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Form **990-EZ**Department of the Treasury  
Internal Revenue Service**Short Form**  
**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

**2008****Open to Public  
Inspection**

<b>A</b> For the 2008 calendar year, or tax year beginning <b>September 1</b> , 2008, and ending <b>August 31</b> , 20 <b>09</b>	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>St. Cloud Public School Teachers</b>
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>4180 Thielman Lane 114</b>
	City or town, state or country, and ZIP + 4 <b>St. Cloud, MN 56301-7304</b>
	<b>D</b> Employer identification number <b>41 0946234</b>
	<b>E</b> Telephone number <b>( 320 ) 253-2530</b>
	<b>F</b> Group Exemption Number <b>2191</b>

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method ☒ Cash ☐ Accrual  
Other (specify) ►**I** Website: ►**J** Organization type (check only one)— ☒ 501(c) ( 5 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ► \$**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)

<b>Revenue</b>	1	Contributions, gifts, grants, and similar amounts received	1	0
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	554,048
	4	Investment income	4	327
	5a	Gross amount from sale of assets other than inventory	5a	0
	b	Less: cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	0
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b	Less: direct expenses other than fundraising expenses	6b		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8	Other revenue (describe ► 0)	8	0	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	554,375	
<b>Expenses</b>	10	Grants and similar amounts paid (attach schedule)	10	490,355
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	24,693
	13	Professional fees and other payments to independent contractors	13	531
	14	Occupancy, rent, utilities, and maintenance	14	9,683
	15	Printing, publications, postage, and shipping	15	2,040
	16	Other expenses (describe ► mtgs, travel, employee recogn., conferences, depreciation)	16	30,805
	17	<b>Total expenses.</b> Add lines 10 through 16	17	558,107
<b>Net Assets</b>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(3,732)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	187,117
	20	Other changes in net assets or fund balances (attach explanation)	20	0
	21	Net assets or fund balances at end of year (Combine lines 18 through 20)	21	183,385

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	183,128	22 180,290
23 Land and buildings	0	23
24 Other assets (describe ► office furniture, equipment, prepaid expenses)	3,989	24 3,095
25 <b>Total assets</b>	187,117	25 183,385
26 <b>Total liabilities</b> (describe ►)	0	26 0
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	187,117	27 183,385

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

Cat No 106421

Form **990-EZ** (2008)

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**Part V Other Information** (Note the statement requirements in the instructions for Part VI)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
<b>34</b> Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		✓
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		✓
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		✓
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		✓
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> 0		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		✓
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		✓
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations. Enter.		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b>		
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
<b>b</b> Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		✓
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization ▶		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		✓
<b>41</b> List the states with which a copy of this return is filed ▶		
<b>42a</b> The books are in care of ▶ <u>Mary Broderick</u> Telephone no ▶ <u>( 320 ) 253-2530</u> Located at ▶ <u>4180 Thielman Lane, Ste 114, St. Cloud, MN</u> ZIP + 4 ▶ <u>56301-7304</u>		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>		✓
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶		✓
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <b>43</b>		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51.

- 46** 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
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a** Did the organization make any transfers to an exempt non-charitable related organization?
- b** If "Yes," was the related organization(s) a section 527 organization?
- 50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
<b>46</b>		
<b>47</b>		
<b>48</b>		
<b>49a</b>		
<b>49b</b>		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over \$100,000 ▶				

- 51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors each receiving over \$100,000 ▶		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here** ▶ Mary Broderick Date 12-2-09  
Signature of officer

▶ Mary Broderick, President  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	EIN ▶	Phone no ▶ ( )	

May the IRS discuss this return with the preparer shown above? See instructions. ▶ ☐ Yes ☐ No

St. Cloud Education Association 41-0946234 Fiscal Year 2008-2009

Schedule of payments over \$5,000

**To line 10, Part I, form 990-EZ**

Education Minnesota/NEA dues 2008-2009  
41 Sherburne Ave, St. Paul, MN 55103

Date	Amount	
November 10, 2008	\$50,000.00	} Payment of dues to State and National Organization
December 2, 2008	\$50,000.00	
January 5, 2009	\$50,000.00	
February 4, 2009	\$50,000.00	
March 9, 2009	\$40,000.00	
April 27, 2009	\$40,000.00	
June 1, 2009	\$40,000.00	
July 8, 2009	\$50,000.00	
August 12, 2009	<u>\$62,785.91</u>	
Total	\$432,785.91	

District 742  
1000 44<sup>th</sup> Ave N, Suite 100, St. Cloud, MN 56303

Date	Amount	
April 23, 2009	\$33,500.00	} Required reimbursements to School District
	<u>\$16,667.30</u>	
Total	\$50,167.30	

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**Other**

Scholarships	\$1,500.00	College scholarships
East Central AFL-CIO	\$2,250.00	Per capital tax to regional organization
NEA Fund	\$1,652.00	Payment – national organization
Donations	\$2,000.00	Donations to area non-profit organizations

St. Cloud Education Association 41-0946234 Fiscal Year 2008-2009

**Schedule for Line 31, Part III, form 990-EZ**

Other program services:

Community involvement and service	\$3,895
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Website, Involvement in regional and national organizations	\$7,268
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