

Form 990EZ

Department of the  
Treasury  
Internal Revenue ServiceShort 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.

► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for the latest information.

2018

Open to  
Public  
Inspection**A For the 2018 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018**

**B** Check if applicable

Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

|  |   |
|--|---|
| <b>C</b> Name of organization<br>EDMOND ASSOCIATION OF CLASSROOM TEACHERS                    | <b>D</b> Employer identification number<br>73-1385048 |
| Number and street (or P O box, if mail is not delivered to street address)<br>PO BOX 2613    | Room/suite  |
| City or town, state or province, country, and ZIP or foreign postal code<br>EDMOND, OK 73083 |   |
| <b>E</b> Telephone number<br>(405) 842-1434  |   |
| <b>F</b> Group Exemption Number ►  |   |

**G Accounting Method**  Cash  Accrual Other (specify) ►**I Website:** ►N/A**J Tax-exempt status** (check only one) -  501(c)(3)  501(c)( 5) ► (insert no)  4947(a)(1) or  527**H** Check ►  if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**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 ► \$ 60,904****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

|                   |  |    |         |
|-------------------|--|----|---------|
| <b>Revenue</b>    | 1 Contributions, gifts, grants, and similar amounts received . . . . .   | 1  | 53,433  |
|                   | 2 Program service revenue including government fees and contracts . . . . .  | 2  |         |
|                   | 3 Membership dues and assessments . . . . .  | 3  | 7,279   |
|                   | 4 Investment income . . . . .  | 4  | 192     |
|                   | 5a Gross amount from sale of assets other than inventory . . . . .   | 5a |         |
|                   | 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) . . . . .  | 5c |         |
|                   | 6 Gaming and fundraising events  |    |         |
|                   | 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 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) . . . . .   | 6d |         |
|                   | 7a Gross sales of inventory, less returns and allowances . . . . .   | 7a |         |
|                   | b Less cost of goods sold . . . . .  | 7b | 0       |
|                   | 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 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ►  | 9  | 60,904  |
| <b>Expenses</b>   | 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 | 17,199  |
|                   | 13 Professional fees and other payments to independent contractors . . . . .   | 13 | 7,980   |
|                   | 14 Occupancy, rent, utilities, and maintenance . . . . .   | 14 |         |
|                   | 15 Printing, publications, postage, and shipping . . . . .   | 15 | 602     |
|                   | 16 Other expenses (describe in Schedule O) . . . . .   | 16 | 52,749  |
|                   | 17 <b>Total expenses.</b> Add lines 10 through 16 . . . . . ►  | 17 | 78,530  |
| <b>Net Assets</b> | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .   | 18 | -17,626 |
|                   | 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 | 136,860 |
|                   | 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 | 119,234 |

**Part II Balance Sheets** (see the instructions for 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

|  | <b>(A) Beginning of year</b> | <b>(B) End of year</b> |         |
|--|------------------------------|------------------------|---------|
| <b>22 Cash, savings, and investments</b> . . . . .   | 136,860                      | <b>22</b>              | 119,234 |
| <b>23 Land and buildings</b> . . . . .   |                              | <b>23</b>              |         |
| <b>24 Other assets (describe in Schedule O)</b> . . . . .                                    |                              | <b>24</b>              |         |
| <b>25 Total assets</b> . . . . .   | 136,860                      | <b>25</b>              | 119,234 |
| <b>26 Total liabilities (describe in Schedule O)</b> . . . . .                               |                              | <b>26</b>              |         |
| <b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) | 136,860                      | <b>27</b>              | 119,234 |

**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.

**Expenses**  
(Required for section 501(c)  
(3) and 501(c)(4)  
organizations, optional for  
others )

What is the organization's primary exempt purpose?

What is the organization's primary exempt purpose?  
**REPRESENT LOCAL TEACHERS AND EDUCATORS**

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

20 See Additional Data Table

(Grants \$ )

If this amount includes foreign grants, check here

283

29

(Grants \$ )

If this amount includes foreign grants, check here

1

30

(Grants \$ )

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

1

31

(Grants \$ ) If this amount includes foreign grants, check here . . . ►  31a

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

**List of Officers, Directors, Trustees, and Key Employees** (list each one even if not currently serving) (See also Part 1, Item 10, for a list of officers, directors, trustees, and key employees.)

**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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O  33  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)  34  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)?  35a  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  35b  No

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  35c  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  36  No

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ►  37a  37b  No

b Did the organization file **Form 1120-POL** for this year?  38a  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?  38b  39a  0

b If "Yes," complete Schedule L, Part II and enter the total amount involved  39b  0

39 Section 501(c)(7) organizations Enter  40a  Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ►  4912 ►  4955 ►  40b  No

