Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For ti	ne 2020 caien	dar year, or tax year begin	ning 9/01	, 2020,	and ending	1 8/	31	,	20 2021	
В	Check	if applicable:	С					D Employ	er identi	fication number	
	Ad	ddress change	WASHINGTON STATE	MUSIC TEACHERS				91-	60560	091	
		ame change	ASSOCIATION					E Telepho			
		itial return	12525 MADISON AV	E NE				206	_721-	-8985	
			BAINBRIDGE ISLAN					200	- /34-	-0903	
		nal return/terminated		,					,		
	Ar	mended return	<u> </u>			1		G Gross re			,548.
	Ap	oplication pending	F Name and address of principa	officer: KATHRYN MORT	CENSEN		` '	a group retur			X No
			1515 NE 96TH ST	SEATTLE, WA 9811	5		l(b) Are al	l subordinates " attach a list.	included See inst	l? Yes	No No
I	Tax-	exempt status:	X 501(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1) or	527	11 140,	attaon a not	. 000 11131	adetions	
J			W.WSMTA.ORG				(c) Group	exemption nu	ımber ►		
K	Form	n of organization:	X Corporation Trust	Association Other ►	LY	ear of formatio	• •			egal domicile: W	Δ
	art I	Summar		7 GSOCIATION OTHER		car or formatio	1)1	J c	rate of te	gar dormene. WY	.7
1 6	1	Briefly descri	ibe the organization's missi	on or most significant acti	ivities·TO	DD∩M∩ͲϜ	тиг	אסיד אוז	ר אונ	WIEDCE ()E
	'		PROVIDING EDUCAT								
<u>8</u>			OUT WASHINGTON STA		INAI FUI	VIUEV II	IL AF	FKECIAI	LION	OF MOSIC	
٦		Inkougho	OI WASHINGTON SIA	, TE.							
e l	2	Charle this he	ox ► if the organization	a discontinued its energtic	no or dione		o thon	DE 0/ of ito			
်			oting members of the gover						11et ass	seis.	10
∘ŏ			dependent voting members						4		19 18
es	5		r of individuals employed in						5		10
₹	6		r of volunteers (estimate if						6		120
Activities & Governance	7a		ed business revenue from F						7a		523.
~			d business taxable income						7b		0.
		Trot am orator	a basiness taxable intentio					Prior Year	75	Current Y	
	8	Contributions	and grants (Part VIII, line	1h)				43,7	770		2,187.
ne	9							119,8			2,338.
Revenue	_	9 Program service revenue (Part VIII, line 2g)									1,430.
è	11		ie (Part VIII, column (A), lir					37,2	109.	24	116.
_	12		e – add lines 8 through 11							1 E C	0,071.
	1							201,3			•
	13		imilar amounts paid (Part I I to or for members (Part I)					17,5	55.	11	,630.
	14										
S	15	Salaries, other	er compensation, employee	5-10)				38	3 , 763.		
Jse	16a	Professional	fundraising fees (Part IX, o								
Expenses	b	Total fundrais	sing expenses (Part IX, col	umn (D), line 25) ►							
Щ	17		ses (Part IX, column (A), lir					130,1	27	01	,220.
			es. Add lines 13-17 (must e								
								180,9			,613.
- "	19	Revenue less	s expenses. Subtract line 1	6 ITOITI IIITE 12				20,4			7,458.
s or		T-1-11-	(Deat V. Fire 16)					ng of Curren		End of Y	
Net Assets Fund Baland	20		(Part X, line 16)					1,019,2		1,119	9,15 <u>6</u> .
A P	21		es (Part X, line 26)						0.		0.
			r fund balances. Subtract li	ne 21 from line 20				1,019,2	213.	1,119	7,156.
Pa	art II	Signatur	re Block								
Und	er penal	ties of perjury, I de	eclare that I have examined this retu arer (other than officer) is based on	rn, including accompanying schedu	ules and statem	nents, and to th	e best of n	ny knowledge	and belie	ef, it is true, correc	ct, and
com	plete. D	eclaration of prepa	arer (other than officer) is based on	all information of which preparer ha	as any knowled	lge.					
Sig	n	Signatu	ure of officer				Da	ate			
He	re	► MAR	Y GRANT				TREA	SURER			
			r print name and title								
		Print/Type p	oreparer's name	Preparer's signature		Date		Check	if F	PTIN	
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Tr.	epare se On	1		KELSEN & ADAMSON				<u> </u>	- 01	1201040	
US	UII	Firm's addre			JZ			Firm's EIN		-1321048	
_			KENNEWICK, WA					Phone no.	(509	11	
Ma	y the I	IRS discuss th	nis return with the preparer	shown above? See instru	ctions					X Yes	No

