# 2022 TAX RETURN

# CLIENT COPY

**Client:** 2778

Prepared for: WASHINGTON STATE MUSIC TEACHERS ASSOCIATION 12525 MADISON AVE NE BAINBRIDGE ISLAND, WA 98110 206-734-8985

Prepared by: DEREK MOODY BLODGETT MICKELSEN & ADAMSON P S 7139 W DESCHUTES AVE KENNEWICK, WA 99336 (509) 735-0379

**Date:** DECEMBER 12, 2023

Comments:

Route to: \_\_\_\_\_

2022 Exempt Org. Return prepared for:

# WASHINGTON STATE MUSIC TEACHERS ASSOCIATION 12525 MADISON AVE NE BAINBRIDGE ISLAND, WA 98110

Blodgett Mickelsen & Adamson P S 7139 W Deschutes Ave Kennewick, WA 99336

# BLODGETT MICKELSEN & ADAMSON P S 7139 W DESCHUTES AVE KENNEWICK, WA 99336 (509) 735-0379

# WASHINGTON STATE MUSIC TEACHERS ASSOCIATION 12525 MADISON AVE NE BAINBRIDGE ISLAND, WA 98110 206-734-8985

# FEDERAL FORMS

Form 990	2022 Return of Organization Exempt from Income Tax
Schedule A	Organization Exempt Under Section 501(c)(3)
Schedule I	Grants and Other Assistance Inside U.S.
Schedule O	Supplemental Information
	Depreciation Schedules
Form 8879-TE	IRS e-file Signature Authorization

FEE SUMMARY

**Preparation Fee** 

# FEDERAL EXEMPT ORGANIZATION TAX SUMMARY WASHINGTON STATE MUSIC TEACHERS

PAGE 1

ASSOCIA			91-6056091
REVENUE	2022	2021	DIFF
CONTRIBUTIONS AND GRANTS PROGRAM SERVICE REVENUE INVESTMENT INCOME. OTHER REVENUE	54,165 156,794 66,715 1,562	35,051 118,376 40,238 0	19,114 38,418 26,477 1,562
TOTAL REVENUE	279,236	193,665	85,571
EXPENSES GRANTS AND SIMILAR AMOUNTS PAID SALARIES, OTHER COMPEN., EMP. BENEFITS OTHER EXPENSES	26,697 36,753 197,681	25,028 45,163 130,195	1,669 -8,410 67,486
TOTAL EXPENSES	261,131	200,386	60,745
NET ASSETS OR FUND BALANCES REVENUE LESS EXPENSES TOTAL ASSETS AT END OF YEAR TOTAL LIABILITIES AT END OF YEAR NET ASSETS/FUND BALANCES AT END OF YEAR	18,105 1,008,329 0 1,008,329	-6,721 1,036,816 0 1,036,816	24,826 -28,487 0 -28,487

# **GENERAL INFORMATION**

WASHINGTON STATE MUSIC TEACHERS ASSOCIATION PAGE 1

91-6056091

# FORMS NEEDED FOR THIS RETURN

FEDERAL: 990, SCH A, SCH I, SCH O

# **CARRYOVERS TO 2023**

NONE

# **PREPARER E-FILE INSTRUCTIONS - FEDERAL**

WASHINGTON STATE MUSIC TEACHERS

ASSOCIATION

91-6056091

# THE ORGANIZATION'S FEDERAL TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

# PRIOR TO TRANSMISSION OF THE RETURN

#### **FORM 990**

THE ORGANIZATION SHOULD REVIEW THEIR FEDERAL RETURN ALONG WITH ANY ACCOMPANYING SCHEDULES AND STATEMENTS.

#### PAPERLESS E-FILE

THE ORGANIZATION SHOULD READ, SIGN AND DATE THE FORM 8879-TE, IRS E-FILE SIGNATURE AUTHORIZATION.

#### EVEN RETURN

NO PAYMENT IS REQUIRED.

# AFTER TRANSMISSION OF THE RETURN

## RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

WITHIN SEVERAL HOURS, ACCESS THE PROGRAM AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT THE PROGRAM HAS RECEIVED YOUR TRANSMISSION FILE.

ACCESS THE PROGRAM AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR FEDERAL ACKS.

# KEEP A SIGNED COPY OF FORM 8879-TE, IRS E-FILE SIGNATURE AUTHORIZATION IN YOUR FILES FOR 3 YEARS.

#### DO NOT MAIL:

FORM 8879-TE IRS E-FILE SIGNATURE AUTHORIZATION

PAGE 1

# FEDERAL WORKSHEETS

PAGE 1

WASHINGTON STATE MUSIC TEACHERS ASSOCIATION

91-6056091

	PROGRAM SERVICES TOTAL 251,47 <sup>°</sup> 26,69 <sup>°</sup>	FORM	0.0.0			
GRANTS			990		SOURCE	
	156,794	7. 26	5,697.	PART I	X, LINE 25, ( X, LINES 1-3, III, LINE 2,	COL. B
FORM 990, PART VIII, LINE 2F OTHER PROGRAM SERVICE REVEN				TED OR	UNRELATED	REVENUE
DESCRIPTION C	BUS. <u>CODE</u> 41800 <u>\$</u> \$	TOTAL <u>REVENUE</u> 531. 531.	TION	PT FUNC <u>REVENU</u> 531. 531.		EXCLUDED FROM TAX \$ 0.
FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES						
PROFESPROFESSIONAL SERVICES TO	 TAL <u>\$</u>	(A) TOTAL 2,225. 2,225.		3) GRAM ICES 0.	(C) MANAGEMENT & GENERAL 2,225. \$ 2,225.	
FORM 990, PART IX, LINE 24E OTHER EXPENSES						
		(A) TOTAL		3) GRAM ICES	(C) MANAGEMENT & GENERAL	(D) <u>FUNDRAISING</u>
BANK FEES MANAGEMENT SERVICES MISCELLANEOUS PRINTING AND PUBLICATIONS YOUNG COMPOSERS PROJECT		30. 5,080. 1,682. 1,202. 1,906.		4,572. 1,093. 1,906.	30. 508. 1,682. 109.	
	TAL <u>\$</u>	9,900.	\$	7,571.	\$ 2,329.	\$ 0.

