
12	Advertising and promotion	2 011	<u> </u>							
13	Office expenses	2,811.								
14	Information technology	265.								
15	Royalties	16 026								
16	Occupancy	16,026.								
17	Travel			 						
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials	22 275								
19	Conferences, conventions, and meetings	23,275.		 						
20	Interest									
21	Payments to affiliates	1,656.								
22	Depreciation, depletion, and amortization	1,050.		 						
23	Insurance Character strength expenses not covered				·					
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A)									
9	amount, list line 24e expenses on Schedule 0) Member Services	4,755.			<u></u>					
b	President's Expense	3,111.								
c	Community Organizing	806.	 	 						
d			 							
e	All other expenses									
25	Total functional expenses. Add lines 1 through 24e	213,939.								
26	Joint costs. Complete this line only if the organization									
-	reported in column (B) joint costs from a combined	J	1							
	educational campaign and fundraising solicitation									
	Check here I if following SOP 98-2 (ASC 958-720)		}							

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 93,400. 97,413. 1 Cash · non-interest-bearing 79,662. 78,943. Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 20,321. 19,855. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 13,823. 10<u>a</u> basis Complete Part VI of Schedule D 9,204. 4,746. 4,619. 10b 10c **b** Less: accumulated depreciation . 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 150,000. 150,000. 15 15 Other assets. See Part IV, line 11 347,283.351,676. Total assets. Add lines 1 through 15 (must equal line 34) 16 22,393. 17 20,507. 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 20,507. 22,393. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 329,283. 326,776. 27 Unrestricted net assets 27 28 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 329,283 326,776. 33 Total net assets or fund balances 33 351,676. 347,283. Total liabilities and net assets/fund balances

orm	990 (2013) PUYALLUP EDUCATION ASSOCIATION	91-09	08256	Pag	<u>ge 12</u>
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	· · · · · · · · · · · · · · · · · · ·			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		$\frac{1,4}{2}$	
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,9	
3	Revenue less expenses. Subtract line 2 from line 1	3			07.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	329	9,2	83.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		_	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	320	6 <u>,7</u>	<u>76.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				لِل
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	·		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	_X_	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	<u>X</u>	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		`		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	and the surface where Cahadula O and departs any stops taken to undergo such audits		36		l

Form **990** (2013)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions. ➤ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Nar	me of organization			Em	ployer identification number
		P EDUCATION ASSO			91-0908256
Pŧ	art I-A Complete if the org	janization is exempt un	der section 501(c)	or is a section 527	organization.
2	Provide a description of the organiz Political expenditures Volunteer hours	ation's direct and indirect politi	cal campaign activities	_	\$
Pa	ert I-B Complete if the org	anization is exempt un	der section 501(c)	(3).	
	Enter the amount of any excise tax			<u> </u>	\$
	Enter the amount of any excise tax			>	\$
3	If the organization incurred a section	n 4955 tax, did it file Form 4720) for this year?		Yes No
48	a Was a correction made?				Yes No
	o If "Yes," describe in Part IV.				
Pa	ert I-C Complete if the org	janization is exempt un	der section 501(c)	, except section 501	I(c)(3).
1	Enter the amount directly expended	d by the filing organization for se	ection 527 exempt func	tion activities	\$
2	Enter the amount of the filing organ	ization's funds contributed to o	ther organizations for s	_	
_	exempt function activities			•	\$
3	Total exempt function expenditures	. Add lines 1 and 2. Enter here	and on Form 1120-POL		•
	line 17b			•	\$
_	Did the filing organization file Form		MAD of all access 507 or	. 1.4 1	Yes No
5	Enter the names, addresses and en made payments. For each organiza	• •			
	contributions received that were pre-				•
	political action committee (PAC). If		, , ,	•	.a.o oog.oga.oo .a.oo o. a
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter 0	contributions received and

