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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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$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

2010

Open to Public
Inspection

A For the 2010 calendar year, or tax year beginning OCTOBER 01, 2010, and ending SEPTEMBER 30, 2011

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 POCATELLO EDUCATION ASSOCIATION		D Employer identification number 82-0384466
	Number & street (or P.O. box, if mail is not delivered to street addr) 275 S 5TH AVE SUITE 242		E Telephone number (208) 233-7223
	City or town, state or country, and ZIP + 4 POCATELLO ID 83201		F Group Exemption Number

G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►	H Check <input checked="" type="checkbox"/> if organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
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I Website: N/A

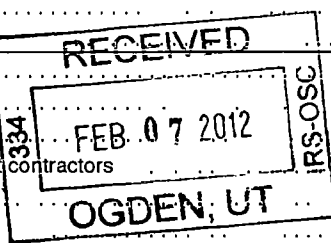
J Tax-exempt status (check only one) -- ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . ► \$ 70,698

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☐

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	70,694
	4	Investment income	4	4
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)	6b	
	6c	c Less: direct expenses from gaming and fundraising events	6c	
	6d	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	7a Gross sales of inventory, less returns and allowances	7a	
	7b	b Less: cost of goods sold	7b	
	7c	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	8 Other revenue (describe in Schedule O)	8	
	9	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	70,698
EXPENSES	10	10 Grants and similar amounts paid (list in Schedule O)	10	
	11	11 Benefits paid to or for members	11	
	12	12 Salaries, other compensation, and employee benefits	12	12,273
	13	13 Professional fees and other payments to independent contractors	13	
	14	14 Occupancy, rent, utilities, and maintenance	14	
	15	15 Printing, publications, postage, and shipping	15	
	16	16 Other expenses (describe in Schedule O)	16	62,553
17	17 Total expenses. Add lines 10 through 16	17	74,826	
NET ASSETS	18	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-4,128
	19	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	26,820
	20	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	22,692



For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

Part II	Balance Sheets. (see the instructions for Part II.)
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Check if the organization used Schedule O to respond to any question in this Part II.

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	26,820	22,692
23	Land and buildings	0	0
24	Other assets (describe in Schedule O)	0	0
25	Total assets	26,820	22,692
26	Total liabilities (describe in Schedule O)	0	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	26,820	22,692

Part III	Statement of Program Service Accomplishments (see the instructions for Part III.)
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Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

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, & other relevant information for each program title

28

(Grants \$) If this amount includes foreign grants, check here ►

28a

29

(Grants \$) If this amount includes foreign grants, check here ▶

29a

30

(Grants \$) If this amount includes foreign grants, check here ▶

30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here ▶

31a

32 **Total program service expenses** (add lines 28a through 31a)

32

0

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

Check if the organization used Schedule O to respond to any question in this Part IV

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		X
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		X
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?		X
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 tax year covered by this return?		X
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 did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
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		X
41 List the states with which a copy of this return is filed. ▶ NONE		
42a The organization's books are in care of ▶ See attachment #1 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 over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		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 and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U S ?		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		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		X

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	X
a 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," Form 990 and Schedule R must be completed instead of Form 990-EZ (see instructions)	45a	X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X

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 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization a section 527 organization?	49b	X

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"

(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
NONE				

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
NONE		

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. ☐ Yes ☒ No

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 ☒ Teena Marley Signature of officer x 2-3-12 Date
☒ Teena Marley, President Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<u>Morgan Hatt</u>	<u>[Signature]</u>	<u>2/1/12</u>		<u>P00300713</u>
	Firm's name ▶ <u>JONES YOST HATT ERICKSON PA CPAS</u>	Firm's EIN ▶ <u>82-0457199</u>			
	Firm's address ▶ <u>416 SO 4TH ST BOX 4987 Pocatello ID 83205</u>	Phone no. <u>208-233-5000</u>			

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

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

Open to Public Inspection

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

POCATELLO EDUCATION ASSOCIATION

82-0384466

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- [illegible]

Schedule A (Form 990 or 990-EZ) 2010

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

POCATELLO EDUCATION ASSOCIATION

Employer identification number

82-0384466

OPERATING EXPENSES - SEE DETAIL ATTACHED

990 BOOKS ARE IN CARE OF

Attachment 1 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2010 or tax period beginning 10-01, and ending 09-30-2011
Name of Organization POCATELLO EDUCATION ASSOCIATION	Employer Identification Number 82-0384466

Part V - Line 42a

Individual Name TEENA MARLEY
 or
 Business Name

Street Address ... 275 S 5TH #242

U.S. Address:

Zip code 83201 City POCATELLO State ID
 or

Foreign Address

City

Province or State

Country

Postal code

Phone Number

Fax Number

2010 DETAIL STATEMENTS

POCATELLO EDUCATION ASSOCIATIO
82-0384466

Page 1

STATEMENT #1 - OTHER EXPENSES (EOEZ Pg 1 Line 16)

ACCOUNTING.....	125
ASSOCIATION LEAVE DAYS.....	75
CELL PHONE.....	398
CRISIS FUND.....	462
DELEGATE ASSEMBLY.....	3,136
DISABILITY INSURANCE.....	39,232
DUES REFUND.....	375
GRANT.....	3,419
NEGOTIATIONS.....	60
OFFICE RENT.....	2,400
OFFICE SUPPLIES.....	1,114
POSTAGE & PRINTING.....	54
TRAVEL.....	1,205
PUBLIC RELATIONS.....	2,107
RA.....	7,500
RECOGNITION.....	155
TREASURE DUES.....	695
MISC.....	41

TOTAL CARRIED TO EOEZ Pg 1 Line 16.....	62,553
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Pocatello Education Association
Executive Board 2010-2011

<u>Board member and office:</u>	<u>Address:</u>	<u>Hrs. of Service</u>	<u>compen.</u>
President: William Davis	910 N. Hayes, Pocatello 83204	650 hrs.	
Vice President: Jan Flandro	72 Rosewood Pocatello, 83204	35 hrs.	none
Treasurer: Teena Marley	233 Rosewood Pocatello 83204	155 hrs.	none
Secretary: LaDean Messenger	828 Callie Chubbuck 83202	23 hrs.	none
Secondary Reps: MaryAnne McGrory	260 Noah Chubbuck 83202	20 hrs.	none
Kris Wilkinson	1427 Chantel Pl. Pocatello 83201	20 hrs.	none
Elementary Rep. Emily Smith	217 N. 17th Pocatello 83201	20 hrs.	none
Laura Johnson	365 Via Venitio Pocatello 83201	20 hrs.	none
ESP Rep: Janice Hallinan	15480 W. Siphon Rd.	20 hrs.	none