8/31/23

# 2022 FEDERAL BOOK DEPRECIATION SCHEDULE WASHINGTON STATE MUSIC TEACHERS ASSOCIATION

# PAGE 1

## 91-6056091

NO DESCRIPTION	DATE ACQUIRED.	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFERATE	CURRENT 
FORM 990/990-PF														
AMORTIZATION														
1 WEBSITE DEVELOPMENT	8/31/13		13,300	)						13,300	13,300	S/L	3	(
2 WEBSITE DEVELOPMENT	3/01/14		13,792	2						13,792	13,792	S/L	3	(
3 WEBSITE DEVELOPMENT	3/01/15	_	21,799							21,799	21,799	S/L	3	(
TOTAL AMORTIZATION			48,891		0	0		0 0	) 0	48,891	48,891			
TOTAL DEPRECIATION		-	0	- )	0	0		 00	0	0	0			(
GRAND TOTAL AMORTIZATION			48,891		0	0		D (	) 0	48,891	48,891			
GRAND TOTAL DEPRECIATION			0	)	0	0		n r	) ()	0	0			(

Form 8879-TE	IRS <i>e-file</i> Signature Authorization for a Tax Exempt Entity For calendar year 2022, or fiscal year beginning <u>9/01</u> , 2022, and ending <u>8/31</u> , 20	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.	<u>2023</u> <b>2022</b>
Name of filer WASHINGTO	N STATE MUSIC TEACHERS	
ASSOCIATION Name and title of officer or persor	91-	·6056091
MARY GRANT TREAS		
Check the box for the retur and Form 5330 filers ma 6a, 7a, 8a, 9a, or 10a belo 6b, 7b, 8b, 9b, or 10b, wh	Return and Return Information In for which you are using this Form 8879-TE and enter the applicable amount, if any, from y enter dollars and cents. For all other forms, enter whole dollars only. If you chec bow, and the amount on that line for the return being filed with this form was blank, hichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return lete more than one line in Part I.	k the box on line <b>1a, 2a, 3a, 4a, 5a,</b> , then leave line <b>1b, 2b, 3b, 4b, 5b</b> ,
1a Form 990 check he	re X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>279,236.</u>
2a Form 990-EZ check		
3a Form 1120-POL che		
4a Form 990-PF check		
5a Form 8868 check he		
6a Form 990-T check h		
7a Form 4720 check he		
8a Form 5227 check he		
9a Form 5330 check he 10a Form 8038-CP chec		
		22) IUD
Part IIDeclarationUnder penalties of perjury,	and Signature Authorization of Officer or Person Subject to Tax I declare that X I am an officer of the above entity or I am a person sub	
and belief, they are true, electronic return. I conse IRS and to receive from t processing the return or ref initiate an electronic funds of the federal taxes owed U.S. Treasury Financial A financial institutions invol inquiries and resolve issue	A a copy of the 2022 electronic return and accompanying schedules and statement correct, and complete. I further declare that the amount in Part I above is the am- nt to allow my intermediate service provider, transmitter, or electronic return origin the IRS (a) an acknowledgement of receipt or reason for rejection of the transmiss fund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its d withdrawal (direct debit) entry to the financial institution account indicated in the tax pre- I on this return, and the financial institution to debit the entry to this account. To re Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settle lived in the processing of the electronic payment of taxes to receive confidential im- tes related to the payment. I have selected a personal identification number (PIN) the consent to electronic funds withdrawal.	ount shown on the copy of the nator (ERO) to send the return to the ion, (b) the reason for any delay in esignated Financial Agent to paration software for payment evoke a payment, I must contact the ment) date. I also authorize the formation necessary to answer
PIN: check one box only		
	ETT MICKELSEN & ADAMSON P S to enter my PIN ERO firm name Enter five	02778 as my signature e numbers, but nter all zeros
	2 electronically filed return. If I have indicated within this return that a copy of the g charities as part of the IRS Fed/State program, I also authorize the aforementioned EF consent screen.	
return. If I have indic	on subject to tax with respect to the entity, I will enter my PIN as my signature on the tax ated within this return that a copy of the return is being filed with a state agency(ies) reg ogram, I will enter my PIN on the return's disclosure consent screen.	(year 2022 electronically filed ulating charities as part of
Signature of officer or person subj	ject to tax Da	e
Part III Certificat	ion and Authentication	
	bur six-digit electronic filing identification by your five-digit self-selected PIN. 9131375370 Do not enter all zer	
	numeric entry is my PIN, which is my signature on the 2022 electronically filed return ind curn in accordance with the requirements of <b>Pub. 4163,</b> Modernized e-File (MeF) In Returns.	
ERO's signature DEREK	X MOODY Date	
	ERO Must Retain This Form – See Instructions Do Not Submit This Form to the IRS Unless Requested T	o Do So

TEEA8800L 09/29/22

Form	<b>990</b>
гопп	550

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

Do not enter social security numbers on this form as it may be made public.

