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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 private foundations)**  
**Do not enter social security numbers on this form as it may be made public.**  
**Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-1150

**2015**

**Open to Public Inspection**

**A For the 2015 calendar year, or tax year beginning 09-01-2015 , and ending 08-31-2016**

**B** Check if applicable  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization  
BLUE VALLEY NEA  
Number and street (or P O box, if mail is not delivered to street address) Room/suite  
11015 W 75TH TERRACE  
City or town, state or province, country, and ZIP or foreign postal code  
SHAWNEE, KS 66214

**D** Employer identification number  
48-1120962  
**E** Telephone number  
(913) 268-4005  
**F** Group Exemption Number ▶

**G** Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶  
**H** Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)  
**I Website:** ▶ [www.bv229.k12.ks.us/bvneal/](http://www.bv229.k12.ks.us/bvneal/)  
**J Tax-exempt status** (check only one) - ☐ 501(c)(3) ☒ 501(c)(5) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527

**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other  
**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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 95,031

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 <input checked="" type="checkbox"/>									
Revenue	1	Contributions, gifts, grants, and similar amounts received					1	2,500	
	2	Program service revenue including government fees and contracts					2	0	
	3	Membership dues and assessments					3	92,349	
	4	Investment income					4	182	
	5a	Gross amount from sale of assets other than inventory			5a		5c	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)							
	6	Gaming and fundraising events					6d	0	
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)			6a	0			
	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 exceeds \$15,000)			6b	0			
c	Less direct expenses from gaming and fundraising events			6c	0				
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)								
Expenses	7a	Gross sales of inventory, less returns and allowances			7a		7c	0	
	b	Less cost of goods sold			7b	0			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)							
	8	Other revenue (describe in Schedule O)					8		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8					9	95,031	
	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	54,170	
	13	Professional fees and other payments to independent contractors					13	585	
	14	Occupancy, rent, utilities, and maintenance					14		
Net Assets	15	Printing, publications, postage, and shipping					15		
	16	Other expenses (describe in Schedule O)					16	10,695	
	17	Total expenses. Add lines 10 through 16					17	65,450	
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)					18	29,581	
	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	51,236	
	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	80,817	

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	54,297	22	89,438
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	43,204	24	39,399
25 Total assets	97,501	25	128,837
26 Total liabilities (describe in Schedule O)	46,265	26	48,020
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	51,236	27	80,817

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?  
NEGOTIATION OF EMPLOYMENT CONTRACTS FOR OUR MEMBERS

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

28  
See Additional Data Table

(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

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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms 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
DEBRA HOTUJAC PRESIDENT	40 00	54,170		
DANNA AHNEMANN VP FOR PROF RELATIONS	10 00	0		
KORENE EKSTRAND VP FOR MEMBERSHIP	10 00	0		
SKYLER MYERS SEC/TREAS	10 00	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 . . . . .

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		No
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) . . . . .		No
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)? . . . . .		No
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 . . . . .		
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 . . . . .		No
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 . . . . .		No
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? . . . . .		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? . . . . .		No
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), 501(c)(4), and 501(c)(29) 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 . . . . . 40b		
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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		No
41	List the states with which a copy of this return is filed ▶ . . . . .		
42a	The organization's books are in care of ▶ DEBRA HOTUJAC Telephone no ▶ (913) 268-4005 Located at ▶ 11015 W 75TH TERR SHAWNEE, KS ZIP + 4 ▶ 66214 . . . . .		
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	Yes	No
	If "Yes," enter the name of the foreign country ▶ . . . . .		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) . . . . .		
c	At any time during the calendar year, did the organization maintain an office outside the U S ? . . . . . 42c		No
	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		
		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . . 44a		No
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 . . . . . 44b		No
c	Did the organization receive any payments for indoor tanning services during the year? . . . . . 44c		No
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 . . . . . 44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . . 45a		No
45b	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) . . . . . 45b		No

		Yes	No
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 . . . . .		

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		
49a	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .		
49b	If "Yes," was the related organization a section 527 organization? . . . . .		

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 title of each employee	(b) 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 business address of each independent contractor	(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 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		2017-01-03 Date				
	DEBRA HOTUJAC, PRESIDENT Type or print name and title						
Paid Preparer Use Only	Print/Type preparer's name DEBORAH S BREEDLOVE		Preparer's signature		Date 2017-01-13	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶ Breedlove & Associates LLC					Firm's EIN ▶	
	Firm's address ▶ 1812 East 123rd Street Olathe, KS 660615884					Phone no. (913) 780-9995	

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 48-1120962

**Name:** BLUE VALLEY NEA

### Form 990EZ, Part III - Statement of Program Service Accomplishments

**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 501(c)(3) and**  
**501(c)(4) organizations and**  
**4947(a)(1) trusts; optional**  
**for others.)**

AIDED IN NEGOTIATION OF EMPLOYMENT CONTRACTS FOR OUR 925 MEMBERS, WHO ARE  
**28** TEACHERS EMPLOYED BY THE BLUE VALLEY, KANSAS SCHOOL DISTRICT

(Grants \$ )

If this amount includes foreign grants, check here . . . ☐

**28a**

**Form 990EZ, Part III - Statement of Program Service Accomplishments**

<b>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.</b>	<b>Expenses</b> <b>(Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)</b>	
<b>29</b> PROMOTION AND ADVOCACY OF OUR MEMBERS' RIGHTS (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>29a</b>	

Form 990EZ, Part III - Statement of Program Service Accomplishments

<p>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.</p>	<p>Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)</p>	
<p><b>30</b> PROMOTE LEADERSHIP DEVELOPMENT SKILLS AMONG TEACHERS IN THE BLUE VALLEY, KANSAS SCHOOL DISTRICT (Grants \$ )</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p><b>30a</b></p>	



**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015****Open to Public  
Inspection**Name of the organization  
BLUE VALLEY NEA**Employer identification number**

48-1120962

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990EZ, Part I, Line 16	KS ANNUAL REPORT FEE 40
Form 990EZ, Part I, Line 16	TRAVEL & MEETINGS 6632

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990EZ, Part I, Line 16	DUES 499
Form 990EZ, Part I, Line 16	PUBLIC RELATIONS 709

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990EZ, Part I, Line 16	MEMBERSHIP PROMOTION 2763
Form 990EZ, Part I, Line 16	OFFICE EXPENSES 52

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990EZ, Part II, Line 24	Accounts Receivable, Net 43204 39399
Form 990EZ, Part II, Line 26	Accounts Payable and Accrued Expenses 46265 48020

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part IX, Line 24e	MEMBERSHIP PROMOTION