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EXTENDED TO APRIL 18, 2016

Return of Organization Exempt From Income Tax

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

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.

OMB No 1545-0047

	A F	or the	= 2014 calendar year, or tax year beginning SEP 1 , 201	4 and end	ding Al	<u>UG 31, 2015</u>				
	В с	heck if oplicable	C Name of organization			D Employer identifi	cation number			
		Addre	puyallup Education Association							
	F	Name	0			91-0	908256			
		Initial return	the standard day D.O. how it may to not delivered to street address	ess) Roc	om/suite	E Telephone numbe				
	\vdash	Final	201 A3RD AVE SE	· ′			845-1599			
		termir ated		tal code		G Gross receipts \$	225,858.			
	Г	Amen	ded DITVALLITO WA 98374			H(a) Is this a group return				
		Applic		RA		for subordinates	? Yes X No			
		pendi	SAME AS C ABOVE			H(b) Are all subordinates in	ncluded? Yes No			
	ΙŢ	ax-ex	empt status.	4947(a)(1) or	527	If "No," attach a	list. (see instructions)			
	J۷	Vebsi	te: ▶ N/A		, 1	H(c) Group exemption				
			organization, se	her 🖊	L Year c	of formation: 1973	M State of legal domicile: WA			
	Pa	rt I	Summary	50.50						
15	ance	1	Briefly describe the organization's mission or most significant activities EDUCATION ON BEHALF OF ITS MEMBERS.		MOTE	THE CAUSE (JF			
2016	rua	2	Check this box I if the organization discontinued its operation	ons or disposed	of more t	than 25% of its net as:	sets			
ಳು	Govern	3	Number of voting members of the governing body (Part VI, line 1a)			3	4			
2	Š	4	Number of independent voting members of the governing body (Part			4	4			
MAR		5	Total number of individuals employed in calendar year 2014 (Part V, I	ine 2a)		5	1			
3	iviti	6	Total number of volunteers (estimate if necessary)			. 6	0			
	Activities		Total unrelated business revenue from Part VIII, column (C), line 12			7 <u>a</u>	0.			
<u>u</u>	_	<u>b</u>	Net unrelated business taxable income from Form 990-T, line 34			Dries Year				
SCANNED			Contributions and grants (Part VIII line 1h)			Prior Year 3,279.	Current Year 5,000.			
4	ne	8 9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	•		207,916.	220,612.			
Ü	Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	•		237.	246.			
U,	B.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	· · · · · · · · · · · · · · · · · · ·		0.	0.			
		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (211,432.	225,858.			
	_	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			5,489.	7,594.			
	i	14	Benefits paid to or for members (Part IX, column (A); line 4)			0.	0.			
	ທູ	15	Salaries, other compensation, employee benefits (Part.IX; column (A),	, lınes 5-10)		149,233.	141,011.			
	Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		72. 300	0.	0.			
	x		Total fundraising expenses (Part IX, column (D), line 25)	0	<u>• </u>		MICO EMPLOY			
	Ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		-	59,217.	74,047.			
			Total expenses. Add lines 13-17 (must equal Part IX, column (A), line	25)		213,939.	222,652.			
			Revenue less expenses. Subtract line 18 from line 12			-2,507.	3,206.			
	ts or		Total access (Dark V. long 10)		вер	inning of Current Year 347,283.	End of Year 368, 256.			
	Assets Balanc	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)			20,507.	38,274.			
	ᇴ	1	Net assets or fund balances. Subtract line 21 from line 20			326,776.	329,982.			
		rtill	Signature Block							
			alties of perjury, I declare that I have examined this return, including accompan	ying schedules and	d stateme	nts, and to the best of my	knowledge and belief, it is			
			ct, and complete. Declaration of preparer (other than officer) is based on all infi							
				11.41	\					
	Sig	n	Signature of officer Volume	MI MICH	XMM	AMA Date 0	2516			
	Her	е	KAREN MCNAMARA, PRESIDENT	WWW K	/ Vyr	WINC /	Urve			
			Type or print name and title		$\frac{\checkmark}{10}$	late Check	PTIN			
			Print/Type preparer's name Preparer's signatur	eles		2 2 1/2 1				
	Paid		LAIRD VANETTA Furn's name TREMPER & CO. , LLP	100	ماحد	Firm's EIN	91-0872222			
		arer	THIS THAT IS A STATE OF THE COLUMN TO STATE O	0	-	LIIII 9 CHA	<u> </u>			
	USE	Only	Firm's address 3131 ELLIOTT AVE SUITE 29 SEATTLE, WA 98121	-		Phone no. (2	06) 285-4456			
										