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  40c  40d  40e  No

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 ►  40f  40g  40h  40i  40j  40k  40l  40m  40n  40o  40p  40q  40r  40s  40t  40u  40v  40w  40x  40y  40z  40aa  40ab  40ac  40ad  40ae  40af  40ag  40ah  40ai  40aj  40ak  40al  40am  40an  40ao  40ap  40aq  40ar  40as  40at  40au  40av  40aw  40ax  40ay  40az  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40aa  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40aa  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40aa  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40aa  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40aa  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40aa  40ba  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 40ka  40la  40ma  40na  40oa  40aa  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40aa  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40aa  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40aa  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40aa  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40aa  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40aa  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40aa  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40aa  40ba  40ca  40da  40ea  40fa  40ga  40ha  40ia  40ja  40ka  40la  40ma  40na  40oa  40aa  40ba <

|   |                          |   |                             |
|---|--------------------------|---|-----------------------------|
| 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
|   | 46                       |   | No                          |

**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

|   |                          |   |                             |
|---|--------------------------|---|-----------------------------|
| 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   | <input type="checkbox"/> | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
|   | 47                       |   |                             |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | <input type="checkbox"/> | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
|   | 48                       |   |                             |
| 49a Did the organization make any transfers to an exempt non-charitable related organization?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
|   | 49a                      |   |                             |
| b If "Yes," was the related organization a section 527 organization?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
|   | 49b                      |   |                             |
| 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 |
|-------------------------------------|--|---|---|--|
| 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 business address of each independent contractor | (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 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

|                               |   |                      |      |   |                   |
|-------------------------------|---|----------------------|------|---|-------------------|
| <b>Sign Here</b>              | *****<br>Signature of officer                                 | 2019-08-14<br>Date   |      |   |                   |
|                               | CHELSEA FOO President<br>Type or print name and title         |                      |      |   |                   |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br>Frank E Naifeh ATP              | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN<br>P00022005 |
|                               | Firm's name ► Naifeh & Associates                             |                      |      | Firm's EIN ► 73-1415592                         |                   |
|                               | Firm's address ► 2940 NW 156th Street<br>Edmond, OK 730132102 |                      |      | Phone no (405) 842-1434                         |                   |
|                               |   |                      |      |   |                   |

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

## Additional Data

**Software ID:** 18007218  
**Software Version:** 2018v3.1  
**EIN:** 73-1385048  
**Name:** EDMOND ASSOCIATION OF CLASSROOM TEACHERS

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

| 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<br>(Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.) |
|---|---|
| <p><b>28</b><br/>1)NEGOTIATE TEACHING CONTRACTS FOR APPROXIMATELY 1,600 EDMOND PUBLIC SCHOOL TEACHERS 2) REPRESENT 725 MEMBERS/TEACHERS AT THE LOCAL, STATE AND NATIONAL LEVEL AT CONVENTIONS AND MEETINGS 3)ASSIST MEETINGS IN PROFESSIONAL DEVELOPMENT &amp; TRAINING<br/>(Grants \$ 78,101)</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p> | <p><b>28a</b> 28,829</p>  |

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury

**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](http://www.irs.gov/Form990) for the latest information.

**2018****Open to Public  
Inspection**

Name of the organization

EDMOND ASSOCIATION OF CLASSROOM TEACHERS

Employer identification number

73-1385048

**990 Schedule O, Supplemental Information**

| Return Reference    | Explanation           |
|---------------------|-----------------------|
| Other Expenses 1002 | Office Expenses \$592 |

# 990 Schedule O, Supplemental Information

| Return<br>Reference    | Explanation   |
|------------------------|---------------|
| Other<br>Expenses 1005 | Travel \$8498 |

# 990 Schedule O, Supplemental Information

| Return<br>Reference    | Explanation                                   |
|------------------------|---|
| Other<br>Expenses 1007 | Conferences, Conventions, and Meetings \$8101 |

# 990 Schedule O, Supplemental Information

| Return<br>Reference    | Explanation     |
|------------------------|-----------------|
| Other<br>Expenses 1012 | Insurance \$475 |

# 990 Schedule O, Supplemental Information

| Return<br>Reference | Explanation                            |
|---------------------|--|
| Other<br>Expenses 1 | Reimb to Edmond Public Schools \$23888 |

# 990 Schedule O, Supplemental Information

| Return<br>Reference | Explanation |
|---------------------|-------------|
| Other<br>Expenses 2 | Rent \$3900 |

# 990 Schedule O, Supplemental Information

| Return<br>Reference | Explanation    |
|---------------------|----------------|
| Other<br>Expenses 3 | Stipend \$3450 |

# 990 Schedule O, Supplemental Information

| Return<br>Reference | Explanation      |
|---------------------|------------------|
| Other<br>Expenses 4 | Donations \$3168 |

# 990 Schedule O, Supplemental Information

| Return<br>Reference | Explanation         |
|---------------------|---------------------|
| Other<br>Expenses 5 | Miscellaneous \$945 |

# 990 Schedule O, Supplemental Information

| Return<br>Reference | Explanation |
|---------------------|-------------|
| Other<br>Expenses 6 | Gifts \$724 |

# 990 Schedule O, Supplemental Information

| Return<br>Reference | Explanation             |
|---------------------|-------------------------|
| Other<br>Expenses 7 | Bank fees/Charges \$624 |

# 990 Schedule O, Supplemental Information

| Return<br>Reference  | Explanation                  |
|----------------------|------------------------------|
| Other<br>Expenses 10 | Dues & Subscriptions \$-1616 |