

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning , 2018, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Tiverton Educators Association		D Employer identification number 056052616
	Number and street (or P O box, if mail is not delivered to street address) Room/suite		E Telephone number 401-624-8494
	100 Brayton Road		F Group Exemption Number ▶
	City or town, state or province, country, and ZIP or foreign postal code Tiverton, RI 02878-3313		

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)

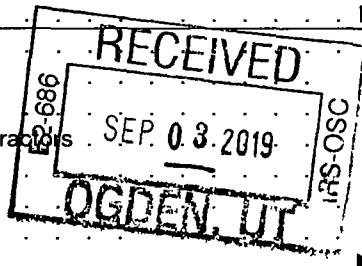
I Website: ▶ **J Tax-exempt status** (check only one) - 501(c)(3) 501(c) (6) ◀ (insert no) 4947(a)(1) or 527

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)) 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

		1	2	3	4	5c	6d	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21			
Revenue	1 Contributions, gifts, grants, and similar amounts received																						779		
	2 Program service revenue including government fees and contracts																								
	3 Membership dues and assessments																						135716		
	4 Investment income																						1064		
	5a Gross amount from sale of assets other than inventory																								
	5b Less: cost or other basis and sales expenses																								
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																								
	6 Gaming and fundraising events:																								
	6a Gross income from gaming (attach Schedule G if greater than \$15,000)																								
	6b 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)																								
6c Less: direct expenses from gaming and fundraising events																									
6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																									
7a Gross sales of inventory, less returns and allowances																									
7b Less: cost of goods sold																									
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																									
8 Other revenue (describe in Schedule O)																									
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																								137559	
Expenses	10 Grants and similar amounts paid (list in Schedule O)																							3110	
	11 Benefits paid to or for members																							10491	
	12 Salaries, other compensation, and employee benefits																							20863	
	13 Professional fees and other payments to independent contractors																								
	14 Occupancy, rent, utilities, and maintenance																							1040	
	15 Printing, publications, postage, and shipping																							14	
	16 Other expenses (describe in Schedule O)																							11917	
	17 Total expenses. Add lines 10 through 16																								147494
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)																							(9936)	
	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)																							86944	
	20 Other changes in net assets or fund balances (explain in Schedule O)																							4154	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20																								81242



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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

Table with columns for question number, question text, and Yes/No checkboxes. Rows include questions 33 through 45b regarding organizational activities, financials, and reporting requirements.

	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?		✓
b 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 0

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 0

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	Date 8/20/15
	Type or print name and title Lisa Burgess Treasurer	

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		Phone no	
	Firm's address				

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

**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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

**Open to Public
Inspection**

Name of the organization
Tiverton Education Association

Employer identification number
056052616

990EZ Part 1 Line 10 - \$3110, Gifts to Charitable Organizations

990EZ Part 1 Line 16 - \$157, Supplies, \$111092, Dues Paid to State Organization (NEARI), \$650, Audit Fee, \$78, Bank Service Fees

990EZ Part 1 Line 20 - \$4154, Market Adjustment from Securities