**Open to Public** 

OMB No. 1545-0047 2022

Depa Interr	rtment nal Rev	of the Treasury enue Service					r social secu s.gov/Form9							1.			ection	
		he 2022 calen	dar y								2, and er					, <b>20</b> 202	3	
_		if applicable:	C			-	/						- /	-		ification nu		
	A	ddress change	WA:	SHINGTO	N STA	ΤE	MUSIC	TEACHE	RS					91-	6056	091		
	N	ame change		ASSOCIATION 12525 MADISON AVE NE										E Teleph	one num	ber		
	In	itial return						0110						206	-734	-8985		
	Fi	nal return/terminated	BA.	INBRIDG	E 12F	ANL	), WA 9	8110										
	A	mended return												<b>G</b> Gross			385,956.	
	A	pplication pending	Fr	Name and addr	ess of prin	cipal	officer: KA	CHRYN N	MORTE	NSEN	Ī		• •	a group retu			Yes X No	
			15:	15 NE 9	6TH S	Т 5	SEATTLE	, WA 9	8115				lf "No,	l subordinate " attach a lis	s include t. See ins	d? structions.	Yes No	
I		exempt status:	_	501(c)(3)	501(c)	(	) (	insert no.)	494	7(a)(1)	or 527							
J				ISMTA.OF	RG								(-)	exemption n				
ĸ		n of organization:		Corporation	Trust		Association	Other		I	Year of fo	rmatio	n: 191	.5 <b>M</b>	State of I	egal domicil	e: WA	
Pa		Summar						· · · ·		·		0.000						
	1	Briefly descri																
lce		MUSIC BY THROUGHC						RUGRAI	<u>MS IH</u>	AI F	URIHEI	<u> </u>	HE AP	PRECIA	<u>I I ON</u>	OF MU	<u>510</u>	
nar			<u></u>	WASHING	<u>310N</u> .	<u>- 1 </u>	<u> </u>											
Governance	2	Check this bo		if the	organiza	ation	n discontinu	ued its op	erations	s or dis	sposed of	f moi	re than 2	25% of its	net as	sets.		
ğ	3	Number of vo		members of	of the go	overr	ning body (	Part VI, I	ine 1a)						3		15	
ŝ	4	Number of in	•		0		0	0							4		15	
/itie	5	Total number Total number													5 6		1	
Activities &	ю 7а	Total unrelate													6 7a		<u>120</u> 0.	
A		Net unrelated													7a 7b		0.	
	-								,				1	Prior Year	-	Curr	rent Year	
	8	Contributions and grants (Part VIII, line 1h)									35,	051.	-	54,165.				
nue	9	Program service revenue (Part VIII, line 2g)								118,			156,794.					
Revenue	10	Investment ir		-										40,2	238.		66,715.	
œ	11	Other revenu															1,562.	
	12	Total revenue			-									193,			279,236.	
	13	Grants and s												25,	028.		26,697.	
	14	Benefits paid											-					
se	15	Salaries, othe				-			-	-				45,	163.		36,753.	
Expenses	16a			-														
ğX	b	Total fundrais																
-	17	Other expense												130,		197,681.		
		Total expens					•							200,3			261,131.	
	19	Revenue less	s exp	enses. Sub	otract lin	e 18	3 from line	12						-6,			18,105.	
Net Assets or Fund Balances	20	Total assets	(D ~ ~	V line 10										ng of Curre			l of Year	
Bala	20 21	Total liabilitie	•											1,036,	-	1,	.008,329 0.	
et A Ind			•											1 0 0 0	0.	1		
Pa	22	Net assets or Signatur			Subtrac	JU III		IIIIe 20					_	1,036,	816.	1,	,008,329.	
		, j			unaire and their	rotur	in including of		aabadulaa		tomonto on	d to th	a boot of r			iof it is true	aarraat and	
comp	lete. D	Ities of perjury, I de eclaration of prepa	arer (o	ther than office	er) is based	l on a	Il information	of which prep	barer has a	any know	vledge.		le best of f	ny knowledge	e and bei	iei, it is true	, correct, and	
Sig	n	Signature of	office	r									Date					
		MARY (	GRAI	TN								TI	REASU	RER				
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		Print/Type p	prepare	er's name		T	Preparer's sig	Inature			Date			Check	if	PTIN		
Pai		DEREK	MO	-			DEREK I							self-employ	/ed	P01901	1369	
Pre	par	Firm's name	e	BLODGE			ELSEN 8		SON P	S				1				
Us	e Or	Firm's addre	ess				TES AVE	3						Firm's EIN		-13210		
				KENNEV	VICK,	WA	99336							Phone no.	(50)	9) 735	-0379	

May the IRS discuss this return with the preparer shown above? See instructions ..... X Yes No BAA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022) TEEA0101L 09/01/22

Form	990 (2022) WASHINGTON STATE MUSIC TEACHERS	91-6056091	Page <b>2</b>
Par	t III         Statement of Program Service Accomplishments           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 EDUCATIO	NAL PROGRAMS T	ТАТ
	FURTHER THE APPRECIATION OF MUSIC THROUGHOUT WASHINGTON STATE.		<u></u>
2	Did the organization undertake any significant program services during the year which were not listed on the	·	
	Form 990 or 990-EZ?	Yes	S X No
2	If "Yes," describe these new services on Schedule O.		JZ N.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program If "Yes," describe these changes on Schedule O.	services? Ye	s X No
۵	Describe the organization's program service accomplishments for each of its three largest program service	ervices as measured by	/ evnenses
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocat	ions to others, the total	expenses,
	and revenue, if any, for each program service reported.		
	(Code: ) (Expenses \$ 213,751, including grants of \$ 26,697,)	(Devenue ¢ 1	00 001 )
4a	(Code:) (Expenses \$ 213,751. including grants of \$ 26,697.) THE ORGANIZATION PROVIDES EDUCATIONAL, PERFORMANCE, AND COMPETI		<u>22,821.</u> )
	MUSIC STUDENTS.	IIVE EAPERIENCI	LS FUR
		(Dec. 1997)	22 440 X
40	(Code:) (Expenses \$ 21,863. including grants of \$) THE ORGANIZATION HOLDS ORGANIZED GROUP MEETINGS SUCH AS LOCAL C	(Revenue \$	<u>33,442.</u> )
	DISTRICT CONFERENCES, AND STATE CONFERENCES.	TAFIER MEETING.	<u></u>
	(Code: ) (Expenses \$ 15,863, including grants of \$ )	(Devenue ¢	F 21 \
40	(Code:) (Expenses \$ 15,863. including grants of \$) THE ORGANIZATION PROVIDES A NETWORK OF COMMUNICATION TO MEMBERS	(Revenue \$	<u>531.</u> )
	ACTIVITIES, EVENTS, INFORMATION, AND CONTACT INFORMATION.	5 10 DISC035 VA	<u>x1005</u>
	ACTIVITIES, EVENTS, INFORMATION, AND CONTACT INFORMATION.		
74	Other program services (Describe on Schedule O.)		
40	(Expenses \$ including grants of \$ ) (Revenue	\$	)
4e	Total program service expenses251,477.		1
BAA		Fo	rm <b>990</b> (2022)

Form 990 (2022) WASHINGTON STATE MUSIC TEACHERS
Part IV Checklist of Required Schedules