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

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990-EZ) 2013 Part II-A Complete if the org	PUYAL	LUP ED	UCATION ASS	OCIATION		0908256 Page 2
(election under sec			npt under sectio	n sor(c)(s) and m	eu Form 5706	
		• • • • • • • • • • • • • • • • • • • •		- Dort IV and affiliated		no address FIN
		-		n Part IV each affiliated	group member's nar	ne, address, Env,
expenses, and shar						
B Check 🕨 📖 if the filing organization	tion check	ed box A ar	id "limited control" pro	ovisions apply.	(a) Files a	(h) Affiliated annua
		bying Exper leans amou	nditures nts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence pub	dic opinion (grass roots (obbying)			
b Total lobbying expenditures to influ	•					
c Total lobbying expenditures (add li		_	, (,,,,,			
d Other exempt purpose expenditure		· · · · · ·				
e Total exempt purpose expenditure		e 1c and 1d	١			
f Lobbying nontaxable amount. Ente				h columns		
If the amount on line 1e, column (a) o				. 1		
	i (u) is.		bying nontaxable am			
Not over \$500,000			the amount on line 1e			
Over \$500,000 but not over \$1,000			0 plus 15% of the exc	11		
Over \$1,000,000 but not over \$1,5			0 plus 10% of the exc			
Over \$1,500,000 but not over \$17,	000,000		0 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000		\$1,000,0	000.			
						
g Grassroots nontaxable amount (en	ter 25% c	of line 1f)				
h Subtract line 1g from line 1a. If zero	o or less, e	enter -0-				
i Subtract line 1f from line 1c. If zero	or less, e	nter -0-				
j If there is an amount other than ze	ro on eithe	er line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this	year?				···	Yes No
•		at made a s		Section 501(h) n do not have to comp es 2a through 2f on pa		
	Lobi	bying Exper	ditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a)	2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount			,			
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots celling amount		•••				
(150% of line 2d, column (e))						
f Graseroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2013 PUYALLUP EDUCATION ASSOCIATION 91-090825

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

 For e	ach "Yes," response to lines 1a through 1ı below, provide in Part IV a detailed description	(a)	(b)		
	e lobbying activity.	Yes	No	Amo	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state or			··· ··· ···		
	local legislation, including any attempt to influence public opinion on a legislative matter					
	or referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
	Media advertisements?					
d	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
f						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	•				
_	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	Other activities?					
	Total. Add lines 1c through 1i					
J	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	ļ		·····		
	If "Yes," enter the amount of any tax incurred under section 4912			******		
	· · · · · · · · · · · · · · · · · · ·					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? ### Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).	on 501/c	(5) or se	ction		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).				r·	
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1	X		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	•	2	X		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? t III-B Complete if the organization is exempt under section 501(c)(4), section 501 (c)(4).		3		X	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ical				
_	expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
	Carryover from last year		2b			
	Total		2c			
_	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
3	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess				
4	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and					
	expenditure next year?	po	4			
_	·		5			
5	Taxable amount of lobbying and political expenditures (see instructions)					
	Supplemental Information Ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground)	n list\: Part	II.A line 2: s	nd Part II.E	line 1	
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (amiliated grou , complete this part for any additional information.	plist), rait	II-A, III 16 2, 6	ind rait ii-c	,, iii le 1 .	
A130	Complete the part for any administrative					
		<u></u>				
			<u>.</u>			
_ =						

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

PUYALLUP EDUCATION ASSOCIATION

Employer identification number 91-0908256

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor	-	
	Impermissible private benefit?		Yes No
Pai		ganization answered "Yes" to Form 990, F	
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or		storically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		ure
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax
-	year ▶	,	
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
•	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		luring the year
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo		
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	rion easements in its revenue and expense	e statement, and balance sheet, and
•	include, if applicable, the text of the footnote to the organiza		
	conservation easements.		
Pa	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form		
	If the organization elected, as permitted under SFAS 116 (As	SC 958), not to report in its revenue stater	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descri		,
ь	If the organization elected, as permitted under SFAS 116 (A)		t and balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	,	3
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	
~	the following amounts required to be reported under SFAS 1		
_	Revenues included in Form 990, Part VIII, line 1		▶ \$
a	Assets included in Form 990, Part X		► \$ ► \$
v	riggets molecular rottle out rack		· · · · · · · · · · · · · · · · · · ·