X Yes No Form 990 (2014)

Form 990 (2014)

Form 990 (2014) PUYALLUP EDUCATION ASSOCIATION Partily Checklist of Required Schedules

_	Is the appropriate described in section E01(a)(2) or 4047(a)(1) (athor then a private foundation)?		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	١.		х
_	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		X
4	public office? If "Yes," complete Schedule C, Part I		-	<u> </u>
4		4		
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	 *		
5		5	x	[
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	٠,	\vdash	
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	ł	x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•		8		х
9	Schedule D, Part III	_ -		
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	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, VII, VIII, IX, or X	27 kg	و ها چو	
••	as applicable.	a si		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	. ,	,	
_	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		Х
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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX .	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	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> </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			7.7
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
46	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	ł	Х
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"	19		X
^	complete Schedule G, Part III	20a		$\frac{\Lambda}{X}$
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		
<u>D</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	EUU (

Ŗa	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			ŀ
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u> </u>	X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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		[]	
	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	<u> </u>	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	
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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		1 :	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	
b	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			
	Schedule L, Part I	25b		
26	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 "Yes,"	}		
	complete Schedule L, Part II	26	<u> </u>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	25-1984 505	X
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):	4	經濟學	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	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	-	<u> </u>
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	-	<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			7.
	Schedule N, Part II	32	-	<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	1	} }	
	Part V, line 1	34		<u> X</u>
	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	1	1	

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

Page 5 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 0 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 10 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 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, secunties account, or other financial account)? **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 7 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 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? ... 7c d If "Yes." indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a 9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 10 a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against 11h 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 13 13a a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b 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 13b 13c c Enter the amount of reserves on hand X

14a Did the organization receive any payments for indoor tanning services during the tax year?

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

14a

14b

PUYALLUP EDUCATION ASSOCIATION 91-0908256 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 Section 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 1a 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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a a The governing body? . . . X Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a 12a Did the organization have a written conflict of interest policy? If "No, ' go to line 13 X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done . X 13 Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X 15b Other officers or key employees of the organization if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed ▶_ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Other (explain in Schedule O) Own website Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records.

98374

<u>KIRSTIN HEATON - (253) 845-1599</u>

PUYALLUP,

43RD AVE SE,

201

Form	990	(2014)	

PUYALLUP EDUCATION ASSOCIATION

91-0908256

⊃але 7

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 an	y 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.

Check this box if neither the organization n	or any related o	orga	niza	tion	com	npen	sate	d any current officer, d	rector, or trustee			
(A)	(B)	(B) (C)				(D)	(E)	(F)				
Name and Title	Average	 (do	Position (do not check more than one				one	Reportable	Reportable	Estimated		
	hours per	box.	, unle:	ss per	son (s bott	nan	compensation	compensation	amount of		
	week		Ler an	lu a u	16010	T	100,	from	from related	other		
	(list any hours for	director						the organization	organizations	compensation		
	related	6 or 0	ee ee			sated		(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization		
	organizations	truste	al trus		yee	a be		(** 2/ 1000 /////000)		and related		
	below	Individual trustee or	Institutional trustee	<u> </u>	old m	S s co	ا ا ا			organizations		
	line)	Mpu	Instit	Officer	Key e	Highest compensated employee	Former					
(1) *KAREN MCNAMARA	40.00											
PRESIDENT		L_		X				112,147.	0.	0.		
(2) JENNIFER OLIVER	2.00											
VICE PRESIDENT		<u> </u>		X		$ldsymbol{ld}}}}}}$	Щ	0.	0.	0.		
(3) KIMBERLY ROSE	2.00							_	_			
SECRETARY		L_		X			Ш	0.	0.	0.		
(4) TERRY ADDISON	2.00								_			
TREASURER				Х		_		0.	0.	0.		
(5) *REIMBURSED TO SCHOOL	0.00							•				
DISTRICT EMPLOYER		<u> </u>		_	_		-	0.	0.	0.		
			_		_		\vdash					
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			_	_								

