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#### Form **990-EZ**

# 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)

OMB No 1545-1150 2009

Open to Public

Department of the Treasury Internal Revenue Service 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 \$500,000 and total assets less than \$1,250,000 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

and ending For the 2009 calendar year, or tax year beginning Check if applicable Please Name of organization **Employer Identification number** use IRS South Dakota Association for Career Address change label or and Technical Education 46-0427245 Name change print or Number and street (or P O box, if mail is not delivered to street address) Telephone number Initial return type. Room/suite See 605-882-5284 230 11th Street NE Termination Specific **Group Exemption** Amended return City or town, state or country, and ZIP + 4 Instruc-SD 57201 Watertown Number Application pending tions Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting method Cash a completed Schedule A (Form 990 or 990-EZ). Other (specify) X if the organization is not www.lakeareatech.edu/sdacte Check > required to attach Schedule B (Form 990, 990-EZ, or 990-PF) X 501(c) ( 3) ◀ (insert no) 4947(a)(1) or 527 Tax-exempt status (check only one) if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Check Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. 110.513 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 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.) 1 Contributions, gifts, grants, and similar amounts received 67,801 2 2 Program service revenue including government fees and contracts See Statement 1 37,451 3 Membership dues and assessments 3 3,074 4 Investment income 4 5a Gross amount from sale of assets other than inventory h Less cost or other basis and sales expenses C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here X Gross revenue (not including \$ of contributions 2,187 reported on line 1) 6b b Less: direct expenses other than fundraising expenses 2,187 C Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c Gross sales of inventory, less returns and allowances 7a 7b Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe 8 110,513 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 2,500 10 10 Grants and similar amounts paid (attach schedule) RECEIVED 33,147 11 Benefits paid to or for members 11 13,920 12 E1-51 12 Salaries, other compensation, and employee benefits AUG 17 2010 2,135 13 Professional fees and other payments to independent contractors 1.080 14 14 Occupancy, rent, utilities, and maintenance 15 15 Printing, publications, postage, and shipping Other expenses (describe See Statement 2 41,886 16 16 94,668 17 Total expenses. Add lines 10 through 16 17 15,845 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 93,668 end-of-year figure reported on prior year's return) 13,620 See Statement 3 20 20 Other changes in net assets or fund balances (attach explanation) 123,133 Net assets or fund balances at end of year Combine lines 18 through 20 21 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (A) Beginning of year (B) End of year (See the instructions for Part II) 123,133 93,668 22 Cash, savings, and investments 22 23 Land and buildings 23 24 Other assets (describe 24 93,668 25 Total assets 25 0 26 26 Total liabilities (describe 123,133 93,668 27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

	ta Association f					Page 2
Part III Statement of Program	Service Accomplishmen	ts (See the instructi	ons for Part III		'	penses
What is the organization's primary exempt pur	pose?			- 1	(Required	
See Statement 4						and 501(c)(4)
Describe what was achieved in carrying out th manner, describe the services provided, the n			Nr.		•	ns and section trusts, optional
	umber of persons benefited, of or	net relevant information to	И		for others	•
each program title			<u> </u>		- IOI Others	
28 To provide career and technic	•					
primarily through attendance	at seminars and conference					
(Grants \$ ) If	this amount includes foreign gran	ts check here	•		28a	56,523
29 To provide membership in the				<u>'</u>		
enrollment in various divisio	•					
					İ	
(Grants \$ ) If	this amount includes foreign gran	ts, check here	•		29a	33,147
30 To provide scholarships for p	ost-secondary education ;	and professional				
development.	•	•				
·					į	
(Grants \$ 2,500) If	this amount includes foreign gran	ts, check here	<u> </u>		30a	2,500
31 Other program services (attach schedule)				_		
(Grants \$) If	this amount includes foreign gran	ts, check here		نبلنا	31a	
32 Total program service expenses (add lin				<u> </u>	32	92,170
Part IV List of Officers, Directors, T	rustees, and Key Employees. Li			he inst	tructions for f	
(a) Name and	d address	(b) Title and average hours per week	(c) Compensation (if not paid,	employe	e benefit plans &	(e) Expense account and
		devoted to position	enter -0)	deferre	d compensation	other allowances
Dodie Bemis	Watertown	Executive Dia				_
230 11th Street NE	SD 57201	20.00	13,920		0	0
Jon Severson	Watertown	President	_			•
230 11th Street NE	SD 57201	1.00	0		0	0
Annika Russell	Watertown	President Ele	0		o	0
230 11th Street NE	SD 57201	1.00 Past Presider				
Jim Wilson	Watertown SD 57201	1.00	0		0	0
230 11th Street NE Erik Person	Watertown	Pres., Admin	Div.			
230 11th Street NE	SD 57201	1.00	0		0	0
Josh Christiansen	Watertown	Pres., Ag. D:				
230 11th Street NE	SD 57201	1.00	o		0	0
Lenessa Keehn	Watertown	Pres., Bus/Ma	rketing			
230 11th Street NE	SD 57201	1.00	0		0	0
Janelle Weatherly	Watertown	Pres., FACS I	ıv.			
230 11th Street NE	SD 57201	1.00	_ 0		0	0
Trent Theye	Watertown	Pres., T&I/Te	ch Div.			
230 11th Street NE	SD 57201	1.00	0		0	0
Brad Bies	Watertown	OCCTE Liaison	<b>h</b>			
230 11th Street NE	SD 57201	1.00	0		0	0
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•	·			<u> </u>		
DAA					Fo	m <b>990-EZ</b> (2009)

