

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Form **990-EZ**

Department of the Treasury

A For 2009 calendar year, or tax year beginning OCTOBER 01

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 \$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, and ending SEPTEMBER

OMB No. 1545-1150

2009

Open to Public Inspection ,20 10

В	Check applica	ıf ble	C Name of organization	Employer	oyer Identification number			
$\Box$		schange		82-0384466				
П	Named	hange	Telephone	phone number				
П	Initial r	eturn	label or print or type. Number & street (or P.O box, if mail is not delivered to street addr.)	•				
Π.	Termin	ated		(208) 233 - 7223				
Π.	Amend	ed return	Specific 275 S 5TH AVE SUITE 242  Instruction City or town, state or country, and ZIP + 4	-Group Exe				
П	Applica pendin	tion	POCATELLO ID 83201	Number, ,	•			
			<u> </u>		od: X Cash Accrual			
		J. J. (J,		er (specify)				
<u> </u>	Web	site: ▶		<del></del>	ganization is not required			
J ·	Tax-e	xempt st			(Form 990, 990–EZ, or 990–PF)			
_			ne organization is not a section 509(a)(3) supporting organization and its gross receipts ar	e normally n	ot more than \$25,000. A			
			or Form 990 return is not required, but if the organization chooses to file a return, be sure to					
_			nd 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ		44,974			
P	art 1	Rev	enue, Expenses, and Changes in Net Assets or Fund Balances (See	the instructi	ons for Part I)			
		1 Contr	ributions, gifts, grants, and similar amounts received	1				
	:	2 Progr	ram service revenue including government fees and contracts					
	;	3 Mem	bership dues and assessments	3	44,936			
	] ,	1 Inves	stment income	4	38			
	:	5a Gross	s amount from sale of assets other than inventory   5a					
		b Less:	cost or other basis and sales expenses					
R	.	c Gain	or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5	c			
Ē	,   (	Specia	al events and activities (complete applicable parts of Schedule G). If any amount is from <b>gaming</b> , check he	ere 🕨 📗				
Ě		a Gross	s revenue (not including \$ of contributions	_				
REVENUE	;		rted on line 1)					
E	:	b Less:	direct expenses other than fundraising expenses 6b					
		c Net in	ncome or (loss) from special events and activities (Subtract line 6b from line 6a)	6	s			
	:	7a Gross	s sales of inventory, less returns and allowances 7a					
		<b>b</b> Less:	cost of goods sold					
	l.	c Gross	s profit or (loss) from sales of inventory (Subtract line 7b from line 7a)					
	{	3 Other	r revenue (describe >	)				
	!	9 Total	revenue. All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	▶ 9	44,974			
	10	Grant	ts and similar amounts paid (attach schedule)	<u> </u>	)			
E	11		fits paid to or for members		<u> </u>			
X P	12	Saları	ies, other compensation, and employee benefits		10,801			
EXPENS	13	Profe	ssional fees and other payments to independent contractors 🔘	(g) 15	<del>-  </del>			
S	14		pancy, rent, utilities, and maintenance	]氏    1 <sub>.</sub>	<u> </u>			
S	15		ng, publications, postage, and shipping		<del></del>			
<u>*</u>	16		r expenses (describe ► SEE ATTACHMENT #1	) 10	<u> </u>			
<u> </u>	17		expenses. Add lines 10 through 16	. • 17	<del></del>			
	A   18		ss or (deficit) for the year (Subtract line 17 from line 9)	18	-32,273			
N	S   19 S		issets or fund balances at beginning of year (from line 27, column (A)) (must agree with		50,000			
NET!	Ē		of-year figure reported on prior year's return)	19	<del></del>			
;			r changes in net assets or fund balances (attach explanation)	. 20	+			
FB:	21 art li		ance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 9					
F	art II	Dala						
22	Can	h caumac	(See the instructions for Part II )  (A) Beginni	· · ·	(B) End of year			
22 23		n, savings d and buil	· · · · · · · · · · · · · · · · · · ·		26,820			
24			(describe ►		4			
25		il assets I <b>l assets</b>			5 26,820			
25 26			es (describe ▶ )	<del></del>	26,820			
27					26,820			
			nd Paperwork Reduction Act Notice, see the separate Instructions.	,  2	Form <b>990–EZ</b> (2009)			