(A)	(B)	(C) Position					st C	(D) (E)			_	F)	
Name and title	Average hours per	box,	(do not check more than one box, unless person is both an officer and a director/trustee)				n an	Reportable compensation	Reportable compensation			mated unt of	
	week (list any	\vdash	eran	dad	irecto	or/trus	tee)	from the	from related organization		comp	her ensatu	on
	hours for related	or direc	a			ated		organization	(W-2/1099-MIS		fror	n the	
	organizations	l trustee	nal trustee		a ske	suadwos		(W-2/1099-MISC)				nizatio related	
	below line)	Individual trustee or director	Institution	Officer	Key employee	Highest compensated employee	Former				organ	izatioi	าร
										_			
		\vdash				 	_						
						-			.				
			<u> </u>								i		
					_	-							
		l					Ļ	112,147.	.,	0.	·		0.
1b Sub-total c Total from continuation sheets to Part V	I, Section A	٠	•		••		>	0.		0.			0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but r	ot limited to th	ose	liste	d ab	oove	e) wh	o re	112,147.	000 of reportable	0.			0.
compensation from the organization											1	'es	1 No
3 Did the organization list any former officer	, director, or tr	ustee	e, ke	y en	nplo	уее	or I	highest compensated er	nployee on				
Inne 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the si		le co	mne	ensa	Ition	ano	l oth	ner compensation from t	he organization		3		<u>X</u>
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	or such individual			4		Х
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con								ed organization or individ	dual for services		5		X
Section B. Independent Contractors									100.000				
Complete this table for your five highest co the organization. Report compensation for										ensa	tion from	1 	
(A) Name and business	address	NO	INC	E			•	(B) Description of s	services	C	(C) compens	ation	
									-	-			
			_						· <u>-</u>			 -	
	.												
	<u></u>												
										-		-	
2 Total number of independent contractors (includina but n	ot lir	nite	d to	tho	se lis	sted	above) who received me	ore than				—
\$100,000 of compensation from the organ						0						20	

	<u> </u>	Check if Schedule O conta	aine a response	or note to any line	e in this Part VIII			
_		CHeck II Schedule O cont.	aris a response	or note to any min	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
र प	1 8	Federated campaigns	1a					
E a		Membership dues	1b			1		
ଜ୍ଞା		Fundraising events	- 1					
EA.		Related organizations	1d					
흔릙	e Government grants (contributions)							
Sign		All other contributions, gifts, gran						
it a	T		· I I	5,000.				
é8		similar amounts not included above		3,000.				
Contributions, Gifts, Grants and Other Similar Amounts	٤	Noncash contributions included in lines			5,000.			
0.0		Total. Add lines 1a-1f		Business Code				
	2 :	MEMBERSHIP DUES		611710	220,612.	220,612.		
į	Z c			022.20		220,0221		
ž a								
E S								
ga Ba		<u> </u>	_	-				
Program Service Revenue	•	All other program service reve	nue.					——
_ [Total. Add_lines 2a-2f		•	220,612.	<u> </u>		
	3	Investment income (including						
	•	other similar amounts)			246.			246.
	4	Income from investment of tax						
	5	Royalties			-			
	•		(i) Real	(iı) Personal				
	6 a	Gross rents	W.L.	1.7.7				
	ŀ							
	-	Rental income or (loss)						
	,	Net rental income or (loss)		•				
- 1		Gross amount from sales of	(i) Securities	(iı) Other				
- 1		assets other than inventory	() Coconoco					
	ŀ	Less: cost or other basis						
	_	and sales expenses]		
		Gain or (loss)				1		
-		Net gain or (loss)						
		Gross income from fundraising	g events (not					
a l	-	including \$	-					
Š		contributions reported on line						
Ě		Part IV, line 18	. a			ļ		, ,
Other Revenu	k	Less, direct expenses	. b					
0	(Net income or (loss) from fund	Iraising events					
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19	a			ŀ		
}	Ł	Less: direct expenses	b					
1	(Net income or (loss) from gam	ing activities					
	10 a	Gross sales of inventory, less	returns					
l		and allowances	. a					
1	ŧ	Less: cost of goods sold	b					
L	_ (Net income or (loss) from sale	s of inventory					
		Miscellaneous Revenu	<u>e</u>	Business Code				
	11 a	ı			· · - · · ·			
Į	t)						
	•	·						
- {	(All other revenue		L				
	•	Total. Add lines 11a-11d	-		225 050	220 612		246
432009	12	Total revenue. See instructions.		<u> </u>	225,858.	220,612.	0.	246. Form 990 (2014)
11-07-	14							FULLI 999 (2014)

