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Form **990-EZ**  
 Department of the Treasury  
 Internal Revenue Service

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

▶ **Do not enter social security numbers on this form as it may be made public.**  
 ▶ **Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-1150  
**2015**  
**Open to Public Inspection**

**A For the 2015 calendar year, or tax year beginning 09-01-2015, and ending 08-31-2016**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
 Eastmont Education Association

Number and street (or P O box, if mail is not delivered to street address) Room/suite  
 93 Eastmont Avenue

City or town, state or province, country, and ZIP or foreign postal code  
 East Wenatchee, WA 98802

**D** Employer identification number  
 91-1900912

**E** Telephone number  
 (509) 884-0574

**F** Group Exemption Number ▶

**G** Accounting Method  Cash  Accrual Other (specify) ▶

**I** Website: ▶ N/A

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c)(4) ◀ (insert no )  4947(a)(1) or  527

**H** Check  if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**K** Form of organization  Corporation  Trust  Association  Other

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 129,421

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
 Check if the organization used Schedule O to respond to any question in this Part I

		Revenue		Expenses		Net Assets	
<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	3,076	<b>10</b>	Grants and similar amounts paid (list in Schedule O)	<b>10</b>	9,951
<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>		<b>11</b>	Benefits paid to or for members	<b>11</b>	
<b>3</b>	Membership dues and assessments	<b>3</b>	125,903	<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>	67,226
<b>4</b>	Investment income	<b>4</b>	442	<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>	4,750
<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>		<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	5,086
<b>b</b>	Less cost or other basis and sales expenses	<b>5b</b>	0	<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	620
<b>c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>		<b>16</b>	Other expenses (describe in Schedule O)	<b>16</b>	18,149
<b>6</b>	Gaming and fundraising events	<b>6a</b>		<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	105,782
<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6b</b>	0	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	23,639
<b>b</b>	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6c</b>	0	<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	132,695
<b>c</b>	Less direct expenses from gaming and fundraising events	<b>6d</b>		<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	-3
<b>d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>7a</b>		<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	156,331
<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7b</b>	0				
<b>b</b>	Less cost of goods sold						
<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)						
<b>8</b>	Other revenue (describe in Schedule O)						
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		129,421				

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	131,328	<b>22</b> 155,450
<b>23</b> Land and buildings		<b>23</b>
<b>24</b> Other assets (describe in Schedule O)	1,367	<b>24</b> 881
<b>25 Total assets</b>	132,695	<b>25</b> 156,331
<b>26 Total liabilities</b> (describe in Schedule O)		<b>26</b>
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	132,695	<b>27</b> 156,331

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?  
 Provides representation to teachers of Eastmont School District

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**Expenses**  
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

<b>28</b> See Additional Data Table		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	
<b>29</b>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
<b>30</b>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a)	<b>32</b>	101,827

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

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Tammy Grubb President	22 00	42,269	12,202	
Beth Neff Vice-President	3 00	1,135		
Natalie Hoback Secretary	2 00	2,120		
Anna Rankin Treasurer	3 00	3,105		
Barbara Agnew Grievance Chair	1 00	1,775		
Kim Spradlin Negotiations	1 00	1,515		
Jamea Connor Negotiations	1 00	1,000		
Erin Cornhel Negotiations	1 00	1,105		
Angela Velazquez Negotiations	1 00	1,000		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V . . . . .

		Yes	No
<b>33</b>	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		No
<b>34</b>	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .		No
<b>35a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .		No
<b>b</b>	If "Yes," to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O . . . . .		No
<b>c</b>	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .		No
<b>36</b>	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		No
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b>		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		No
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .		No
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>	
<b>39</b>	Section 501(c)(7) organizations Enter . . . . .		
<b>a</b>	Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>   0	
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>   0	
<b>40a</b>	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____ . . . . .		
<b>b</b>	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	<b>40b</b>	No
<b>c</b>	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____ . . . . .		
<b>d</b>	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____ . . . . .		
<b>e</b>	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .	<b>40e</b>	No
<b>41</b>	List the states with which a copy of this return is filed ▶ _____ . . . . .		
<b>42a</b>	The organization's books are in care of ▶ <u>Anna Rankin</u> Telephone no ▶ <u>(509) 884-0574</u> Located at ▶ <u>93 Eastmont Avenue East Wenatchee, WA</u> ZIP + 4 ▶ <u>98802</u> . . . . .		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ . . . . .  See the instructions for exceptions and filing requirements for <b>FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</b> . . . . .	<b>42b</b>	No
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ▶ _____ . . . . .	<b>42c</b>	No
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		
<b>44a</b>	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44a</b>	No
<b>b</b>	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44b</b>	No
<b>c</b>	Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>	No
<b>d</b>	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>44d</b>	No
<b>45a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>45a</b>	No
<b>45b</b>	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .	<b>45b</b>	No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

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

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year?
48 Is the organization a school as described in section 170(b)(1)(A)(ii)?
49a Did the organization make any transfers to an exempt non-charitable related organization?
49b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here: Signature of officer (\*\*\*\*\*), Date (2017-01-25), Type or print name and title (Tammy Grubb President)

Paid Preparer Use Only: Print/Type preparer's name (Rick L Linder CPA), Preparer's signature, Date, Check if self-employed, PTIN (P00009703), Firm's name (Linder & Goetz PS), Firm's EIN, Firm's address (159 South Worthen Street 100, Wenatchee, WA 98801), Phone no (509) 662-9691

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

## Additional Data

**Software ID:** 15000324

**Software Version:** 2015v3.0

**EIN:** 91-1900912

**Name:** Eastmont Education Association

### Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
<p><b>28</b> The Association provides representation for all public school teachers in the Eastmont School District which includes negotiating on behalf of the teachers with the district. The Association currently has over 380 members. (Grants \$ 101,827)</p> <p style="text-align: right;">If this amount includes foreign grants, check here <input type="checkbox"/></p>	<b>28a</b>	9,951

**SCHEDULE O  
(Form 990 or  
990-EZ)**Department of the  
Treasury  
Internal Revenue  
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2015****Open to Public  
Inspection**Name of the organization  
Eastmont Education Association**Employer identification number**

91-1900912

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Expenses 1001	Advertising and Promotion \$649
Other Expenses 1002	Office Expenses \$879

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Expenses 1007	Conferences, Conventions, and Meetings \$225
Other Expenses 1009	Depreciation \$484

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Expenses 1	WEA & NEA Assemblies \$4898
Other Expenses 2	Membership Appreciation \$4851

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Expenses 3	Board & President Expense \$2865
Other Expenses 4	Negotiations \$2135

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Expenses 5	Representitive Council \$653
Other Expenses 7	Stipends not on 2015 1099Misc \$391

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Expenses 8	Misc \$119
Other Assets 1003	Machinery and Equipment - Beginning \$1365 Machinery and Equipment - Ending \$881

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1	Other - Beginning \$2 Other - Ending \$0