	Part III Statement of Program Service Accomplishments (See the instructions for Part III.)							Expenses			
		organization's primary exempt p						ured for section 501(c)(3) 01(c)(4) organizations and			
		hat was achieved in carrying out						on 4947(a)(1) trusts, optional			
	cribe the	e services provided, the number	of per	sons benefited, & other	relevant information for e	ach program title.	for ot	hers.)			
28				<del></del>		<del></del>					
		<u> </u>									
	(Grants	\$ ) If th	is am	ount includes foreign gra	ints, check here	···· <b>&gt;</b>	28a				
29				<del></del>							
	Czento	ф <u>) кы</u>				<del></del>					
	(Grants	) if th	is amo	ount includes foreign gra	ints, cneck nere	· · · · · · · · · · · · · · · · · · ·	29a				
30		ļ									
						<del></del>					
	(Grants	ф ) If th	10.000	nunt includes foreign are	ento, abaole baro		200				
21	<u> </u>	rogram services (attach schedule		ount includes foreign gra	ints, check here		30a				
31	(Grants	•	•	ount includes foreign gra	nto obook horo	. □	31a				
32	<u> </u>	rogram service expenses (add					32	0			
<u>52</u>	rt IV	List of Officers, Directo	re T	Trustees and Kev	Employees Listanah						
Ľ	******		10, 1		(c) Compensation	(d) Contributions		(e) Expense			
		(a) Name and address		(b) Title and average hours per week devoted to position	(If not paid, enter -0)	employee benefit pl deferred compens	ans &	àccount and other allowances			
				devoted to position	enter -oj	actioned dempensi		ourse anovarious			
				-	<del></del> -	<del></del>					
							-				
		_		II.							
		<u> </u>									
				i							
								<del></del>			
		· · · · · · · · · · · · · · · · · · ·									
						<u> </u>					
		<del></del>			<del></del>						
								<del></del>			
			-								
	_										
				İ							

POCATELLO EDUCATION ASSOCI 82-0384466

Page 2

JVA

Form 990-EZ (2009)

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		_X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		Х
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.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice,	Ī	1 1	:
	reporting, and proxy tax requirements?	35a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during	<u> </u>		
	the year? If "Yes," complete applicable parts of Schedule N	36		Х
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions   37a	·		
b	Did the organization file Form 1120-POL for this year?	37b	[ [	Х
38a	· · · · · · · · · · · · · · · · · · ·			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	Ì [	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter.			
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		li	
	Schedule L, Part I	40b		<u>X</u>
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			
е	All organizations. At any time diving the toy year was the organization of mathematical and the toy year.			
-	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	40-	•	Х
41	List the states with which a copy of this return is filed. ▶ NONE	40e		
42a	The organization's books are in care of ▶ SEE ATTACHMENT #2 Telephone no. ▶			
	Located at ► ZIP + 4 ►			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		<u>.</u>	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	1	Yes	No
	account)?	42b		X
	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		İ	
	and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country: ▶	•		
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			
		r		
	Did the aurenteen and the desired for the U.S. and the desired for the U.S. and the desired for the U.S. and the desired for the U.S. and the desired for the U.S. and the desired for the U.S. and the desired for the U.S. and the desired for the U.S. and the desired for the U.S. and the U.S.		Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		1	37
<b>1</b> E	Form 990-EZ	44		<u>X</u>
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	AF	ŀ	v
JVA	Form 990 must be completed instead of Form 990-EZ  09 990EZ3 TWF 33406 Copyright Forms (Software Only) - 2009 TW  Form	45 990-	F7 (2)	X X
			\~	

Form **990-EZ** (2009)

for lines 50 a  46 Did the organization eng for public office? If "Yes				answer questions 46-49b	and comple	te the t	on ables
		rect political campaign act	livities on behalf of or i	n opposition to candidates		Yes	No
· · · · · · · · · · · · · · · · · · ·	•			• •		1.00	X
							X
		·		dule E		1	X
19a Did the organization ma							Х
b If "Yes," was the related	organization a secti	on 527 organization?			49b		X
	_	e highest compensated er compensation from the org		fficers, directors, trustees a one, enter "None"	and key emp	oloyees	)
(a) Name and address of paid more than s		(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation		kpense nt and lowance	
NONE							
<del></del>							
f Total number of other er							
compensation from the o	organization. If there	is none, enter "None"		who each received more			
(a) Name and address of JONE	of each independent	t contractor paid more tha	in \$100,000 (	(b) Type of service	(c) Comp	ensatio	<u>n</u>
					<u></u>		
							•
d Total number of other in	dependent contracto	ors each receiving over \$1	00,000				
the best of m		elief, it is true, correct, and		ccompanying schedules an of preparer (other than off			
Siam   L	<u>eena</u>	Mail	y	Date	1-2	<u>.</u> - <u> </u>	<u>//</u>
<u> </u>	0000	1/12/10/	Treaso	urer .	r		٠,
Signature x T	rint name and title	VICI ICY	17 2 000	(			
Type or p Preparer's signature	rint name and title	Hart	Date 1/15/11	Check if Self-employed	*''P003	007 <sup>-</sup>	nstr)
Signature  X Type or p Preparer's	* Man		Date 1/15/11 ICKSON PA	Check If Preparer'	*''P003 82 - 0	007°	  3'  19