Sche	edule D (Form 990) 2013 PUYALLU	P EDUCATIO	N AS	SOCIAT	ION	_		91-09	08256	Page 2
Pai	rt III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures,	or Othe	r Simil	ar Asse	ts (continue	ed)
3	Using the organization's acquisition, accessi	ion, and other record	ds, chec	k any of the	following that	at are a sig	gnificant	use of its	collection i	tems
	(check all that apply):									
а	Public exhibition	d		Loan or exc	hange progr	ams				
b	Scholarly research	e		Other						
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizati	ion's exen	npt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, hi	storical trea	sures, or oth	er sımılar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	nization's co	ollection?			[_	Yes	No_
Pa	Escrow and Custodial Arran		ete if the	organizatio	n answered	"Yes" to F	Form 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa				 					
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	s or other as	ssets not i	ncluded	_	7	
	on Form 990, Part X?							<u> </u>	」Yes	∟∐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	illowing 1	table:						
									Amount	
	Beginning balance						1c			
ď	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f	7	٦	
	Did the organization include an amount on F							L	」 Yes	<u></u> №
	If "Yes," explain the arrangement in Part XIII.									<u> </u>
Par	t V Endowment Funds. Complete	· · · · · · · · · · · · · · · · · · ·							435	
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (d) Three y	ears back	(e) Four ye	ars back_
1a	Beginning of year balance									
b	Contributions				<u> </u>		_		· · ·	
C	Net investment earnings, gains, and losses									
đ	Grants or scholarships									
е	Other expenditures for facilities									
	and programs						_			
f	Administrative expenses			 -						
9	End of year balance				L					
2	Provide the estimated percentage of the curr	rent year end baland		g, column (a	ı)) held as:					
a	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
C	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c shou									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administe	ered for th	e organiz	zation	<u> </u>	
	by:									es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations		٠.						3a(ii)	+
_	If "Yes" to 3a(ii), are the related organizations	·							3b	
<u>4</u>	Describe in Part XIII the intended uses of the		wment	runas			-			
Par	t VI Land, Buildings, and Equipm			lina 11a C	Farm 000	Don't V II	10			
	Complete if the organization answere								4-0-D1	
	Description of property	(a) Cost or o		1	or other		cumulate	ea	(d) Book v	alue
		basis (investr	nem)	Dasis	(other)	Geb	reciation			
	Land									
	Buildings							 }		
	Leasehold improvements									
d	Equipment			1	3,823.		9,2	04.	1	619.
	Other I. Add lines 1a through 1e. (Column (d) must e	oual Form 000 Part	Y colu-					D	4	,619.
าบเสเ	,, Add mies Ta miough Te. (C <i>olumn (d) must</i> e	gua <u>iruini 330, Part</u>	A, COICH	ו <u>פוניי ולים זייי</u>	U1U/-/					