Part IX | Statement of Functional Expenses

ecu	On 501(c)(3) and 501(c)(4) organizations must complete Check if Schedule O contains a respons			mpiete Column (A).	
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				<u> </u>
2	Grants and other assistance to domestic	7 504			
	individuals. See Part IV, line 22	7,594.			<u> </u>
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16			·	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	112,147.			
_	trustees, and key employees	112,14/•			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	26,595.	<u>-</u>		
7	Other salaries and wages	20,333.			<u> </u>
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
			· · · · · · · · · · · · · · · · · · ·		
9 10	Other employee benefits	2,269.		<u> </u>	
11	Payroll taxes	2,203			
'' a	Management				
b		7,122.			· · · · · · · · · · · · · · · · · · ·
0	Accounting	5,720.			
d					
<u>u</u>	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				··
g					 -
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	2,720.			
14	Information technology	689.			
15	Royalties			\ <u> </u>	
16	Occupancy	15,553.			
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	25,697.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,105.			
23	Insurance				
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)				
	amount, list line 24e expenses on Schedule 0.)	44 005			
а		11,237.			
b	PRESIDENT'S EXPENSE	3,009.			
С		195.	_	 	
d					
	All other expenses	222 652		 	
25	Total functional expenses. Add lines 1 through 24e	222,652.			
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	ĺ			
	educational campaign and fundraising solicitation.				
	Check here > 1 Liffollowing SOP 98-2 (ASC 958-720) 1			i	

Form 990 (2014)
Part X | Balance Sheet

r al	1.	Balarice Sheet					
		Check if Schedule O contains a response or note	e to any lir	ne in this Part X I	· ·· · -		
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			93,400.	1	110,777
	2	Savings and temporary cash investments			78,943.	2	78,962
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			20,321.	4	24,612
	5	Loans and other receivables from current and for	rmer office	ers, directors,			
		trustees, key employees, and highest compensa	ted emplo	yees. Complete			
		D 40 (00) 11 11				5	
	6	Loans and other receivables from other disqualif	ied persor	is (as defined under	·		
1		section 4958(f)(1)), persons described in section	4958(c)(3)	(B), and contributing			
		employers and sponsoring organizations of secti					
,		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net		. [7	
As	8	Inventories for sale or use		[8	
Ì	9	Prepaid expenses and deferred charges				9	
ĺ		Land, buildings, and equipment: cost or other		·			
		basis. Complete Part VI of Schedule D	10a	15,214.			
	ь	Less: accumulated depreciation	10b	11,309.	4,619.	10c	3,905
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line 1	· · · [13		
	14	Intangible assets	Γ		14		
	15	Other assets. See Part IV, line 11		·	150,000.	15	150,000
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)		347,283.	16	368,256
	17	Accounts payable and accrued expenses			20,507.	17	38,274
	18	Grants payable	•	· · [18	
	19	Deferred revenue	••	Ϊ	-	19	
	20	Tax-exempt bond liabilities	·		20		
	21	Escrow or custodial account liability. Complete F		21			
	22	Loans and other payables to current and former					
ties		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L		· . · . [22	
==	23	Secured mortgages and notes payable to unrela	ted third p	parties		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, page 1)					-
		parties, and other liabilities not included on lines					
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			20,507.	26_	38,274
		Organizations that follow SFAS 117 (ASC 958)					
رم		complete lines 27 through 29, and lines 33 an					
ĕ	27	Unrestricted net assets		[326,776.	27	329,982
<u>la</u>	28	Temporarily restricted net assets				28	
8	29	Permanently restricted net assets	••	Γ		29	
Ę		Organizations that do not follow SFAS 117 (A	SC 958), d	check here 🕨 🔲 🧍			
Ē		and complete lines 30 through 34.		,			
S O	30	Capital stock or trust principal, or current funds	[30		
se	31	Paid-in or capital surplus, or land, building, or eq	Juipment f	und		31	
v)		Retained earnings, endowment, accumulated in				32	
Ž	1.32					_	
Net Assets or Fund Balances	32 33	Total net assets or fund balances			326,776.	33	329,982

orm	990 (2014) PUYALLUP EDUCATION ASSOCIATION	AT-0309	220	_ Pa	ge IZ
	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
			2.2	- ^	- 0
1	Total revenue (must equal Part VIII, column (A), line 12)	_1			<u>58.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			52.
3	Revenue less expenses. Subtract line 2 from line 1	3			06.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	32	6,7	76.
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	32	<u>9,9</u>	<u>82.</u>
Pai	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			•	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C)			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:		1 1		
	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	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing				
	Act and OMB Circular A-133?		За		X
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
-	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2014)