Par		
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	TO PROMOTE THE ART AND KNOWLEDGE OF MUSIC BY PROVIDING EDUCATIONAL PROGRAM	<u>MS_THAT</u>
	FURTHER THE APPRECIATION OF MUSIC THROUGHOUT WASHINGTON STATE.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior	_
	Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measing	ured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	e total expenses,
	and revenue, if any, for each program service reported.	
4 a	a (Code:) (Expenses \$ 108,100. including grants of \$ 8,825.) (Revenue \$	78,629.
	THE ORGANIZATION PROVIDES EDUCATIONAL, PERFORMANCE, AND COMPETITIVE EXPER	<u> IENCES FOR </u>
	MUSIC STUDENTS.	
41-	(Code:) (Expenses \$ 8,174. including grants of \$) (Revenue \$	F02 \
40		523.)
	THE ORGANIZATION PROVIDES A NETWORK OF COMMUNICATION TO MEMBERS TO DISCUSS	S VARIOUS
	ACTIVITIES, EVENTS, INFORMATION, AND CONTACT INFORMATION.	
4 c	(Code:) (Expenses \$ 7,970. including grants of \$ 2,805.) (Revenue \$	13.186.)
	THE ORGANIZATION HOLDS ORGANIZED GROUP MEETINGS SUCH AS LOCAL CHAPTER MEET	
	DISTRICT CONFERENCES AND STATE CONFERENCES	
	DISTRICT CONFERENCES, AND STATE CONFERENCES.	
4 d	d Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4 e	e Total program service expenses ► 124,244.	

Form 990 (2020) WASHINGTON STATE MUSIC TEACHERS 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2		Χ
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II</i>	4		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in 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, 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, Part VI	11 a		X
t	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.	11 b		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	11 c		Х
C	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.	11 d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		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)? <i>If 'Yes,' complete Schedule D, Part X</i>	11 f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
t	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
t	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		Х
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		X
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I See instructions.	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х

Form 990 (2020) WASHINGTON STATE MUSIC TEACHERS Part IV Checklist of Required Schedules (continued)

			Yes	No
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	Х	
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? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24	a 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		Х
ı	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	c 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		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
!	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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
	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):			
i	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
ļ	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		X
•	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
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? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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		Х
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? <i>If 'Yes,' complete Schedule R, Part l</i>	33		Х
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		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	rt V 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
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		103	110
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c	X	(0000
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Form 990 (2020) WASHINGTON STATE MUSIC TEACHERS

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
	a 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 2a 1			
ı	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			.,,
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
	olf 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 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)?	4 a		Х
١	of 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).	5 a		X
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		71
		30		
	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
	old f 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
ä	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?	7 a		Х
	a If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 a		Λ
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7.0		
	Form 8282?	7с		Х
	If 'Yes,' indicate the number of Forms 8282 filed during the year			• • •
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Λ
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	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?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12			
	o Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
ı	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ı	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
ä	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
	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			37
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	a If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If 'Yes,' complete Form 4720, 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 on 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 No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 19 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 on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent.... 18 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? Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ 6 Χ Did the organization have members or stockholders?..... 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 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 on Schedule O..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b Χ 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 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.. SEE . SCHEDULE..Q...... 15 a **b** Other officers or key employees of the organization..... 15 b X 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 taxable entity during the year?..... 16 a **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 16b organization's exempt status with respect to such arrangements?. Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 Own website Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records MARY GRANT 12525 MADISON AVE NE BAINBRIDGE ISLAND WA 98110 206-734-8985