UYA:	LLUP	EDUCATION	ASSOCIAT	ION	91-090825	<u>5 1</u>

	Complete if the organization answered "Yes"	to Form 990, Part IV line	11b. See Form 990 F	art X. line 12.
(a) Descrip	tion of security or category (including name of security)	(b) Book value		lluation: Cost or end-of-year market value
	al derivatives			
	held equity interests		·	
3) Other	maia oquity interests			
_ (A)				
(B)		-		
(C)				
(D)				
(E) _				
(F)				
(G)				
(H)				
	o) must equal Form 990, Part X, col (B) line 12)		<u>,, , ,,,,,,,,,, ,,,,,,,,,,,,,,,,,,,,,</u>	the transfer of the transfer o
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes"		11c. See Form 990, F	art X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of va	aluation: Cost or end-of-year market value
(1)				
(2)	<u> </u>			
(3)				
(4)				
(5)	<u> </u>			- -
(6)			·	
(7)				
(8)				
(9)				
Total. (Col. (I	b) must equal Form 990, Part X, col (B) line 13)	l	i e	
	Other Assets			
Part IX		to Form 000 Port IV line	11d See Form 990 F	Part Y line 15
	Complete if the organization answered "Yes"		11d. See Form 990, F	
Part IX	Complete if the organization answered "Yes" (a)	to Form 990, Part IV, line Description	11d. See Form 990, F	(b) Book value
Part IX	Complete if the organization answered "Yes"		11d. See Form 990, F	(b) Book value
(1) Bu (2)	Complete if the organization answered "Yes" (a)		11d. See Form 990, F	(b) Book value
(1) Bu (2) (3)	Complete if the organization answered "Yes" (a)		11d. See Form 990, F	(b) Book value
(1) Bu (2) (3) (4)	Complete if the organization answered "Yes" (a)		11d. See Form 990, F	(b) Book value
(1) Bu (2) (3) (4) (5)	Complete if the organization answered "Yes" (a)		11d. See Form 990, F	(b) Book value
(1) Bu (2) (3) (4) (5) (6)	Complete if the organization answered "Yes" (a)		11d. See Form 990, F	(b) Book value
(1) Bu (2) (3) (4) (5) (6) (7)	Complete if the organization answered "Yes" (a)		11d. See Form 990, F	(b) Book value
(1) Bu (2) (3) (4) (5) (6) (7) (8)	Complete if the organization answered "Yes" (a)		11d. See Form 990, F	(b) Book value
(1) Bu (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered 'Yes' (a) ilding Investment	Description	11d. See Form 990, F	(b) Book value 150,000.
(1) Bu (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columbia)	Complete if the organization answered "Yes" (a)	Description	11d. See Form 990, F	(b) Book value 150,000.
(1) Bu (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered 'Yes' (a) ilding Investment Imm (b) must equal Form 990, Part X, col. (B) lim Other Liabilities.	Description e 15.)		(b) Book value 150,000.
(1) Bu (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columbat X)	Complete if the organization answered 'Yes' (a) ilding Investment The street of the organization answered 'Yes' (a) in the street of the organization answered 'Yes' (a)	Description e 15.)		(b) Book value 150,000.
(1) Bu (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Complete if the organization answered "Yes" (a) ilding Investment Imm (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description e 15.)	11e or 11f. See Form	(b) Book value 150,000 . ▶ 150,000
(1) Bu (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columna X X) 1. (1) Fec	Complete if the organization answered "Yes" (a) ilding Investment Investment Investment Investment Other Liabilities. Complete if the organization answered "Yes"	Description e 15.)	11e or 11f. See Form	(b) Book value 150,000 . ▶ 150,000
(1) Bu (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columbia Y X) 1. (1) Fec (2)	Complete if the organization answered "Yes" (a) ilding Investment Imm (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description e 15.)	11e or 11f. See Form	(b) Book value 150,000 . ▶ 150,000
(1) Bu (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columna Y X) 1. (1) Fecce (2) (3)	Complete if the organization answered "Yes" (a) ilding Investment Imm (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description e 15.)	11e or 11f. See Form	(b) Book value 150,000 . ▶ 150,000
(1) Bu (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columna Y X) 1. (1) Fecce (2) (3) (4)	Complete if the organization answered "Yes" (a) ilding Investment Imm (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description e 15.)	11e or 11f. See Form	(b) Book value 150,000 . ▶ 150,000
(1) Bu (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columna X 1. (1) Fec (2) (3) (4) (5)	Complete if the organization answered "Yes" (a) ilding Investment Imm (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description e 15.)	11e or 11f. See Form	(b) Book value 150,000 . ▶ 150,000
(1) Bu (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Fecce (2) (3) (4) (5) (6)	Complete if the organization answered "Yes" (a) ilding Investment Imm (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description e 15.)	11e or 11f. See Form	(b) Book value 150,000 . ▶ 150,000
(1) Bu (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Fec (2) (3) (4) (5) (6) (7)	Complete if the organization answered "Yes" (a) ilding Investment Imm (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description e 15.)	11e or 11f. See Form	(b) Book value 150,000.
(1) Bu (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columna of the columna of the col	Complete if the organization answered "Yes" (a) ilding Investment Imm (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description e 15.)	11e or 11f. See Form	(b) Book value 150,000.