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047
2014

Open to Public Inspection

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.								
Nar	ne of organization	-		Empl	oyer identification number					
	PUYALLU	P EDUCATION ASSO	<u>CIATION</u>		91-0908256					
Pŧ	art I-A Complete if the org	anization is exempt und	er section 501(c)	or is a section 527 org	ganization.					
2	Provide a description of the organiz Political expenditures Volunteer hours		al campaign activities	ın Part IV. . ►\$						
P	art I-B Complete if the org	anization is exempt und	er section 501(c)((3).						
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955	▶ \$						
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 4955	5 . ► \$						
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No					
4:	a Was a correction made?			•	Yes No					
	o If "Yes," describe in Part IV.	·								
١	art I-C Complete if the org				<u>(3).</u>					
1	Enter the amount directly expended	by the filing organization for se	ction 527 exempt func	tion activities > \$						
2	2 Enter the amount of the filing organization's funds contributed to other organizations for section 527									
	exempt function activities									
3	Total exempt function expenditures	. Add lines 1 and 2. Enter here a	and on Form 1120-POL	,						
				. ▶\$						
	Did the filing organization file Form				Yes No					
5	Enter the names, addresses and em									
	made payments. For each organizat									
	contributions received that were pro	• •	_ · · · · -	•	segregated fund or a					
	political action committee (PAC). If	additional space is needed, prov								
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-					
		-								

Schedule C (Form 990 or 990-EZ) 2014 P Part II-A Complete if the orga	UYALLUI nization is	EDUCA exempt u	TION ASS	OCIATION n 501(c)(3) and file	91-(d Form 5768 (e	0908256 Page 2 lection under	
	-			Part IV each affiliated o	group member's nan	ne, address, EIN,	
expenses, and share							
B Check If the filing organization Limits (The term "expendit	on Lobbyin	g Expenditure	es		(a) Filing organization's totals	(b) Affiliated group totals	
•						 	
1a Total lobbying expenditures to influe						 	
b Total lobbying expenditures to influe	nce a legislat	tive body (dıre	ect lobbying)				
c Total lobbying expenditures (add line	es 1a and 1b)	٠				 	
d Other exempt purpose expenditures						<u> </u>	
e Total exempt purpose expenditures	(add lines 1c	and 1d)			····		
f Lobbying nontaxable amount. Enter			ving table in bot	h columns.			
If the amount on line 1e, column (a) or			nontaxable am				
Not over \$500,000		20% of the an	nount on line 1e				
Over \$500,000 but not over \$1,000,0	000	sula 000,001	s 15% of the exc	ess over \$500,000.			
Over \$1,000,000 but not over \$1,500				ess over \$1,000,000	III		
Over \$1,500,000 but not over \$17,00				ss over \$1,500,000			
Over \$17,000,000		\$1,000,000.					
Over \$17,000,000		Ψ1,000,000					
g Grassroots nontaxable amount (ente	er 25% of line	10		1.1.			
h Subtract line 1g from line 1a If zero							
i Subtract line 1f from line 1c. If zero							
j If there is an amount other than zero			did the organiz	ation file Form 4720		•	
reporting section 4911 tax for this ye		9 111 01 11110 11	, did the organiz			Yes No	
(Some organizations tha	4-Y at made a se	ction 501(h)	election do not	section 501(h) have to complete all ones 2a through 2f.)	f the five columns t	pelow.	
	Lobbyin	g Expenditur	es During 4-Ye	ar Averaging Period	·-·-	· 1	
Calendar year (or fiscal year beginning in)	(a) 201	1	(b) 2012	(c) 2013	(d) 2014	(e) Total	
2a Lobbying nontaxable amount							
b Lobbying ceiling amount							
(150% of line 2a, column(e))							
c Total lobbying expenditures	<u> </u>		 		<u> </u>		
d Grassroots nontaxable amount							
e Grassroots ceiling amount					· · · · · · · · · · · · · · · · · · ·		
(150% of line 2d, column (e))							
(10070 01 iii10 20, 00/01/11 (0))						<u> </u>	
f Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2014 PUYALLUP EDUCATION ASSOCIATION 91-0908256 Page 3 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (a) (b) For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity Yes No **Amount** 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: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? **b** If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d 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)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? Х X Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B | Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members ... Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year 2b b Carryover from last year 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