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

- 1 a 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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

	Τ			(C)						
(A) Name and title	(B) Average hours per	thar	one i both dire	box, an o ector/	unles fficer truste	,	on	Reportable compensation from	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		(W-2/1099-MISC)	compensation from the organization and related organizations
(1) CARRIE KAHLER ADMIN COORDINAT	$-\frac{20}{0}$			Х				21,495.	0.	0.
(2) MARY GRANT	5			21				21,455.	· ·	<u> </u>
TREASURER	0	Х		Χ				3,000.	0.	0.
(3) KAREN HOLLENBACK	20							,		
PAST PRESIDENT	0	Χ		Χ				3,000.	0.	0.
(4) STEPHANIE WHITE	5									
MUSIC ARTISTRY	0	Χ						3,000.	0.	0.
(5) SAMANTHA YEUNG	2									
CLARION EDITOR	0	Х						2,500.	0.	0.
(6) KATHRYN MORTENSEN	2									
PRESIDENT	0	Χ		Χ				1,000.	0.	0.
(7) KIRA MILLER	1									
VICE PRESIDENT	0	Χ		Χ				500.	0.	0.
(8) COLLEEN_HUNTER	11									
PRESIDENT ELECT	0	X		Χ				500.	0.	0.
(9) KRISTA SEELY	11									_
EDUCATION CHAIR	0	Χ						300.	0.	0.
(10) CHERIE FELTS	11							000		
OA PIANO COMP.	0	X						300.	0.	0.
(11) KAREN SCHOLTEN		.,						000	0	0
MUSIC LIT PROG	0	X						200.	0.	0.
CERT CHAIR	$-\frac{1}{0}$	v						200	0.	0
(13) AMANDA HARRIS	0	Х						200.	0.	0.
DISTRICT II VP		Х						0.	0.	0.
(14) SELAH NEWKIRK	1	Λ						0.	0.	0.
DISTRICT IV VP		Х						0.	0.	0.
DIDIKICI IV VI	U	71						0.	0.	0.

Part \	/II Section A. Officers, Directors, Tru		Key	En			es,	and	d Highest Com	pensated Empl	oyees	5 (contin	nued)
		(B)	(B) (C) Position verage (do not check more than one										
	(A)	Average hours	(do	not	check	more	than	one	(D)	(E)		(F)	
	Name and title	per week					or/trus	tee)	Reportable compensation from	Reportable compensation from	Estim	ated amo	ount
		(list any hours	or c	Inst	유	Ke)	High	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compe	ensation to organizati	from ion
		for related	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest co	mer			an	d related anization	t
		organiza - tions	(S)	퓶		ploy	ĕ ca				- 3		
		below dotted) Sign	rus.		99	pen.						
		line)	Õ	8			Highest compensated employee	-					
(1E) D	DANIDI DAGGERRE	1											
	RANDI BASSETT ISTRICT I VP	1	v						0	0			0
	USAN SPEICHER	0 1	Х						0.	0.			0.
	ISTRICT III VP		X						0.	0.			0.
	RETA LAUGHLIN	1	21						Ŭ.	0.			0.
	ISTRICT V VP	0	X						0.	0.			0.
	ARGO COX	1											
	ISTRICT VI VP	0	Χ						0.	0.			0.
	EBORAH RAMBO SINN	1											
	ISTRICT VII VP	0	Х						0.	0.			0.
(20)													
(21)													
(22)													
(22)						-							
(23)			-										
(24)													
()			1										
(25)													
			•										
1 b Sı	ubtotal							>	35,995.	0.			0.
с То	otal from continuation sheets to Part VII, Section	on A						>	0.	0.			0.
	otal (add lines 1b and 1c)								35,995.	0.			0.
	otal number of individuals (including but not limited	to those I	isted	abo	ve) v	who	recei	ved	more than \$100,00	0 of reportable comp	ensatio	n	
fro	om the organization 0												
												Yes	No
3 Di	d the organization list any former officer, direct In line 1a? <i>If 'Yes,' complete Schedule J for suc</i>	tor, truste	e, ke	еу е	mpl	oyee	e, or	high	nest compensated	employee	3		X
	,												Λ
4 Fo	or any individual listed on line 1a, is the sum of e organization and related organizations greate	reportab r than \$1	le co 50.0	mpe 00?	ensa If '\	ation Yes.	and con	oth <i>eומר</i>	er compensation t te Schedule J for	from			
	ıch individual										. 4		X
5 Di	d any person listed on line 1a receive or accrue	e comper	satio	oņ fr	om	any	unre	late	d organization or	individual	5		37
	r services rendered to the organization? If 'Yes on B. Independent Contractors	, comple	te S	cnec	auie	J TO	r suc	сп р	erson		. Э		X
1 Co	omplete this table for your five highest compens	sated ind	epen	den	t co	ntra	ctors	tha	t received more th	nan \$100,000 of			
CO	mpensation from the organization. Report compen	sation for	the c	alen	ıdar	year	endi	ng v	vith or within the or	ganization's tax year			
(A) Name and business address (B) Description of services Co								Compe	C) ensatio	ın			
	Traine and basiness dad								Bosonption	71 301 11003			
2 To	tal number of independent contractors (including b	ut not lim	ited t	o the	ose I	listed	d abo	ve)	who received more	than			
	00,000 of compensation from the organization							•					