Sche	dule D	(Form 990) 2013	PUYALLUP	EDUCATION	ASSOCIAT	ION		91-09	908256	Page 4
Par	t XI	Reconciliation of	Revenue per	Audited Finance	cial Stateme	nts With R	evenue per R	eturn.		
		Complete if the organi	zation answered "	Yes" to Form 990, P	art IV, line 12a.					
1	Total	revenue, gains, and oth	er support per aud	lited financial staten	nents			1	211,	432.
2	Amou	ints included on line 1 b	ut not on Form 99	0, Part VIII, line 12:						
а	Net u	nrealized gains on inves	tments			2a				
b	Donat	ted services and use of	facilities			2b				
C	Recov	veries of prior year grant	ts			2c				
d	Other	(Describe in Part XIII.)				2d				_
e	Add II	nes 2a through 2d						2e		0.
3		act line 2e from line 1						_3	211,	<u>432.</u>
4		ints included on Form 9				l 1				
		tment expenses not incl	luded on Form 990), Part VIII, line 7b		4a				
		(Describe in Part XIII.)				4b				^
		nes 4a and 4b						4c	211	0.
5		revenue Add lines 3 an						5	211,	<u>432.</u>
Par	IIX T	Reconciliation of	-			nts with i	expenses per	Keturn) .	
		Complete if the organi			art IV, line 12a.				212	0.20
1		expenses and losses pe						1	213,	939.
2		nts included on line 1 b		J, Part IX, line 25:		1 . 1				
		ed services and use of	tacilities			2a				
		year adjustments				2b		1		
		losses				2c				
		(Describe in Part XIII.)				2d		_		^
		nes 2a through 2d					}	2e	213,	$\frac{0.0}{0.20}$
3		act line 2e from line 1					ļ.	3	213,	939.
4		nts included on Form 9				1 . 1				
		ment expenses not incl	uded on Form 990	, Part VIII, line 7b		4a				
		(Describe in Part XIII.)				4b		. 1		0
		nes 4a and 4b					-	4c	213,	$\frac{0.0}{0.20}$
		expenses. Add lines 3 a Supplemental Inf		equal Form 990, Par	t I, line 18)			5	213,	939.
		descriptions required for 4b; and Part XII, lines 2						; Part X,	line 2; Part XI	,
										
	·— <u>.</u>								· <u>-</u>	
									-	-
	-				•				· · · · · · · · · · · · · · · · · · ·	
			 							
								 ,		
						·····				

Employer identification number 91-0908256 Open to Public OMB No 1545-0047 2013 Inspection (h) Purpose of grant or assistance , ∀es Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant PUYALLUP EDUCATION ASSOCIATION (c) IRC section if applicable Part 1 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Partil

% ×

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2013)

Schedule I (Form 990) (2013) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Schedule I (Form 990) (2013) PUYALLUP EDUCATION ASSOCIATION

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed. Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (d) Amount of non-cash assistance ö 5,250. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Scholarship 332102 10-29-13

Page 2

91-0908256

PUYALLUP EDUCATION ASSOCIATION

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Internal Revenue Service Name of the organization

PUYALLUP EDUCATION ASSOCIATION

Employer identification number 91-0908256

Form 990, Part VI, Section A, line 6:
Explanation: Members are school district employees.
Form 990, Part VI, Section A, line 7a:
Explanation: Members elect officers of the governing body.
Form 990, Part VI, Section A, line 8b:
Explanation: There are no committees with the authority to act on the
behalf of the governing body.
Form 990, Part VI, Section B, line 11:
Explanation: An electronic copy of the Form 990 is provided to board
members prior to its filing.
Form 990, Part VI, Section B, Line 12c:
Explanation: All financial transactions are discussed by the President,
Vice President, Treasurer, and Bookkeeper, the conflict of interest policy
is used as a guideline.
Form 990, Part VI, Section C, Line 18:
Explanation: Forms 1024 and 990 are available upon request at the
Association's office.
Form 990, Part VI, Section C, Line 19:
Explanation: Governing documents, conflict of interest policy, and
financial statements are available to members upon request at the
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013) 332211 09-04-13