1 41			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	NO
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
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? If "Yes," complete Schedule C, Part II.	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? <i>If "Yes," complete Schedule D, Part I</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? If "Yes," complete Schedule D, Part II	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? <i>If "Yes," complete Schedule D, Part IV</i> .	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, VII, VIII, IX, or X, as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		Х
b	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		Х
С	: Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		Х
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? <i>If "Yes," complete Schedule G, Part I.</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		Х
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		Х

Form 990 (2022)

91-6056091

Form 990 (2022) WASHINGTON STATE MUSIC TEACHERS
Part IV Checklist of Required Schedules (continued)

r ai	Checkist of Required Schedules (continued)			
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	Yes X	No
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
	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 a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	23 24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		l
	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		
25a	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part III</i>	27		Х
	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 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? <i>If "Yes," complete Schedule M</i>	29		Х
	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 I.</i>	33		Х
	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
35a	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? If "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R, Part VI.	37		Х
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t 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
b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a36Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
BAA			A 990 (	(2022)
_, _,			(	/

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	990 (2		91-6056091		F	Page 5
Parl	t V	Statements Regarding Other IRS Filings and Tax Compliance (continued)				
					Yes	No
2a	Enter ments	the number of employees reported on Form W-3, Transmittal of Wage and Tax State- s, filed for the calendar year ending with or within the year covered by this return 2a	1			
b	lf at le	east one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х	L
3a	Did th	e organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b	lf "Yes,'	" has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.		3b		
4a	At any financ	time during the calendar year, did the organization have an interest in, or a signature or other authority ove cial account in a foreign country (such as a bank account, securities account, or other financial accou	r, a int)?	4a		х
b		s," enter the name of the foreign country				
	See in	nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBA	AR).			
		he organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
		ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		Х
		s," to line 5a or 5b, did the organization file Form 8886-T?		5c		<u> </u>
6a	Does solicit	the organization have annual gross receipts that are normally greater than \$100,000, and did the org any contributions that were not tax deductible as charitable contributions?	anization	6a		Х
b	lf "Yes not ta	s," did the organization include with every solicitation an express statement that such contributions or gifts w x deductible?		6b		
	-	nizations that may receive deductible contributions under section 170(c).				
а	Did th servic	ne organization receive a payment in excess of \$75 made partly as a contribution and partly for good exercises provided to the payor?	s and	7a	Х	
b	lf "Ye	s," did the organization notify the donor of the value of the goods or services provided?		7b		Х
C		e organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to 8282?		7c		Х
d	lf "Ye	s," indicate the number of Forms 8282 filed during the year				
е	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contra	nct?	7e		Х
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.		7f		Х
g		organization received a contribution of qualified intellectual property, did the organization file Form 8899 quired?		7g		
	Form	organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization 1098-C?		7h		
8		soring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsor ization have excess business holdings at any time during the year?	-	8		
9	Spons	soring organizations maintaining donor advised funds.				
а	Did th	e sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did th	e sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Sectio	on 501(c)(7) organizations. Enter:				
а	Initiati	ion fees and capital contributions included on Part VIII, line 12 10a				
b	Gross	receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section	on 501(c)(12) organizations. Enter:				
		income from members or shareholders				
	agains	income from other sources. (Do not net amounts due or paid to other sources st amounts due or received from them.)				
		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?.		2a		
		s," enter the amount of tax-exempt interest received or accrued during the year 12b				
		on 501(c)(29) qualified nonprofit health insurance issuers.	_			
а		organization licensed to issue qualified health plans in more than one state?		3a		<u> </u>
		See the instructions for additional information the organization must report on Schedule O.				
	which	the amount of reserves the organization is required to maintain by the states in the organization is licensed to issue qualified health plans				
		the amount of reserves on hand		_		37
		e organization receive any payments for indoor tanning services during the tax year?		4a		Х
		s," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	-	4b		
15	exces	e organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration is parachute payment(s) during the year?		5		X
16	Is the	organization an educational institution subject to the section 4968 excise tax on net investment inco s," complete Form 4720, Schedule O.	me? <b>1</b>	6		Х
17		on 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	s that would			
	result	in the imposition of an excise tax under section 4951, 4952, or 4953?	-	7		

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Part VI Governance, Management, and Disclosure. For each "Yes" response a "No" response to line 8a, 8b, or 10b below, describe the circumstance	to lines 2 through 7b l es, processes, or cha	below, ar nges on	nd for
Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI		•	Х
Section A. Governing Body and Management			
		Yes	5 No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year 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>1a</b> 15	-	