		Check if Schedule O contains a resp	onse or note to any	line in this Part VI	11		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e	Federated campaigns	41,253.				
ntribut d Othe	g	similar amounts not included above 1 f Noncash contributions included in lines 1a-1f 1 g	934.				
a Co	h	Total. Add lines 1a-1f		42,187.			
ue			Business Code				
e le	2 a	MUSIC_ARTISTRY_PROGRAM	611600	64,038.	64,038.		
Re	b		611710	13,186.	13,186.		
ce	С		611600	12,148.	12,148.		
Program Service Revenue	d		611600	2,443.	2,443.		
n S	e		541800	523.	2,445.	523.	
rar	f	NEWSLETTER ADVERTISING All other program service revenue	341000	525.		323.	
jo.		Total. Add lines 2a-2f	>	00 000			
п.				92,338.			
	3	Investment income (including dividends, ir other similar amounts)	nterest, and	23,907.			23,907.
	4	Income from investment of tax-exempt		23,907.			23,907.
	5	Royalties					
	(i) Real		(ii) Personal				
	c -	**	(II) Fersonal				
		Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from (i) Securities	(ii) Other				
	sales of assets other than inventory 7a 49,000.						
	b	other than inventory Less: cost or other basis	•				
	_	and sales expenses 7b 48,477					
	С	Gain or (loss) 7c 523					
	d	Net gain or (loss)		523.	523.		
d)	Ωa	Gross income from fundraising events					
Other Revenue	0 a	(not including \$ of contributions reported on line 1c).					
ď		See Part IV, line 18	a				
Je.	b	Less: direct expenses 81	0				
퓽	С	Net income or (loss) from fundraising e	events				
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses 91	0				
	С	Net income or (loss) from gaming activ	ities▶				
	10a	Gross sales of inventory, less					
		Gross sales of inventory, less returns and allowances	a				
	b	Less: cost of goods sold 101	b				
	С	Net income or (loss) from sales of inve	ntory				
S			Business Code				
ᅙ	11 a	MISCELLANEOUS	611710	116.	116.		
scellaneo Revenue	b						
종	c						
Miscellaneous Revenue	q	All other revenue					
Ξ̈́		e Total. Add lines 11a-11d		116.			
		Total revenue. See instructions		159.071	92.454	523.	23.907.
	-			1.17.11.1	7/ 474	3/ 3	/) - 711 /