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

Name of the organization

PUYALLUP EDUCATION ASSOCIATION

Employer identification number 91-0908256

Pai	rt 🎚 🚽 Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	ne 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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 advised fu	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be used	i only
	for chantable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose confe	erring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a historica	ally important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied 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
С	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the orga	anization during the tax
	year >	_	
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements in	• • • • • • •	└ Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,		_
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(n)(4)(
•	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organiza	mon's imancial statements that describes the o	rganization's accounting for
Pai	conservation easements. rt.III. Organizations Maintaining Collections or	f Art. Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form		
12	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art
	historical treasures, or other similar assets held for public ext		
	the text of the footnote to its financial statements that descri		, , , , , , , , , , , , , , , , , , , ,
b	If the organization elected, as permitted under SFAS 116 (AS		balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	,	,
	(i) Revenue 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 financial gair	
_	the following amounts required to be reported under SFAS 1		•
а	D		> \$
_ h	Assets included in Form 990 Part Y		S S

		P EDUCATION							<u>08256</u>		<u>, 2</u>
	talla Organizations Maintaining C									_	
3	Using the organization's acquisition, accessi	on, and other records	s, check	any of the f	ollowing that	t are a sig	ınıficant u	se of its c	ollection it	ems	
	(check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	ams					
ь	Scholarly research	е		Other							
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	e organizatio	on's exem	npt purpos	se in Part	XIII		
5	During the year, did the organization solicit of										
•	to be sold to raise funds rather than to be ma								Yes		No
Par	INVE Escrow and Custodial Arran					"Yes" to I	Form 990.	Part IV. I			_
	reported an amount on Form 990, Pa						,		,		
12	Is the organization an agent, trustee, custodi		ary for o	contributions	s or other ass	sets not II	ncluded				
Id			,						Yes		No
	on Form 990, Part X?		lowing t	ahla.	•						••
D	ir res, explain the arrangement in Fart Am	and complete the for	iowing t	abio.					Amount		_
	Destance belone						1c		ranount		—
c	Beginning balance		•			•	1d				_
đ	Additions during the year			•			1e				-
e	Distributions during the year			• •	•		1f				—
	Ending balance		Od for a		 Intoductions	unt kabili			Yes		No
	Did the organization include an amount on F						ty r	Ц.	J res		10
	If "Yes," explain the arrangement in Part XIII. t:V Endowment Funds. Complete						<u> </u>		'''' ''''' ''		—
Гаг	Lindowinient i dilds. Complete				(c) Two year			oare back	(e) Four y	oare ba	
_	B	(a) Current year	(6) F	rior year	(C) TWO year	15 Dack	(a) illies y	cais Dack	(e) roar y	cais vai	<u>~~</u>
1a	Beginning of year balance					+					—
þ	Contributions					+					—
С	Net investment earnings, gains, and losses			•	 	-					
d	Grants or scholarships					+					—
е	Other expenditures for facilities				•	l					
	and programs	<u> </u>	-								—
f	Administrative expenses										—
g	End of year balance				L						
2	Provide the estimated percentage of the curr			g, column (a))) held as:						
а	Board designated or quasi-endowment	· · · · · · · · · · · · · · · · · · ·	_%								
b	Permanent endowment	%									
C	Temporarily restricted endowment	%									
	The percentages in lines 2a, 2b, and 2c shou										
За	Are there endowment funds not in the posse	ession of the organiza	ition tha	t are held ar	nd administer	red for the	e organiza	ation	_		_
	by:									<u>es</u> N	<u> 0</u>
	(i) unrelated organizations		•		•				3a(i)		—
	(ii) related organizations			•					3a(ii)		—
b	If "Yes" to 3a(ii), are the related organizations								3b		
4_	Describe in Part XIII the intended uses of the	organization's endo	wment f	unds.							_
Par	t.VI Land, Buildings, and Equipm										
	Complete if the organization answere										
	Description of property	(a) Cost or o			or other		ccumulate	ed	(d) Book	value	
		basis (investr	rient)	Dasis	(other)		oreciation	5,5866000			_
1a	Land			 		新华级特益	tions, y	Can Mari			—
b	Buildings			ļ				 			—
С	Leasehold improvements										—
d	Equipment			 	E 014		11 24	, 		005	_
<u>e</u>	Other				5,214.		11,30	<u> </u>		,905	
Tota	l. Add lines 1a through 1e. (Column (d) must e	egual Form 990, Part	X. colun	nn (B), line 1	0c.)				3	,905	<u>) • </u>