Schedule O (Form 990 or	990·EZ) (2013)				 _	Page 2
Name of the organization	PUYALLUP	EDUCATION	ASSOCIAT	ION	Employer in 91-0	dentification number 908256
Association's	office.					
						
						
<u> </u>						
						
						
<u> </u>						
	·					
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			· · · · · · · · · · · · · · · · · · ·			
						
		<u> </u>				

Current Year Deduction	0	26.	0	45.	0	823.	151.	43.	130.	56.	0	224.	43.	27.	20.	61.	7.	1,656.
Current Sec 179	- ton			ii.i -										··············				0
Accumulated Depreciation	413.	327.	776.	291.	490	3,705.	682.	389.	583.	504.	506.	559.	107.					9,332.
Basis For Depreciation	413.	354.	776.	448.	490	5,762.	1,060.	432.	1,943.	260.	506.	1,119.	215.	640.	224.	491.	174.	15,607.
Reduction In Basis					490													490.
Bus % Excl											::							
Unadjusted Cost Or Basis	413.	354.	776.	448,	980	5,762.	1,060.	432.	1,943.	560,	506.	1,119.	215.	640.	224.	491.	174.	16,097.
No	16	9	16	17	17	17	17	17	17	17	17	11	17	192	0019D	19.8	19A	
Lıfe	5.00	10.0016	5.00	10.0017	2.00	7.00	7.00	5.00	15.001	5.00	3.00	5.00	5.00	3.00	10.00	3.00	3.00	
Method	ТS	SI	SI	SI	SL	SI	SL	SI	SL	z.	$_{ m SI}$	SI	SI	SI	SI	SI	ISI	
Date Acquired	020703SL	051804SL	030606SL	092906SL	021108SL	041609SL	050409SL	0602090	081809	012009SL	-021010SL	042511SI	042511SL	070814SL	101113SL	032114SL	07 14 14SL	
Description	1Bookcase	21	7	Lateral file 4cabinet - AA	Scasio Projector	Cabinet/desk work 6space	7Cabinetry 1/2, PT	8(D)Printer 1/2, PT	9Wiring improvements081809SL	ப	(D)Cell phone, jawbone bluetooth	HP 8440p Elltebook 21aptop (Pres)	ViewSonic 24" 13monitor (Pres)		Store room shelving, 15shared net	puter (Ad t-shared)	IP Printer, net (Admin Asst)	* Total 990 Page 10 Depr
Asset No	ਜ 	2	m	4		9	7	Φ	<u>თ</u>	10	11	12		Ť	1:	7(17	·