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do i	Check if Schedule O contains a re	esponse or note to any (A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
6b, 1	7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic	·	expenses	general expenses	expenses
•	organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	11,630.	11,630.		
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, trustees, and key employees	36,495.	34,345.	2,150.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages		• • • • • • • • • • • • • • • • • • • •	· · ·	<u> </u>
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	2,268.	2,041.	227.	
11	Fees for services (nonemployees):				
á	Management				
ŀ	Legal				
(: Accounting	2,155.		2,155.	
(I Lobbying				
•	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion				
13	Office expenses	591.	452.	139.	
14	Information technology	3,324.	2,535.	789.	
15	Royalties.	3,324.	2,333.	703.	
16	Occupancy				
17	Travel.	47.	47.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	17.0	17.		
19	Conferences, conventions, and meetings	12,517.	12,517.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).	1,072.		1,072.	
á	MUSIC ARTISTRY	48,107.	48,107.		
	MTNA COMPETITION	7,090.	7,090.		
	OAC COMPETITION	2,835.	2,835.		
	PRINTING AND PUBLICATIONS	1,461.	1,461.		
	All other expenses	2,021.	1,184.	837.	
25	Total functional expenses. Add lines 1 through 24e	131,613.	124,244.	7,369.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)				

TE MUSIC TEACHERS 91-6056091

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing.	32,587.	1	35,640.
	2	Savings and temporary cash investments.	121,042.	2	45,812.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net.		7	
S	8	Inventories for sale or use.		8	
Assets	9	Prepaid expenses and deferred charges.		9	
As		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation		10 c	
	11	Investments – publicly traded securities.	865,584.	11	1,037,704.
	12	Investments – other securities. See Part IV, line 11		12	, , , , , , ,
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets.		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,019,213.	16	1,119,156.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ies	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25.	0.	26	0.
es		Organizations that follow FASB ASC 958, check here ►			
nç		and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions		27	
18	28	Net assets with donor restrictions		28	
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, check here ► X and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SSI	31	Retained earnings, endowment, accumulated income, or other funds	1,019,213.	31	1,119,156.
t A	32	Total net assets or fund balances	1,019,213.	32	1,119,156.
Ne	33	Total liabilities and net assets/fund balances	1,019,213.	33	1,119,156.

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Par	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		159	9,071.
2	Total expenses (must equal Part IX, column (A), line 25)	2			,613.
3	Revenue less expenses. Subtract line 2 from line 1	3			7,458.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			213.
5	Net unrealized gains (losses) on investments	5			2,485.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		1 110	,156.
Par	rt XII Financial Statements and Reporting	1		-,	7,100.
	Check if Schedule O contains a response or note to any line in this Part XII				
	Check if Schedule O contains a response of note to any line in this Fart All				es No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			1,	es No
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2 a	a 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	ed on a	a		
	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis				
					3.7
t	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 separa basis, consolidated basis, or both:	ate			
	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 audit,				
•	review, or compilation of its financial statements and selection of an independent accountant?	· 		2 c	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3 a	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single				
	Audit Act and OMB Circular A-133?			3 a	X
ł	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3 b	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

(E)

Total

WASHINGTON STATE MUSIC TEACHERS ASSOCIATION

Employer identification number

91-6056091

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations **g** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support		, μ		,		
Cale	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc. (see in	structions)			12	
13	First 5 years. If the Form 990 is organization, check this box and	for the organizati stop here	on's first, second	, third, fourth, or f	ifth tax year as a	section 501(c)(3)	▶ □
Sec	tion C. Computation of Pul	blic Support F	Percentage				
14	Public support percentage for 20	20 (line 6, colum	n (f), divided by I	ine 11, column (f))	14	%
15	Public support percentage from 2	2019 Schedule A	, Part II, line 14.				%
16a	33-1/3% support test—2020. If the and stop here. The organization	he organization d qualifies as a pu	id not check the l blicly supported o	box on line 13, an organization	d line 14 is 33-1/3	3% or more, check	this box
b	33-1/3% support test—2019. If the and stop here. The organization						
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	and-circumstance	s test, check this I	box and stop here	e. Explain in Part V	/I how
b	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the facts-a	and-circumstance	s test, check this I	box and stop here	e. Explain in Part V	/I how the
18	Private foundation. If the organization	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see inst	tructions ►

