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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder 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

A For the 2011 calendar year, or tax year beginning January 1, 2011, and ending December 31, 2011**B Check if applicable**

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organizationEdmond Association of Classroom Teachers

Number and street (or P O box, if mail is not delivered to street address)

P.O. Box 2613

Room/suite

City or town, state or country, and ZIP + 4

Edmond OK 73083 + 2613**D Employer identification number**73-1385048**E Telephone number****F Group Exemption Number**► **H Check** **if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).****G Accounting Method** Cash Accrual Other (specify) ►**I Website:** ►**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 or a section 527 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** ► \$**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 <u>39,833.14</u>
	4 Investment income	4 <u>313.39</u>
	5a Gross amount from sale of assets other than inventory	5a
	b Less: cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6 Gaming and fundraising events	6d
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 19) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b
Expenses	c Less: direct expenses from gaming and fundraising events	6c
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d
	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
	8 Other revenue (describe in Schedule O)	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 <u>40,146.53</u>
	10 Grants and similar amounts paid (list in Schedule O)	10
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12 <u>23,865.00</u>
Net Assets	13 Professional fees and other payments to independent contractors	13
	14 Occupancy, rent, utilities, and maintenance	14 <u>6,077.00</u>
	15 Printing, publications, postage, and shipping	15 <u>538.00</u>
	16 Other expenses (describe in Schedule O)	16 <u>8,132.00</u>
	17 Total expenses. Add lines 10 through 16 ►	17 <u>38,612.00</u>
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 <u>1,534.00</u>
	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 <u>124,451.00</u>
	20 Other changes in net assets or fund balances (explain in Schedule O)	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21 <u>125,985.00</u>

Part II Balance Sheets. (see the instructions for Part II.)

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

Check if the organization used Schedule O to respond to any question in this Part		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	124,451.00	22 125,985.00
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets		25
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	124,451.00	27 125,985.00

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

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 the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 represent local teachers/educators

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

28a 2,343. 00

29 represent 450 members at the local, state, and federal level

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

29a 4,740.00

30 assist members in professional development & training

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

30a 0.00

31 Other program services (describe in Schedule O)

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

31a 8.00

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

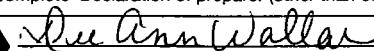
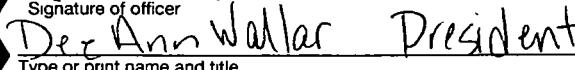
32 7,083.00

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

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

Part V Other Information (Note the Schedule A and personal benefit contract 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		✓
34		✓
35a		✓
35b		✓
35c		✓
36		✓
37a		
37b		✓
38a		✓
38b		
39a		
39b		
40a		
40b		✓
40c		
40d		
40e		✓
41		
42a	Telephone no. ► 405-202-0504	
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 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 the U.S.? If "Yes," enter the name of the foreign country: ►	
43	► <input type="checkbox"/>	
44a		✓
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	
c	Did the organization receive any payments for indoor tanning services during the year?	
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	
45a		✓
45b		✓

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 <input type="checkbox"/>			
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 <input type="checkbox"/>				
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47 <input type="checkbox"/> <input checked="" type="checkbox"/>			
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48 <input type="checkbox"/> <input checked="" type="checkbox"/>			
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a <input type="checkbox"/> <input checked="" type="checkbox"/>			
b If "Yes," was the related organization a section 527 organization?	49b <input type="checkbox"/> <input checked="" type="checkbox"/>			
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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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 ►				
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	 Signature of officer  Darcie Ann Wallar President Type or print name and title			8-13-12 Date
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
				PTIN
	Firm's name ►		Firm's EIN ►	
	Firm's address ►		Phone no	
May the IRS discuss this return with the preparer shown above? See instructions ►				
Form 990-EZ (2011)				