#### 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.

OMB No. 1545-0047 2009

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open to Public Inspection

		the organi		GOGTAMION					Employer			numbe	r
********			EDUCATION AS						32-038				
	rt I		on for Public Cha						structions	·			
1110			ot a private foundation l										
2			onvention of churches, on section 170(l			ed in sec	uon 170(b	)(1)(A)(I).					
3	_		r a cooperative hospital			sootlan 1	170/b\/4\/	11/1111					
4			esearch organization op						\/4\/A\/III\	Entor th			
•		rty, and sta		erated in conjunction w	ilii a nosp	itai uesciit	eu iii sec	מאסיו ווסוו	<u>Д ГДАДШ)</u>	. Enter th	e nosp	itai S II	ame,
5		n organiza	tion operated for the be	nefit of a college or uni	versity owi	ned or ope	erated by a	governme	ental unit o	described	in sec	tion	
6			tate, or local governmen	t or governmental unit	dooonbod	ın saatlar	470/6\/4\	(8)/)					
7		n organiza	tion that normally receive (b)(1)(A)(vi). (Complete	es a substantial part of					om the ge	eneral pu	blıc de	scribed	<b>i</b> ın
8 9	A A	a communi an organiza eceipts froi upport froi	by trust described in sectition that normally receiven activities related to its in gross investment incorthe organization after Ji	tion 170(b)(1)(A)(vi). (C es (1) more than 33 1/3 exempt functionssub me and unrelated busin	3 % of its s ject to cer iess taxabl	support fro tain except le income	tions, and (less section	(2) no moi on 511 tax)	e than 33	1/3 % of			
10 11 e	A p 5 a B p 5 if oil	on organization or	this box, I certify that the rethan foundation mana section 509(a)(2)  zation received a written , check this box	ated exclusively for the ipported organizations libes the type of supported in the conference of the c	benefit of, described ting organ Type III-Fu entrolled di ne or more	to perform in section in section and ization and inctionally irectly or in publicly suit is a Type	m the funct 509(a)(1) d complete integrated adirectly by upported of	tions of, or or section lines 11e one or morganization	509(a)(2) through 1  d	See <b>sect</b> 1h Type III-C alified oed in sec	Other		
		• .	n who directly or indirect	ily controls, either alone	or togeth	er with nei	renne daer	erihad in (u	١			Yes	No
	<b>V</b> -		below, the governing bo							ſ	11g(l)	103	X
	(1)		member of a person de		-					•	11g(ii)	+-	X
			ontrolled entity of a pers							, t	11g(iii)	+	X
h			following information abo							٠٠٠ . ١			
• •	ame d	of supporte		(III) Type of organization	(IV) Is the in col (I) I governing	organization	organizatio of your	u notify the n in col. (I) support?	organizatio organizi	is the in in col (i) ed in the S.?		Amou suppor	
	_			<del> </del>	Yes	No	Yes	No	Yes	No	1		
Γοιο						:					†		••

#### SCHEDULE OF OTHER EXPENSES

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 16

OPEN TO PUBLIC INSPECTION For calendar year 2009 or tax period beginning 10 - 01 - 2009, and ending 09-30-2010. Name of Organization **Employer Identification Number** POCATELLO EDUCATION ASSOCIATION 82-0384466

Description of Other Expenses	Amount
ACCOUNTING	110
ASSOCIATION LEAVE DAYS	400
CRISIS FUND	94
DELEGATE ASSEMBLY	4,633
DISABILITY INSURANCE	42,115
DUES REFUND	152
GRANT	1,427
MEMBERSHIP	271
NEGOTATIONS	1,556
OFFICE RENT	2,200
OFFICE SUPPLIES	1,054
TRAVEL EXPENSES	1,211
PUBLIC RELATIONS	2,452
RA	7,500
RECOGNITION	158
TREASURER DUES	682
MISCELLANEOUS	431

66,446

#### **BOOKS ARE IN CARE OF**

ATTACHMENT	<u> </u>	EZ PAGE 3, PART	V, LINE 42A	<u>.</u>	
OPEN TO PUBLIC					
INSPECTION		r 2009 or tax period beginning	10-01	, and ending	09-30-2010.
Name of Organization POCATELLO		ASSOCIATION			mployer Identification Number 2 – 0384466
Part V - Line 42a					
Individual Name or Business Name:			TEENA	MARLEY	
Street Address			<u>275</u> S	5TH #242	
U.S. Address:					
Zıp code or Foreign Address	83201	_ city POCATELL	0	State	<u>ID</u>
City					
Province or	State				
Country ,					<u> </u>
Postal code					
Phone Numl	ber				
Fax Number					

## Pocatello Education Association Executive Board 2009-2010

<b>Board Member and office:</b>	Address:	Hrs. of Service:	Compen.
President:			
William Davis	910 N. Hayes, Pocatello 83204	650 hrs.	none
Vice President:			
Steve Erlandson	13596 W. Meadowlar Pocatello, 83204	rk Ln. 28 hrs	none
Treasurer:			
Teena Marley	233 Rosewood Pocatello, 83204	155 hrs	none
Secretary:			
LaDean Messenger	828 Callie, Chubbuck, 83202	20 hrs	none
Secondary Reps:			
MaryAnne Hansen	260 Noah, Chubbuck, 83202	20 hrs	none
Kris Wilkinson	1427 Chantel Pl. Pocatello, 83201	20 hrs	none
Elementary Reps:			
Trent Merica	386 Chesapeake, Chubbuck, 83202	20 hrs	none
Laura Johnson	365 Via Venitio, Pocatello, 83201	20 hrs.	none
ESP Rep:			
Janice Hallinan		20 hrs	none