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support		•	•			_
	lar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
ı	Gifts, grants, contributions, and membership fees received. (Do not include						
	any 'unusual grants.')	45,868.	45,299.	50,399.	43,779.	42,187.	227,532.
2	Gross receipts from admissions, merchandise sold or services	10,0001	10,200	00,033.	20,	12/2011	
	performed, or facilities						
	furnished in any activity that is related to the organization's						
	tax-exempt purpose	161,299.	171,218.	162,444.	119,126.	91,815.	705,902.
3	Gross receipts from activities that are not an unrelated trade						
_	or business under section 513.						0.
4	Tax revenues levied for the organization's benefit and						
	either paid to or expended on its behalf						0
5	The value of services or						0.
	facilities furnished by a governmental unit to the						
	organization without charge						0.
	Total. Add lines 1 through 5 Amounts included on lines 1,	207,167.	216,517.	212,843.	162,905.	134,002.	933,434.
/d	2, and 3 received from						
1.	disqualified persons	0.	0.	0.	0.	0.	0.
D	Amounts included on lines 2 and 3 received from other than						
	disqualified persons that exceed the greater of \$5,000 or						
	1% of the amount on line 13						
_	for the year	0.	0.	0.	0.	0.	0.
	Public support. (Subtract line	0.	0.	0.	0.	0.	<u> </u>
	7c from line 6.)						933,434.
	tion B. Total Support					T	
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	207,167.	216,517.	212,843.	162,905.	134,002.	933,434.
IUa	payments received on securities loans,						
	rents, royalties, and income from similar sources	31,673.	37,402.	52,435.	37,107.	23,907.	182,524.
b	Unrelated business taxable income (less section 511	02/0101	0.,102.	02/1001	0.720.0	20/3011	102/0211
	taxes) from businesses						_
c	acquired after June 30, 1975 Add lines 10a and 10b	31,673.	37,402.	52,435.	37,107.	23,907.	0. 182,524.
	Net income from unrelated business	31,073.	31,402.	32,433.	37,107.	23,907.	102,324.
	activities not included in line 10b, whether or not the business is						
	regularly carried on	1,186.	1,401.	1,628.	765.	523.	5,503.
12	Other income. Do not include gain or loss from the sale of						
	capital assets (Explain in Part VI.) SEE PART VI	6,289.	693.	1,654.	409.	116.	9,161.
13	Total support. (Add lines 9,			·			
1/1	10c, 11, and 12.)	246,315.	256,013.	268,560.	201,186.	158,548.	1,130,622.
	organization, check this box and	stop here					▶ ∐
Sec	tion C. Computation of Pul						
15	Public support percentage for 20	•	• • •				82.56 %
	Public support percentage from 2 tion D. Computation of Inv						84.05 %
17	Investment income percentage for				ımn (f))	17	16.14 %
18	Investment income percentage fi						14.63 %
	33-1/3% support tests-2020. If t	he organization di	d not check the b	ox on line 14, an	d line 15 is more	than 33-1/3%, and	d line 17
	is not more than 33-1/3%, check	this box and stop	here. The organi	zation qualifies a	is a publicly suppo	orted organization	► <u>X</u>
b	33-1/3% support tests—2019. If t line 18 is not more than 33-1/3%						
20	Private foundation. If the organiz		-				
	3-						<u> </u>

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was	-		
3a	described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b	2		
	and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI.</i>	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.	9с		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.).	10b		