	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 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	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		Х
4	Did the organization make any significant changes to its governing documents	-		
	since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	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?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	eveni	ie Co	ode.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Х	
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?	1 <b>0</b> b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			
-		12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done SEE .SCHEDULE . Q	12b 12c	X X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on			
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done SEE .SCHEDULE . Q	12c	Х	
13 14 15	<ul> <li>Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i>,SEE.,SCHEDULE, Q</li> <li>Did the organization have a written whistleblower policy?</li> <li>Did the organization have a written document retention and destruction policy?</li> <li>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?</li> </ul>	12c 13	X X	
13 14 15	<ul> <li>Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i>,SEE.,SCHEDULE.Q.</li> <li>Did the organization have a written whistleblower policy?</li> <li>Did the organization have a written document retention and destruction policy?</li> <li>Did the process for determining compensation of the following persons include a review and approval by independent</li> </ul>	12c 13	X X	
13 14 15 a	<ul> <li>Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i>,SEE.,SCHEDULE, Q</li> <li>Did the organization have a written whistleblower policy?</li> <li>Did the organization have a written document retention and destruction policy?</li> <li>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?</li> </ul>	12c 13 14	X X X	
13 14 15 a	<ul> <li>Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i>,SEE.,SCHEDULE, Q.</li> <li>Did the organization have a written whistleblower policy?</li> <li>Did the organization have a written document retention and destruction policy?</li> <li>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?</li> <li>The organization's CEO, Executive Director, or top management official. SEE .SCHEDULE. O.</li> </ul>	12c 13 14 15a	X X X	
13 14 15 a b	<ul> <li>Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i>,SEESCHEDULE.Q.</li> <li>Did the organization have a written whistleblower policy?</li> <li>Did the organization have a written document retention and destruction policy?</li> <li>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?</li> <li>The organization's CEO, Executive Director, or top management official SEE . SCHEDULE. O.</li> <li>Other officers or key employees of the organization.</li> </ul>	12c 13 14 15a	X X X	X
13 14 15 a b 16a	<ul> <li>Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i>,SEE.,SCHEDULE.O.</li> <li>Did the organization have a written whistleblower policy?</li> <li>Did the organization have a written document retention and destruction policy?</li> <li>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?</li> <li>The organization's CEO, Executive Director, or top management officialSEESCHEDULE.O.</li> <li>Other officers or key employees of the organization.</li> <li>If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.</li> <li>Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.</li> <li>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</li> </ul>	12c 13 14 15a 15b 16a	X X X	
13 14 15 a b 16a b	<ul> <li>Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i>,SEE.,SCHEDULE.O.</li> <li>Did the organization have a written whistleblower policy?</li> <li>Did the organization have a written document retention and destruction policy?</li> <li>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?</li> <li>The organization's CEO, Executive Director, or top management official. SEE . SCHEDULE.O.</li> <li>Other officers or key employees of the organization.</li> <li>If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.</li> <li>Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.</li> <li>If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?</li> </ul>	12c 13 14 15a 15b	X X X	
13 14 15 a b 16a b	<ul> <li>Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i>,SEE.,SCHEDULE.O.</li> <li>Did the organization have a written whistleblower policy?</li> <li>Did the organization have a written document retention and destruction policy?</li> <li>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?</li> <li>The organization's CEO, Executive Director, or top management officialSEESCHEDULE.O.</li> <li>Other officers or key employees of the organization.</li> <li>If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.</li> <li>Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.</li> <li>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</li> </ul>	12c 13 14 15a 15b 16a	X X X	
13 14 15 a b 16a b <u>Sec</u> 17	<ul> <li>Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i>,SEESCHEDULE.Q.</li> <li>Did the organization have a written whistleblower policy?</li> <li>Did the organization have a written document retention and destruction policy?</li> <li>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?</li> <li>The organization's CEO, Executive Director, or top management official. SEE . SCHEDULE.O.</li> <li>Other officers or key employees of the organization.</li> <li>If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.</li> <li>Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.</li> <li>If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?</li> </ul>	12c 13 14 15a 15b 16a 16b		X

19	Describe on Schedule O whether	(and if so, how) the org	anization made its gover	ning documents, o	conflict of interest policy,	and financial	statements available to	C
	the public during the tax year.	SEE	SCHEDULE O					

20 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

Form 990 (2022) WASHINGTON STATE MUSIC TEACHERS	91-6056091	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Independent Contractors	t Compensated Employe	es, and
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 Compensa	ted Employees	
<b>1a</b> Complete this table for all persons required to be listed. Report compensation for the calendar year ending organization's tax year.	with or within the	

• 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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.

<u>—</u>		(C)						
(A) Name and title	(B) Average hours	thar	ition (do n one bo s both ar direct	x, unle i office	stee)	(D) Reportable compensation from	(E) Reportable compensation from	<b>(F)</b> Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Key employee	Former Highest compensated employee	he organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) CARRIE KAHLER	20							
ADMIN COORDINAT	0	Х	Х			15,156.	0.	0.
(2) MARY_GRANT	5							
TREASURER	0	Х	Х			4,000.	0.	0.
(3) JASON KUO	5							
MUSIC ARTISTRY	0	Х				4,000.	0.	0.
(4) KATHRYN MORTENSEN	20							
PRESIDENT	0	Х	Х			3,000.	0.	0.
(5) SAMANTHA YEUNG	2							
CLARION EDITOR	0	Х				2,500.	0.	0.
(6) COLLEEN HUNTER	1							
PRESIDENT ELECT	0	Х	Х			1,000.	0.	0.
(7) KRISTA SEELY	1							
EDUCATION CHAIR	0	Х				500.	0.	0.
(8) KIRA MILLER	1							
VICE PRESIDENT	0	Х	Х			500.	0.	0.
(9) AMANDA HARRIS	1							
DIST DIRECTOR	0	Х				0.	0.	0.
(10) SELAH NEWKIRK	1							
DIST DIRECTOR	0	Х				0.	0.	0.
(11) KAY ZAVISLAK	1							
DIST DIRECTOR	0	Х				0.	0.	0.
(12) SUSAN SPEICHER	1							
DIST DIRECTOR	0	Х				0.	0.	0.
(13) PRETA LAUGHLIN	1							
DIST DIRECTOR	0	Х				0.	0.	0.
(14) MARGO COX	1							
DIST DIRECTOR	0	Х				0.	0.	0.
BAA	TEEA0	107L	09/01/2	2				Form <b>990</b> (2022)

\_\_\_\_\_

(A) Name and title

(15) KAREN HOLLENBACK

(17)\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(22)\_\_\_\_\_

PAST PRESIDENT

DIST DIRECTOR

(16) GREG PRESLEY

(18)

(19)

(20)

(21)

(23)

(24)

(25)

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C	TEACHE	RS							91-605609	1 Page <b>8</b>
Trι	ustees, I	Key	En	ıplo	bye	es,	ano	d Highest Con	91-605609 pensated Emp	oyees (continued)
	(B)			(0	C)					
	Average hours per week (list any hours for related organiza - tions below dotted line)	영정형 Individual trustee or director	, unle cer ar	check	erson direct	than is bottor/trus employee	h an tee)	(D) Reportable compensation from the organization (W-2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
	<u>2</u> 0	Х		Х				0.	0.	0.
	<u>1_</u>	Х						0.	0.	0.
		•								
		-								
		-								
								20 656	0	0

1b	Subtotal					30,656.	0.	0.
c	Total from continuation sheets to Part VII, Sectio	n A				0.	0.	0.
c	Total (add lines 1b and 1c)					30,656.	0.	0.
2	Total number of individuals (including but not limited t	to those li	sted abo	ve) who	received	more than \$100,00	0 of reportable comp	pensation

	(including	but not innited	10 11030	instea above)	***10	ICCCIVCU I
from the organization	0					

			Yes	No
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee			
	Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes,"complete Schedule J for such individual	3		Х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for</i>			
	such individual	4		Х
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual			
-	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Х