1.6	other intornation (Note the statement requirements in the medical of the vir		Yes	No
22	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed		162	110
33	description of each activity	33		x
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of			
<b>J</b>	the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported			
-	on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.  See Statement 5			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section			Ī
-	6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
•	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr.			
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were			
000	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter	7		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶ ; section 4912 ▶ _ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit			
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			
	person in a prior year, and that the transaction has not been reported on any of the organization's prior			
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	ļ	X
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
	reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	<u> </u>		<del></del> -
	transaction? If "Yes," complete Form 8886-T	40e	L	X
41	List the states with which a copy of this return is filed None	- 00	<u> </u>	004
42a	The digalization's books are in care of P 20012 201120	5-88	2-5	284
	230 11th Street NE	201		
	Localed at F MacCI Commy 52	201		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		V	T
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	405	Yes	No X
	account)?	42b		-
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			Ī
	and Financial Accounts.	120	•	x
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	L	
40	If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶ □
43	; I I		•	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		1	···
44	Form 990-EZ	44	Ì	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			
70	"Yes," Form 990 must be completed instead of Form 990-EZ	45	]	X
_		Form 99	0-EZ	

	501(c)(3) organizations and section 4947(a)(1) none and complete the tables for lines 50 and 51.	xempt charitab	le trusts must a	nswer questio	ns 46	-49t	)
46	Did the organization engage in direct or indirect political campaign activities on candidates for public office? If "Yes," complete Schedule C, Part I	behalf of or in oppo	sition to		46	Yes	No X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule	C, Part II			47		X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)?		chedule E		48		X
49a	Did the organization make any transfers to an exempt non-chantable related or	ganızation?			49a		X
b	If "Yes," was the related organization a section 527 organization?				49b		
50	Complete this table for the organization's five highest compensated employees	(other than officers	, directors, trustees	and key			
	employees) who each received more than \$100,000 of compensation from the						
	(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	acc	Expen ount a allowa	nd
None	3						
	<del></del>	<del> </del>					
f	Total number of other employees paid over \$100,000	<b>_</b> _					
51	Complete this table for the organization's five highest compensated independer \$100,000 of compensation from the organization. If there is none, enter "None"		ach received more	than			
No	(a) Name and address of each independent contractor paid more than \$100,000	(b)	Type of service	(c) C	ompens	ation	
						_	
	·						
	•						
d	Total number of other independent contractors each receiving over \$100,000	<b>&gt;</b>		·			
Sign	would be seen	ecompanying schedules ficer) is based on all inf	s and statements, and to commation of which prepared in the state of t	o the best of my know arer has any knowled - / O	rledge ge		
	DODIE BEMIS SDACTE EX	ECUTIVE		e			
Paic	Preparer's Milan Wander COA	B/12	Check if self-	Preparer's Ident		•	ee instr.)
	narorio	1 P.C.	employed				067
-		1 F.C.			6-0 <u>-</u>	* 1 4	<u> </u>
, 3C		6267		Phone	-88	6_0	12E
May	address, and ZIP + 4 Watertown, SD 57201— the IRS discuss this return with the preparer shown above? See instructions	<u> </u>	_ <del>_</del>		X Ye		No
ay	and discuss this retain man the proparer shown above to ee manuchons	<u> </u>	· · · · · · · · · · · · · · · · · · ·		m 99	_	

#### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

▶ Attach to Form 990 or Form 990-EZ. ▶

► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

South Dakota Association for Career and Technical Education

Employer identification number

46-0427245

Pi	art i	Reas	on for Public Charity	Status (All organizations	must c	omplete	this p	art.) S	ee ins	struction	ons.		
he	orgai	nization is not	a private foundation because	it is (For lines 1 through 11, ch	eck only o	ne box.)							
1	$\bigcap$			ociation of churches described in			A)(i).						
2	П	A school desc	bed in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
3	П			e organization described in sect	tion 170(b	)(1)(A)(iii)	).						
4				in conjunction with a hospital de				)(A)(iii).	Enter t	he hosp	ital's name,		
•	ш	city, and state		,			` ' '			·			
5				f a college or university owned o	r operated	by a gov	ernment	al unit d	lescribe	d ın			
•			b)(1)(A)(iv). (Complete Part I			.,							
6				vernmental unit described in se	ction 170	(b)(1)(A)(v	<i>r</i> ).						
7	H			substantial part of its support fror				m the a	eneral p	ublic			
•		-	section 170(b)(1)(A)(vi). (Co					J	•				
8			* * * * * * * * * * * * * * * * * * * *	70(b)(1)(A)(vi). (Complete Part II	1.)								
9	X	•		) more than 33 1/3 % of its supp		ontribution	ns, memi	bership	fees, an	nd gross			
•		-		pt functions—subject to certain e									
		•		d unrelated business taxable inc									
			=	), 1975 See section 509(a)(2). (			,						
10			•	exclusively to test for public safet	-		(a)(4).						
11	Н	-		exclusively for the benefit of, to p				carry o	ut the				
	ш			ed organizations described in sec						ction			
				e type of supporting organization									
		a Type	<del></del>	c Type III–Functions			d [	_	e III-Oti	her			
е		By checking t	his box, I certify that the orga	anization is not controlled directly	or indire	ctly by one	or more	disqua	lified				
				and other than one or more publ						ection			
		509(a)(1) or s	section 509(a)(2)										
f		If the organiza	ation received a written deter	mination from the IRS that it is a	Type I, T	ype II, or	Type III :	supporti	ng				
		organization,	check this box										
g		Since August	17, 2006, has the organizat	on accepted any gift or contribut	tion from a	ny of the							
		following per	sons?										
		(i) A persor	who directly or indirectly co	ntrols, either alone or together w	nth person	s describ	ed ın (ii)					Yes	No
		and (III) t	pelow, the governing body of	the supported organization?							11g(i)		
		(ii) A family	member of a person describ	ed in (i) above?							11g(ii)		
		(iii) A 35% c	ontrolled entity of a person d	escribed in (i) or (ii) above?							11g(iii)		<u> </u>
þ		Provide the f	ollowing information about the	e supported organization(s).					1				
(i)		e of supported	(ii) EIN	(ili) Type of organization		organization		ou notify		ls the	(vii) Am		
	org	anization		(described on lines 1–9 above or IRC section		sted in your document?		nization in of your	organızat (i) organı	zed in the	supp	ort	
				(see instructions))	g0g		<del></del>	oort?		S?			
					Yes	No	Yes	No	Yes	No			
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Sche	edule A (Form 990 or 990-EZ) 2009 Sou	ıth Dakota	. Associat	ion for (	Career 46	-0427245	Page 2
	art II Support Schedule for O	rganizations D	escribed in Se	ections 170(b)	(1)(A)(iv) and	170(b)(1)(A)(vi	)
	(Complete only if you cho						
Sec	tion A. Public Support	<del>-</del> -					
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge	_					
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4		<u> </u>			<u></u>	<u> </u>
Sec	tion B. Total Support			, <del></del>			
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						<u> </u>
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	!					
11	Total support. Add lines 7 through 10		<u> </u>	<u> </u>	<u> </u>	<u> </u>	
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the		second, third, four	th, or fifth tax year	as a section 501(c	)(3)	
	organization, check this box and stop here		<del></del>	<del>.</del>			<b>•</b>
<u>Sec</u>	tion C. Computation of Public Su	ipport Percent	tage			<del></del>	
14	Public support percentage for 2009 (line 6	, column (f) divided	by line 11, column	(f))		. 14	%
15	Public support percentage from 2008 Sche	edule A, Part II, line	: 14	•		15	%
16a	33 1/3 % support test—2009. If the organ	ization did not che	ck the box on line 1	3, and line 14 is 33	3 1/3 % or more, cl	neck this box	
	and stop here. The organization qualifies	as a publicly suppo	orted organization				▶ _
b	33 1/3 % support test—2008. If the organ	ization did not che	ck a box on line 13	or 16a, and line 15	is 33 1/3 % or mo	re, check this	. —
	box and stop here. The organization quali						▶ _
17a	10%-facts-and-circumstances test—200						
	more, and if the organization meets the "fa	icts-and-circumstai	nces" test, check th	is box and stop he	ere. Explain in Part	IV how the	