Part	t IV	Supporting Organizations (continued)			
11	Lloc t	the examination eccented a gift or contribution from any of the following persons?		Yes	No
		the organization accepted a gift or contribution from any of the following persons? son who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below,			
		overning body of a supported organization?	11a		
b	A fan	nily member of a person described in line 11a above?	11b		
		controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI .	11c		
Sect	tion I	B. Type I Supporting Organizations			
1	Did #	he governing body, members of the governing body, officers acting in their official capacity, or membership of one		Yes	No
	or mo office organ than	ore supported organizations have the power to regularly appoint or elect at least a majority of the organization's ers, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported inization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers			
		g the tax year.	1		
	that o	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sect	tion (C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the			
		orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	tion I	D. All Type III Supporting Organizations			
1	Did #	he organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	organ	nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By ros	ason of the relationship described in line 2, above, did the organization's supported organizations have a significant			
	voice	in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
		is regard.	3		
Sect	tion I	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	Т	The organization satisfied the Activities Test. Complete line 2 below.			
b	Пτ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	Пτ	he organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instrı	ıctions	s).
•	A - 1::	The Tark Annual Case Or and Oh halves	ļ		
		ities Test. Answer lines 2a and 2b below.		Yes	No
	suppo organ respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported **nizations and explain how these activities directly furthered their exempt purposes, how the organization was purpose to those supported organizations, and how the organization determined that these activities constituted			
	subst	tantially all of its activities.	2a		
		he activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the			
	reaso	ons for the organization's position that its supported organization(s) would have engaged in these activities or the organization's involvement.	2b		
		nt of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did th	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of	2-		
		of the supported organizations? If 'Yes' or 'No,' provide details in Part VI.	3a		
		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

Pa	$\frac{1}{2}$ 1 ype III Non-Functionally integrated 509(a)(3) Supporting Orga	ınızat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No ns mus	ov. 20, 1970 (explain ir t complete Sections A	Part VI). See through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
â	Average monthly value of securities	1a		
ŀ	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
•	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated	Type III supporting or	ganization

Schedule A (Form 990 or 990-EZ) 2020

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Pa	rt V $ $ Type III Non-Functionally integrated 509(a)(3) Supporting Organizations (cont	inuea)	
Sec	tion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required — provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details		
	in Part VI). See instructions.	8	
9	Distributable amount for 2020 from Section C, line 6	9	_
10	Line 8 amount divided by line 9 amount	10	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			
DAA		Calaadala A /Ea	000 000 EZ\ 200

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Schedule A (Form 990 or 990-EZ) 2020

91-6056091

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Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART III, LINE 12 - OTHER INCOME

NATURE AND SOURCE	 2020	 2019	 2018	 2017	 2016
MISCELLANEOUS INCOME TOTAL	\$ 116.	\$ 409.	\$ 1,654.	\$ 693.	\$ 6,289.
	\$ 116.	\$ 409.	\$ 1,654.	\$ 693.	\$ 6,289.

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization WASHINGTON STA ASSOCIATION	ATE MUSIC TEA	CHERS				Employer identifica		
Part I General Information on Grants and Assistance								
 Does the organization maintain records the selection criteria used to award the Describe in Part IV the organization's pro 	o substantiate the am e grants or assistan	ount of the grants or			or assistance, and		X Yes No	
Part II Grants and Other Assistan Form 990, Part IV, line 21,								
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
<u>(1)</u>								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
2 Enter total number of section 501(c)(3 3 Enter total number of other organizati	•	-					0	

91-6056091

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 STUDY GRANT	6	5,600.			
2 TRAVEL GRANT	6	1,200.			
3 COMPETITION PRIZE	1	1,500.			
4 CERTIFICATION GRANTS	2	200.			
5 CONFERENCE GRANTS	4	1,855.			
6 OUTSTANDING ARTIST GRANT	6	1,275.			
7					

Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

BAA Schedule I (Form 990) 2020

TEEA3902L 07/15/20

SCHEDULE 0 (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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WASHINGTON STATE MUSIC TEACHERS ASSOCIATION

Employer identification number 91-6056091

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE TAX RETURN IS PROVIDED TO THE BOARD FOR REVIEW PRIOR TO SUBMISSION.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE POLICY REQUIRES THAT EACH OFFICIAL PROVIDE WRITTEN DISCLOSURE REGARDING POTENTIAL CONFLICTS OF INTEREST.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE ADMINISTRATIVE COORDINATOR'S COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS USING AVAILABLE DATA REGARDING SIMILAR POSITIONS WITH VARIOUS OTHER STATE MUSIC TEACHERS ORGANIZATIONS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THIS INFORMATION IS AVAILABLE ON THE WASHINGTON STATE MUSIC TEACHERS ASSOCIATION WEBSITE.