328102 05-01-13

(D) · Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

OMB No 1545-0172

Identifying number

Attachment Sequence No 179

Business or activity to which this form relates

990

_	YALLUP EDUCATION AS					_	<u>ige 10</u>		<u>91-0908256</u>
P	art Election To Expense Certain Prope	erty Under Section 1	179 Note: <i>If ye</i>	ou have any lis	ted pi	roperty, co	mplete Pari	V before	you complete Part I.
1	Maximum amount (see instructions)							1	500,000.
2	Total cost of section 179 property place	ed in service (see	e instructions	s)				2	
	Threshold cost of section 179 property							3	2,000,000.
	Reduction in limitation. Subtract line 3			er -0-				4	
	Dollar limitation for tax year Subtract line 4 from lin				instruc	tions		5	
6	(a) Description of pr			(b) Cost (busin			(c) Electe	d cost	
									1
									1
									1
	Listed property. Enter the amount from					7	<u> </u>		4
	Total elected cost of section 179 proper			c), lines 6 and	7			8	<u> </u>
	Tentative deduction. Enter the smaller							9	
	Carryover of disallowed deduction from	-						10	
	Business income limitation. Enter the s					ine 5		11	
	Section 179 expense deduction. Add li				ne 11			12	
	Carryover of disallowed deduction to 2					13	·- <u>-</u> -		<u> </u>
,,,,,,,	te: Do not use Part II or Part III below fo	 -							
	art [Special Depreciation Allowa						·	1	T
14	Special depreciation allowance for qua	llified property (ot	her than liste	d property) pla	aced I	n service o	during		
	the tax year							14	
	Property subject to section 168(f)(1) ele	ection						15	26
	Other depreciation (including ACRS)				-			16	26.
*	MACRS Depreciation (Do no	t include listed p		ection A		· 			·
		· · · · · · · · · · · · · · · · · · ·							1 515
	MACRS deductions for assets placed i							¬ 17	1,515.
18	If you are electing to group any assets placed in ser						rol Doorooi		
	Section B - Assets	(b) Month and		r depreciation			rai Depreci	ation Sys	tem
	(a) Classification of property	year placed in service	(business/i	nvestment use instructions)		Recovery period	(e) Convention	<u> </u>	(g) Depreciation deduction
<u>19a</u>	3-year property	_		1,305.	3	Yrs.	MQ	SL	. 95.
b	5-year property	_							<u></u>
<u> </u>	7-year property	_					ļ <u>.</u>		
<u>d</u>	10-year property	_		224.	10	Yrs.	MQ_	SL	20.
e	15-year property	_							
f	20-year property	4					ļ	ļ	
_9	25-year property	_ <u></u>			2	5 yrs.		S/L	<u> </u>
h	Residential rental property					.5 yrs.	MM_	S/L	
	- Trostockia forka property	//			27	.5 yrs.	MM	S/L	ļ <u>-</u>
i	Nonresidential real property				3	9 yrs.	MM	S/L	ļ
			<u></u>				MM	S/L	<u> </u>
	Section C - Assets F	Placed in Service	During 201	3 Tax Year Us	ing th	e Alterna	tive Depre	T	stem
20a		-						_S/L	
<u>b</u>		 -				2 yrs.		S/L	
C			L		4	0 yrs.	MM	S/L	L
	art (V Summary (See Instructions.)								Τ
	Listed property. Enter amount from line					64		21	
	Total. Add amounts from line 12, lines								1 656
	Enter here and on the appropriate lines				ions ·	see instr.		22	1,656.
	For assets shown above and placed in		e current yea	r, enter the		00			
3162	portion of the basis attributable to sect	ION ZOJA COSTS				23	 -		<u> </u>

