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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

Department of the Treasury
Internal Revenue Service

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

Open to Public
Inspection

A For the 2011 calendar year, or tax year beginning	7/01	, 2011, and ending	6/30	, 2012
B Check if applicable	C			D Employer identification number
Address change	Unit Five Education Association			37-1245404
Name change	304 Eldorado #2			E Telephone number
Initial return	Bloomington, IL 61704-4686			309-663-6400
Terminated				F Group Exemption Number
Amended return				► 2005
Application pending				
G Accounting Method.	<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Accrual	Other (specify) ►	
I Website:	► ufea.org			H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Tax-exempt status (ck only one) —	<input type="checkbox"/> 501(c)(3)	<input checked="" type="checkbox"/> 501(c) (5)	► (insert no)	4947(a)(1) or 527
K Check ► <input checked="" type="checkbox"/> 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 ► \$ 29,748.				

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	EXPENSES	ASSETS	
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 29,122.
4 Investment income				4 626.
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				6
a Gross income from gaming (attach Schedule G if greater than \$15,000)				6a
b Gross income from fundraising events (not including \$ _____ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)				6b
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 29,748.
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
13 Professional fees and other payments to independent contractors				13 1,300.
14 Occupancy, rent, utilities, and maintenance				14
15 Printing, publications, postage, and shipping				15
16 Other expenses (describe in Schedule O)				16 64,978.
17 Total expenses. Add lines 10 through 16				17 66,278.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)				18 -36,530.
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)				19 283,205.
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				21 246,675.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

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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.

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	283,205.22	246,675.
23 Land and buildings	23	
24 Other assets (describe in Schedule O)	24	
25 Total assets	283,205.25	246,675.
26 Total liabilities (describe in Schedule O)	0.26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	283,205.27	246,675.

Part III Statement of Program Service Accomplishments (see the instrs 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? See Schedule O

Describe the organization's primary exempt purpose. See Schedule C
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	To advance public education and to promote the welfare of students and teachers.		
	(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a 64,967.
29			
30			
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)	► <input type="checkbox"/>	32 64,967.

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 O to respond to any question in this Part IV.

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Vickie Mahrt 304 Eldorado Bloomington, IL 61704	President 40	0.	0.	0.
Karl Goeke 304 Eldorado Bloomington, IL 61704	Vice President 5	0.	0.	0.
Dean Brown 304 Eldorado Bloomington, IL 61704	Treasurer 5	0.	0.	0.
Kathleen Britnell 304 Eldorado Bloomington, IL 61704	Secretary 5	0.	0.	0.

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

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 Yes No
33 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) Yes No
34 X

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? Yes No
35a X

b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O Yes No
35b X

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III Yes No
35c 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 Yes No
36 X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 0. Yes No
37b X

b Did the organization file Form 1120-POL for this year? Yes No
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? Yes No
38b N/A

39 Section 501(c)(7) organizations Enter: Yes No
 a Initiation fees and capital contributions included on line 9 Yes No
39a N/A

b Gross receipts, included on line 9, for public use of club facilities Yes No
39b N/A

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► **N/A**, section 4912 ► **N/A**, section 4955 ► **N/A**, section 4958 ► **N/A**, 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 Yes No
40b X

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 Yes No
40c 0.

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 Yes No
40d 0.

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization Yes No
40e X

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 Yes No
41 List the states with which a copy of this return is filed ► **None**

42a The organization's books are in care of ► **Dean Brown** Telephone no ► **309-663-6400**
 Located at ► **304 Eldorado Bloomington IL** ZIP + 4 ► **61704-4686** Yes No
42b X

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: ► Yes No
42c X

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: ► Yes No
42d X

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** N/A Yes No
43 N/A

44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Yes No
44a 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 Yes No
44b X

c Did the organization receive any payments for indoor tanning services during the year? Yes No
44c 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 Yes No
44d X

45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? Yes No
45a X

b 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 may need to be completed instead of Form 990-EZ (see instructions) Yes No
45b X

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.**

Name of the organization

Unit Five Education Association

Employer identification number

37-1245404

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

To advance public education and to promote the welfare of students and teachers.

Unit Five Education Association

37-1245404

Form 990-EZ, Part I, Line 16
Other Expenses

Conferences, Conventions, and Meetings	\$ 6,271.
Dues	1,923.
Full Time Teacher Release	48,213.
Office Expenses	11.
Scholarship Expense	2,000.
Teacher Support	4,724.
Telephone	1,000.
Travel	836.
Total	<u>\$ 64,978.</u>