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Short Form
Return of Organization Exempt From Income TaxUnder 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 \$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

2009

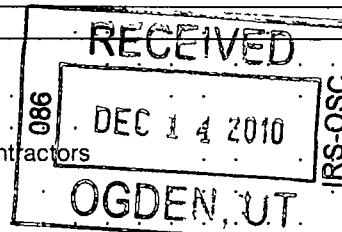
Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning		September 1	, 2009, and ending	August 31	, 2010
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization St. Cloud Public School Teachers Number and street (or P O box, if mail is not delivered to street address) 4180 Thielman Lane City or town, state or country, and ZIP + 4 St. Cloud, MN 56301-7304		D Employer identification number 41-0946234 E Telephone number 320-253-2530 F Group Exemption Number ► 2191	

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

I Website: ►**J Tax-exempt status** (check only one) — 501(c) (5) ► (insert no) 4947(a)(1) or 527**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 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.**L 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 ► \$ **138,163******Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 3,000
	2 Program service revenue including government fees and contracts	2 0
	3 Membership dues and assessments	3 133,745
	4 Investment income	4 1,418
	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)	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 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ►	9 138,163
Expenses	10 Grants and similar amounts paid (attach schedule)	10 56,933
	11 Benefits paid to or for members	11 0
	12 Salaries, other compensation, and employee benefits	12 27,154
	13 Professional fees and other payments to independent contractors	13 531
	14 Occupancy, rent, utilities, and maintenance	14 10,578
	15 Printing, publications, postage, and shipping	15 2,466
	16 Other expenses (describe ► mtgs, travel, employee recogn, conferences, depreciation)	16 21,619
	17 Total expenses. Add lines 10 through 16) ►	17 119,281
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 18,882
	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)	19 183,385
	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) ►	21 202,267



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			
(See the instructions for Part II)			
		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	180,290	22 198,443
23	Land and buildings	0	23 0
24	Other assets (describe ► office furniture, equipment, prepaid expenses)	3,095	24 3,824
25	Total assets	183,385	25 202,267
26	Total liabilities (describe ►)	0	26 0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	183,385	27 202,267

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? **Educate union membership**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28	Educate, support, advocacy, and benefit for 800 union members (teachers) on issues relevant to education and working families		
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	63,861
29	Bargain and administer terms and conditions of employment		
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	18,349
30	Member gatherings, meetings, and recognition events		
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	6,131
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	13,551
32	Total program service expenses (add lines 28a through 31a)	► <input type="checkbox"/>	32
			101,892

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	✓
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	✓
35 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 why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	✓
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	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0	37a	0
b Did the organization file Form 1120-POL for this year?	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
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	✓
c 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		
e 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.	40e	✓
41 List the states with which a copy of this return is filed. ►		
42a The organization's books are in care of ► Jean Michael Telephone no ► 320 253-2530 Located at ► 4180 Thielman Lane, Suite 114, St. Cloud, MN ZIP + 4 ► 56301-7304		
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)?	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 and Financial Accounts .		
c 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: ► _____	42c	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	✓
45 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	45	✓

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

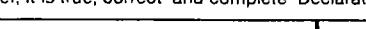
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	46	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	47	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	48	
b	If "Yes," was the related organization a section 527 organization?	49a	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "	49b	

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

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

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

Sign Here	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.			
	 Signature of officer	12-10-10 Date		
	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.				

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

► Yes No

St. Cloud Education Association 41-0946234 Fiscal Year 2009-2010

Schedule of payments over \$5,000

To line 10, Part I, form 990-EZ

District 742

1000 44th Ave N, Suite 100, St. Cloud, MN 56303

Date	Amount	
April 19, 2010	\$33,397.00	Required reimbursements to School District
	<u>\$16,913.37</u>	
Total	\$50,310.37	

St. Cloud Education Association 41-0946234 Fiscal Year 2009-2010

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

Other program services:

Community involvement and service	\$2,991
Website, Involvement in regional and national organizations	<u>\$10,560</u>
Total	<u>\$13,551</u>