	,	שנוע	ATTUD	EDUCA	.m.t.o.N		COGT	\ m T ()	A.T			Λ1	0000	256	_
	m 4562 (2013)		ALLUP								ad far ar		0908		
P	Listed Propert amusement.)	ty (include at	utomobiles,	certain ot	ner venic	cies, ce	rtain cor	nputers	, and pro	perty use	ea tor er	itertainn	nent, rec	reation,	or
	Note: For any through (c) of S	vehicle for wi Section A, all	hich you are of Section L	using the B, and Sec	standar	d milea f applic	ge rate o able.	r deduc	cting lease	expens	e, comp	lete oni	ly 24a, 2	4b, colu	mns (a)
	Section A -	Depreciation	on and Othe	er Informa	ation (Ca	aution:	See the	instruct	tions for li	mits for p	oasseng	er auton	nobiles.)		
248	Do you have evidence to s	support the bu	sıness/investi	ment use cl	aimed?		Yes _	No	24b If "Y	es," is th	ne evide	nce writt	ten? 🗀] Yes [No
	(a)	(b)	(c)		(d)		(e)		(f)		(g)	((h)		(i)
	Type of property (list vehicles first)	Date placed in	Busines investme	nt o	Cost or ther basis	1 10	asis for dep usiness/inv	estment	Recovery period		thod/ rention		ciation	secti	ected on 179
_		service	use percen	tage			use on	··		L		-		ļ	ost
25	Special depreciation allo				y placed	in serv	ice dunn	g the ta	ax year an	d					
	used more than 50% in										25_	L		L	
<u> 26</u>	Property used more tha	n 50% in a c	ualified bus	iness use	<u> </u>					·					
				%						ļ					
				%											
				%											
27	Property used 50% or le	ess in a quali	ified busines	ss use:											
	<u> </u>			%						S/L·					
				%						S/L·				1	
_				%		_				S/L·			•	1	
	Add amounts in column	/b) linno 25	through 27		o and or	a lina 2	1 0000 1	_		10/2	28	†			
		• •	-				i, page				1_20	L	29		
29	Add amounts in column	i (i), line ∠6. E	nter nere ar					- 4 3 4 - 1-					28		
_				Section											
	nplete this section for ve		-												! S
to y	our employees, first ans	wer the ques	stions in Sec	ction C to	see If yo	u meet	an exce	ption to	complet	ng this s	ection f	or those	vehicles	3.	
	,,							1		 					
				((a)		(b)		(c)	(d)	(4	e)	+	(f)
30	Total business/investment	miles driven d	uring the	Ve	hicle	v	ehicle	V	ehicle	Vet	ncle	Vet	ncle	Ve	hicle
	year (do not include com	nuting miles)													
31	Total commuting miles	driven during	the vear										•		
	Total other personal (no	-													
-	driven		,,					1							
22	Total miles driven during	a the year						1		· · · · · · · · · · · · · · · · · · ·					
JJ	`														
	Add lines 30 through 32			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34	Was the vehicle availab	le for person	iai use	res	NO	162	NO	162	140	162	140	163	140	165	+ 140
	during off-duty hours?				+	-			 	 	 			}	+
35	Was the vehicle used p		more												i
	than 5% owner or relate	ed person?		-		•	 	 	-				-		┼
36	Is another vehicle availa	ble for perso	onal					1							l
	use?							<u> </u>	_L		L	<u> </u>			
		Section C	- Question	s for Emp	loyers V	Nho Pr	ovide Ve	hicles	for Use b	y Their l	Employ	ees			
Ans	swer these questions to	determine if	you meet ar	exceptio	n to com	pleting	Section	B for ve	ehicles us	ed by er	nployee	s who a	re not n	nore tha	n 5%
ow	ners or related persons.														
	Do you maintain a writte	en policy stat	tement that	prohibits	all perso	nal use	of vehic	les, ıncl	luding co	nmuting	, by you	r		Yes	No
	employees?								•	J	• •				
20	Do you maintain a writte	an naliou stat	tomont that	orobibite i	nersonal	luce of	vehicles	evcen	t commu	lina by s	/OUT				
30	employees? See the ins													ŀ	
						nicers,	un ectors	s, OI 1 70	or more	OWITEIS				<u> </u>	+
	Do you treat all use of v													 	+
40	Do you provide more th					intorm	ation froi	n your e	employee	s about					ı
	the use of the vehicles,													-	
41	Do you meet the require														
_	Note: If your answer to	37, 38, 39, 4	0, or 41 is "	Yes," do n	ot comp	lete Se	ction B t	or the c	overed ve	ehicles					
P	art VI Amortization														
	(a)			(b)		(c)			(d)	- 1	(e)			(f)	_
	Description o	f costs] (ate amortization begins	1	Amortiz amou	able nt		Code section	_	Amortiza period or pe		A	mortization or this yea	r
42	Amortization of costs th	at begins di	inna vour 20		ar:						· · · · ·				
	,	<u></u>	1		Ť –										
					+			_							
_	A A			112 4								43			
	Amortization of costs th											44			
44	Total. Add amounts in	column (f). S	<u>ee the instru</u>	ictions for	wnere t	<u>o repoi</u>	<u> </u>								