# Section B. Independent Contractors

tion B. independent Contractors	
Complete this table for your five highest compensated independent contractors that compensation from the organization. Report compensation for the calendar year ending w	
	1

(A) Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
<ul> <li>Total number of independent contractors (including but not limited to those listed above)</li> <li>\$100,000 of compensation from the organization</li> </ul>	who received more than	

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# Form 990 (2022) WASHINGTON STATE MUSIC TEACHERS

# Part VIII Statement of Revenue

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

				<b>(A)</b> Total revenue	<b>(B)</b> Related or	<b>(C)</b> Unrelated	<b>(D)</b> Revenue
				rotal revenue	exempt	business	excluded from tax
					function revenue	revenue	under sections 512-514
มัย	1a	Federated campaigns	1a				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues	<b>1b</b> 45,014.				
Ū	С	Fundraising events	1c				
er /	d	Related organizations	1d				
s, e	е	Government grants (contributions)	1e				
r Si	f	All other contributions, gifts, grants, and					
but the	~	similar amounts not included above Noncash contributions included in	lf 9,151.				
ĒĐ	y	lines 1a-1f.	1g				
S E	h	Total. Add lines 1a-1f		54,165.			
ne			Business Code				
Program Service Revenue	2a	MUSIC_ARTISTRY_PROGRAM	611600	99,945.	99,945.		
Be	b	CONFERENCES AND SEMINARS	611710	33,442.	33,442.		
/ice	С	MUSIC_LITERACY_PROGRAM	611600	10,860.	10,860.		
Sen	d	STUDENT COMPETITIONS		10,174.	10,174.		
E		STUDENT PROJECTS	611710	1,842.	1,842.		
ъ		All other program service revenue.	•••	531.	531.		
Å	g	Total. Add lines 2a-2f		156,794.			
	3	Investment income (including dividend	ls, interest, and				
		other similar amounts)		41,435.			41,435.
	4	Income from investment of tax-exe					
	5	Royalties	(ii) Personal				
	60	Gross rents 6a	(ii) Feisoliai				
		Less: rental expenses <b>6b</b>					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		(i) Socuriti					
	/a	Gross amount from sales of assets					
		other than inventory <b>7a</b> 132,0	00.				
	D	Less: cost or other basis and sales expenses <b>7b</b> 106,7	20				
	с	Gain or (loss) <b>7c</b> 25, 2					
		Net gain or (loss)		25,280.	25,280.		
d)	82	Gross income from fundraising events		2072001	2072001		
ň	oa	(not including \$					
še		of contributions reported on line 1c).					
ď		See Part IV, line 18	8a				
Other Revenue		Less: direct expenses	8b				
₫	С	Net income or (loss) from fundraisi	ng events				
	9a	Gross income from gaming activities.					
		See Part IV, line 19.	9a				
		Less: direct expenses	9b				
	С	Net income or (loss) from gaming a					
	10a	Gross sales of inventory, less returns and allowances					
			10a				
		Less: cost of goods sold	10b				
	С	Net income or (loss) from sales of	Business Code				
Sno	112	MICCELLANEOUS		1 5 4 2	1 5 6 2		
Miscellaneous Revenue	11a b	MISCELLANEOUS	611710	1,562.	1,562.		+
Ven							+
Re	л Г	All other revenue					+
Ξ	ŭ	Total. Add lines 11a-11d		1,562.			
	12	Total revenue. See instructions		279,236.	183,636.	0.	41,435.
BAA				A0109L 09/01/22	100,000.	0.	Form <b>990</b> (2022)

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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). Check if Schedule O contains a response or note to any line in this Part IX

Sec	<i>tion 501(c)(3) and 501(c)(4) organizations must corr</i> Check if Schedule O contains a r	1		` ```	
		(A)	(B)	(C)	(D)
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	26,697.	26,697.		
3	Grants and other assistance to foreign organizations, foreign governments, and for- eign 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	33,506.	31,990.	1,516.	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				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	3,247.	2,922.	325.	
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
c	Accounting				
c	Lobbying				
e	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	2,225.		2,225.	
13	Office expenses	2,835.	2,073.	762.	
14	Information technology	2,033.	2,013.	102.	
15	Royalties				
16	-				
	Occupancy Travel	C 040	6 622	215	
17		6,948.	6,633.	315.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	55,054.	55,054.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,182.		2,182.	
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.)				
a	MUSIC ARTISTRY	85,938.	85,938.		
Ł		18,595.	18,595.		
c		7,663.	7,663.		
c		6,341.	6,341.		
	All other expenses	9,900.	7,571.	2,329.	
25	Total functional expenses. Add lines 1 through 24e	261,131.	251,477.	9,654.	0.
26	Joint costs. Complete this line only if	201,131.	231,477.	9,034.	0.
	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)				
					Earm 000 (2022)

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# Form 990 (2022) WASHINGTON STATE MUSIC TEACHERS Part X Balance Sheet

Pa	rt X	Balance Sheet Chack if Schedule O contains a response or note to any line in this Bart Y			
		Check if Schedule O contains a response or note to any line in this Part X	<b>(A)</b> Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	24,733.	1	22,678.
	2	Savings and temporary cash investments.	70,134.	2	100,408.
	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	
		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				3	
		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
		Less: accumulated depreciation 10b		1 <b>0</b> c	
	11	Investments – publicly traded securities	941,949.	11	885,243.
	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)	1,036,816.	16	1,008,329.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
~		Tax-exempt bond liabilities		20	
ě	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Labilities	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.
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions		27	
ñ	28	Net assets with donor restrictions		28	
Fund		Organizations that do not follow FASB ASC 958, check here X and complete lines 29 through 33.			
5	29	Capital stock or trust principal, or current funds		29	
<u>8</u>	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
š S	31	Retained earnings, endowment, accumulated income, or other funds	1,036,816.	31	1,008,329.
Ë		Total net assets or fund balances	1,036,816.	32	1,008,329.
ŝ		Total liabilities and net assets/fund balances.	1,036,816.	33	1,008,329.
_	1	TEEA0111L 09/01/22	1,000,010.		Form <b>990</b> (2022)