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

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Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support	<u> </u>					
Ca	llendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	_23,139	21,177	10,025	9,620	37,451	101,412
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					67,801	67,801
3	Gross receipts from activities that are not an unrelated trade or business under section 513	35,744	31,544				67,288
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	58,883	52,721	10,025	9,620	105,252	236,501
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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			<del></del>	<del></del>		
C	Add lines 7a and 7b					<del></del>	_ <del></del>
8	Public support (Subtract line 7c from line 6)						236,501
	tion B. Total Support		#1.0000 J		4 11 2222		
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	58,883	52,721	10,025	9,620	105,252	236,501
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,449	2,980	859	13	3,074	10,375
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	3,449	2,980	859	13	3,074	10,375
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	_62,332	55,701	10,884	9,633	108,326	246,876
14	First five years. If the Form 990 is for the o organization, check this box and stop here	-	econd, third, fourti	n, or fifth tax year a	s a section 501(c)	(3)	<b>&gt;</b>
Sec	tion C. Computation of Public Su	pport Percenta	ige				
15	Public support percentage for 2009 (line 8,	column (f) divided t	y line 13, column	<b>(f)</b> )		15	95.80%
16_	Public support percentage from 2008 Sched	dule A, Part III, line	15			16	89.80%
Sec	tion D. Computation of Investmen	nt Income Perc	entage				
17	Investment income percentage for 2009 (lin	ie 10c, column (f) di	vided by line 13, c	olumn (f))		17	4 %
18	Investment income percentage from 2008 S	Schedule A, Part III,	line 17			18	10 %
19a	33 1/3 % support tests—2009. If the organ 17 is not more than 33 1/3 %, check this bo						<b>▶ X</b>
b	33 1/3 % support tests—2008. If the organ	iization did not chec	k a box on line 14	or line 19a, and lin	e 16 is more than	33 1/3 %, and	
	line 18 is not more than 33 1/3 %, check this	•	_				▶
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19	b, check this box a	nd see instructions	<u>;</u>	<b>&gt;</b>

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

46-0427245

## **Federal Statements**

#### Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description		 Amount
Membership Du	ies	\$ 37,451
Total		\$ 37,451

#### Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	Ş
Communications	207
Supplies (Flash Drives)	1,050
CTE Summer Conference	22,547
Conference Travel	3,697
Focus Training	3,344
ACTE Conference	2,911
Newsletter	2,715
National Policy Seminar	1,657
Member Social	1,056
CTE Retreat	935
Advertising	200
Board Meetings	288
Liability Insurance	1,030
Miscellaneous	249
Total	\$ 41,886

#### Statement 3 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	 Amount
Unrealized gain on investments	\$ 13,620
Total	\$ 13,620

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# **Federal Statements**

## Statement 4 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

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To provide leadership and assistance to educators in developing a prepared and competitive workforce.