(7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Sche	edule D (Form 990) 2014 PUYALLUP EDUCATION ASSOCIATION	NC	91-0908256	Page 4
	rt XI Reconciliation of Revenue per Audited Financial Statements	With Revenue per Re	turn.	
L	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1 225	,858.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	A contract to the second to th	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	5	2d		
e			2e	0.
3	Subtract line 2e from line 1		3 225	,858.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	A LAND STATE OF THE TRANSPORT	4a		
b		4b		
c			4c	0.
5	Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			,858.
	rt XII Reconciliation of Expenses per Audited Financial Statements	s With Expenses per R	eturn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1 222	,652.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	B. A.	2a		
b		2b		
c	OH THE STATE OF TH	2c		
d		2d		
e	A 111		2e	0.
3	Subtract line 2e from line 1		з 222	,652.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	to all ded on Ferra COO Boot VIII to a 7h	4a		
	011 5 1 5 1 1 1 1 1	4b		
0				
b			4c	0.
	Add lines 4a and 4b			0. ,652.
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	ines 1b and 2b, Part V, line 4;	5 222	
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) rt XIII Supplemental Information.	ines 1b and 2b, Part V, line 4;	5 222	
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	ines 1b and 2b, Part V, line 4;	5 222	
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	ines 1b and 2b, Part V, line 4;	5 222	
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	ines 1b and 2b, Part V, line 4;	5 222	
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	ines 1b and 2b, Part V, line 4;	5 222	
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	ines 1b and 2b, Part V, line 4;	5 222	
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	ines 1b and 2b, Part V, line 4;	5 222	
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	ines 1b and 2b, Part V, line 4;	5 222	
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	ines 1b and 2b, Part V, line 4;	5 222	
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	ines 1b and 2b, Part V, line 4;	5 222	

SCHEDULE I (Form 990)

/oce | | |

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.aav/form990.

2014

OMB No 1545-0047

Open to Public Inspection

Employer identification number

% ⊠ 91-0908256 (h) Purpose of grant or assistance ¥es Grants and Other Assistance to Domestic Organizations and Domestic Governments. 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 (f) Method of valuation (book, FMV, appraisal, (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. 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 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Part II Parti

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

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2014)

Page 2 Schedule I (Form 990) (2014) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Partival Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (d) Amount of non-cash assistance 7,500. 0 (c) Amount of cash grant (b) Number of recipients 10 (a) Type of grant or assistance Schedule I (Form 990) (2014) \$Part;III.* Grants and Other SCHOLARSHIP 432102 10-15-14

91-0908256

PUYALLUP EDUCATION ASSOCIATION

SCHEDULE O

Department of the Treasury Internal Revenue Service

(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.

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

2014

Open to Public Inspection

Name of the organization

PUYALLUP EDUCATION ASSOCIATION

Employer identification number 91-0908256

FORM 990, PART VI, SECTION A, LINE 6:
MEMBERS ARE SCHOOL DISTRICT EMPLOYEES.
FORM 990, PART VI, SECTION A, LINE 7A:
MEMBERS ELECT OFFICERS OF THE GOVERNING BODY.
FORM 990, PART VI, SECTION A, LINE 8B:
THERE ARE NO COMMITTEES WITH THE AUTHORITY TO ACT ON THE BEHALF OF THE
GOVERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11:
AN ELECTRONIC COPY OF THE FORM 990 IS PROVIDED TO BOARD MEMBERS FOR REVIEW
PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
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 19:
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS
ARE AVAILABLE TO MEMBERS UPON REQUEST AT THE ASSOCIATION'S OFFICE.