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Form	1 990 (2022) WASHINGTON STATE MUSIC TEACHERS 91-6	5056091	F	age 12
Par	t 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	279,	236.
2	Total expenses (must equal Part IX, column (A), line 25)	2	261,	131.
3	Revenue less expenses. Subtract line 2 from line 1	3	18,	105.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,036,	816.
5	Net unrealized gains (losses) on investments	5		592.
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	1,008,	329.
Par	t XII Financial Statements and Reporting	Į		
	Check if Schedule O contains a response or note to any line in this Part XII			П
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ed on a		
b	Were the organization's financial statements audited by an independent accountant?		2b	х
5	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: Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Guidance, 2 C.F.R Part 200, Subpart F?	Jniform	3a	Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audior audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	
BAA	TEEA0112L 09/01/22		Form <b>990</b>	(2022)

		Public Charity Status and Public Support					OMB No. 1545-0047		
SCHE	DULE A 990)	Con	Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.					2022	
			Attac	h to Form 990 or Form:	99 <b>0-EZ</b>	-		Open to Public	
Departme Internal F	nt of the Treasury Revenue Service	G	o to <i>www.irs.gov/Fori</i>	m990 for instructions a	nd the l	latest in	formation.	Inspection	
		ASHTNGTON	STATE MUSIC 1	FACHERS			Employer identifica	ation number	
		SSOCIATIO					91-605609	1	
Part I	Reason fo	r Public Cha	arity Status. (All o	rganizations must	comple	ete this	s part.) See instruc	ctions.	
The or	ganization is not	a private found	dation because it is: (	For lines 1 through 12,	check o	only one	box.)		
1				nurches described in sect		(b)(1)(A)	(i).		
2				ach Schedule E (Form					
3		•		ization described in sec					
4	A medical res	-		unction with a hospital o				inter the hospital's	
5	An organizati section 170(b	on operated for <b>b)(1)(A)(iv).</b> (Co		ge or university owned				escribed in	
6	A federal, sta	ite, or local gov	ernment or governme	ental unit described in <b>s</b>	ection 1	1 <b>70(b)(</b> 1)	)(A)(v).		
7	An organizatio	n that normally i	receives a substantial p	part of its support from a	qovernm	iental un	it or from the general pul	blic described	
- F	in section 17	0(b)(1)(A)(vi).(	Complete Part II.)		0		5 1		
8	-			A)(vi). (Complete Part I	-				
9				tion 170(b)(1)(A)(ix) oper					
_	or university o university:		nt college of agriculture	e (see instructions). Enter	the nan	ne, city,	and state of the college of	or 	
10 <u> </u>	investment in	come and unre	y receives (1) more th exempt functions, sub lated business taxable 509(a)(2). (Complete F	nan 33-1/3% of its supp oject to certain exceptio e income (less section Part III.)	oort from ns; and 511 tax)	n contrib (2) no r ) from b	outions, membership fe more than 33-1/3% of i usinesses acquired by	es, and gross receipts ts support from gross the organization after	
11				ely to test for public safe	ety. See	section	n 509(a)(4).		
12	or more publi	cly supported of	organizations describe	ely for the benefit of, to d in <b>section 509(a)(1)</b> of upporting organization	or sectio	on 509(a	)(2). See section 509(a	ut the purposes of one <b>)(3).</b> Check the box on	
a [	Type I. A supp organization(s	orting organizati	on operated, supervise gularly appoint or elect	d, or controlled by its sup a majority of the director	ported c	organizat	ion(s), typically by giving	i the supported on. <b>You must</b>	
b	<b>Type II.</b> A sup management of	porting organiz	zation supervised or c organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ted organization(s), by the supported organizat	having control or ion(s). <b>You</b>	
c				ion operated in connection	n with, ai <b>A, D, an</b>	nd functi d E.	onally integrated with, its	supported	
d	functionally in	ntegrated. The d	organization generally	anization operated in cor must satisfy a distribu s A and D, and Part V.	nnection tion req	with its s uiremen	supported organization(s) t and an attentiveness	) that is not requirement (see	
e	Check this bo	ox if the organiz Type III non-fu	ation received a writte	en determination from f supporting organization	ı.			e III functionally	
		-	n about the supported		1				
(i)	Name of supported of	organization	<b>(ii)</b> EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat in your c	ls the tion listed governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
Yes No									
(A)									
(B)									
(C)									
(D)									

(E)

Total

#### WASHINGTON STATE MUSIC TEACHERS

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David II	Cummout Cohodulo fo	Ormani-ations Described in	Castiana 170/h//1////	\ 170/b\/1\/ A\/!\
Part II	Support Schedule to	Organizations Described in	Sections 170(D)(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.)

# Section A. Public Support

	tion At I upile ouppoit							
Cale begi	ndar year (or fiscal year nning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	(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 5from line 4							
Sec	tion B. Total Support							
	ndar year (or fiscal year nning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	<b>(e)</b> 2022	<b>(f)</b> 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.)							
	Total support. Add lines 7 through 10							
12	Gross receipts from related activ	vities, etc. (see in	structions)			12		
13	First 5 years. If the Form 990 is organization, check this box and							
Sec	tion C. Computation of Pu	blic Support F	Percentage					
14	Public support percentage for 20	)22 (line 6, colum	n (f), divided by li	ine 11, column (f)	)	14	%	
15	Public support percentage from	2021 Schedule A	, Part II, line 14			15	%	
16a	<b>16a 33-1/3% support test–2022.</b> If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization.							
b	<b>b 33-1/3% support test–2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization							
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts	meets the facts-a	and-circumstances	s test, check this	box and stop here	e. Explain in Part	VI how	
b	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the facts-and	meets the facts-a	and-circumstances	s test, check this	box and stop here	. Explain in Part	VI how the	
18	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see in	structions	

Schedule A (Form 990) 2022

# 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.)

#### Section A. Public Support (c) 2020 Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (d) 2021 (e) 2022 (f) Total Gifts, grants, contributions, 1 and membership fees received. (Do not include any "unusual grants.")... 50,399 43,779 42,187 35,051 54,165 225,581. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose... 119,126 91,815 156,263 647<u>,821.</u> 162,444 118,173 3 Gross receipts from activities that are not an unrelated trade or business under section 513. 0. Tax revenues levied for the organization's benefit and either paid to or expended on 0. its behalf.... The value of services or facilities furnished by a governmental unit to the organization without charge ... 0. Total. Add lines 1 through 5... 212,843 162,905 134,002 153,224 210,428 873 402. Amounts included on lines 1, 7a 2, and 3 received from disqualified persons.... 0 0 0 0 0 0. **b** 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 c Add lines 7a and 7b.... 0 0 0 0 0 0. 8 Public support. (Subtract line 7c from line 6.). 873,402. Section B. Total Support (c) 2020 (e) 2022 (f) Total (a) 2018 (b) 2019 (d) 2021 Calendar year (or fiscal year beginning in) 9 Amounts from line 6..... 212,843 162,905 134,002 153,224 210,428 873,402. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from <u>23</u>,907 similar sources . 52,435 37,107 39,470 41,435 194,354. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975... c Add lines 10a and 10b ..... 37,1<u>07</u> 39,470 52,435 23,907 41,435 194,354 11 Net income from unrelated business activities not included on line 10b. whether or not the business is regularly carried on . . . . . . . 1,628 765 523 203 531 3,650. 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI 1,654 409 116 1,562. 3,741. Total support. (Add lines 9, 13 10c, 11, and 12.) ..... 268,560. 201,186. 158,548 192,897 253,956. 1,075,147. First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14 organization, check this box and stop here. Section C. Computation of Public Support Percentage 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))..... % 15 81.24 16 Public support percentage from 2021 Schedule A, Part III, line 15. 16 Ŷ 81.65 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))..... 17 18.08 0\0 0\0 18 Investment income percentage from 2021 Schedule A, Part III, line 17..... 18 17.67 19a 33-1/3% support tests-2022. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 Х is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ...... **b** 33-1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ... Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions..... 20

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Part IV Supporting Organizations (Complete only if you checked a box on line 12 of 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 <b>Part VI</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2				
3	<ul> <li>a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.</li> </ul>	- 3a				
		Ju				
1	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 <b>Part VI</b> when and how the organization made the determination.	3b				
	c 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.	3c				
4	a 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				
l	<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled					
	or supervised by or in connection with its supported organizations.	4b				
	c 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 <b>Part VI</b> 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				
5	a 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 <b>Part VI,</b> 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).					
I	<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b				
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c				
6	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>					
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).	7				
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8				
9	a 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 <b>Part VI.</b>	9a				
l	b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b				
	c Did a disqualified person (as defined on 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				
10	a 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				
l	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				

Pa	rt IV  Supporting Organizations (continued)		-	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
	the governing body of a supported organization?	11a		
Ł	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		

WASHINGTON STATE MUSIC TEACHERS

## Section B. Type I Supporting Organizations

Schedule A (Form 990) 2022

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization (s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

# Section 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 of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1

## Section D. All Type III Supporting Organizations

			Yes	No	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the				
	organization'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 organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).				
	the organization maintained a close and continuous working relationship with the supported organization(s).				
3	By reason of the relationship described on 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 all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played				
	in this regard.				
-					

## Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
  - a The organization satisfied the Activities Test. Complete line 2 below.
  - **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

#### 2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported** organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

2a

2b

3a

Yes

No

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Yes

1

2

No

Pag	ie	6

Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	ns mus	complete Sections A	through E.
ection A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
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		
<b>5</b> 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		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ection B — Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c 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		
3 Minimum Asset Amount (add line 7 to line 6)	8		_
ection C – Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.	4		-
5 Income tax imposed in prior year	5		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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Schedule A (Form 990) 2022

Par	t V Type III Non-Functionally Integrated 509(a)(3) St	upporting Organiza	ations (continue	ed)	
Sec	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	irposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes	of supported organizatior	IS,		
	in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purposes of su	3			
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - provide	e details in <b>Part VI</b> )		5	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organizati	ion is responsive (provide	e details		
9	in <b>Part VI</b> ). See instructions. Distributable amount for 2022 from Section C, line 6			8	
	Line 8 amount divided by line 9 amount			10	
10				10	
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributi Pre-2022	ons	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required – <i>explain in Part VI</i> ). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
e	From 2021				
1	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
-	Excess from 2019				
c	Excess from 2020				
d	Excess from 2021				
	Excess from 2022				

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Schedule A (Form 990) 2022

Part VI

# WASHINGTON STATE MUSIC TEACHERS

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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	2022	2021	2020	2019	2018
MISCELLANEOUS INCOME	\$ 1,562.	\$0.	\$ 116.	<u>\$ 409.</u>	<u>\$    1,654.</u>
TOTAL	\$ 1,562.		\$ 116.	\$ 409.	\$    1,654.

SCHEDULE I	Grants and Other Assistance to Organizations,							OMB No. 1545-0047		
(Form 990)	Governments, and Individuals in the United States								2022	
Department of the Treasury		Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.								
Department of the Treasury         Internal Revenue Service         Go to www.irs.gov/Form990 for the latest information.							Inspection			
Name of the organization       WASHINGTON STATE MUSIC TEACHERS       Employer identification number         ASSOCIATION       91-6056091										
		rants and Assista	nce							
1 Does the organizat the selection crite	rganization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ion criteria used to award the grants or assistance?							X Yes No	2	
				inds in the United States.						
Part II Grants and Form 990,				and Domestic Gove more than \$5,000. F						
<b>1 (a)</b> Name and addr or gove	ess of organization rnment	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of gran or assistance	nt	
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)									—	
			-	in the line 1 table				<u> </u>	0	
3 Enter total number					TEEA3901L			ule I (Form 990) 202	0	

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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>(b)</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	9	9,250.			
2 TRAVEL GRANT	69	6,614.			
3 COMPETITION PRIZE	14	375.			
4 CERTIFICATION GRANTS	1	100.			
5 CONFERENCE GRANTS	14	8,003.			
6 OUTSTANDING ARTIST GRANT	6	1,275.			
7 STUDENT ENRICHMENT	15	,			
Part IV Supplemental Information. F	Provide the information	n required in Part I,	, line 2; Part III, co	lumn (b); and any othe	er additional information.

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 Form 990-EZ.

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

OMB No.	1545-0047
20	22

Open to Public Inspection

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 REOUIRES 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.