

2949200407715 0

Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2018

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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 for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning		July 1	, 2018, and ending	June 30	, 2019	
B Check if applicable	C Name of organization			D Employer identification number		
<input type="checkbox"/> Address change	KALISPELL EDUCATION ASSOCIATION			81-0461727		
<input type="checkbox"/> Name change	Number and street (or P. O. box, if mail is not delivered to street address)			E Telephone number		
<input type="checkbox"/> Initial return	C/O JEFFREY D O'BRIEN CPA 130 1ST AVENUE WEST			406-751-3300		
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code			F Group Exemption Number ► 9424		
<input type="checkbox"/> Amended return	KALISPELL, MT 59901			00		
<input type="checkbox"/> Application pending						
G Accounting Method	<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Accrual	Other (specify) ►	H Check ► <input checked="" type="checkbox"/> 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) —	<input type="checkbox"/> 501(c)(3)	<input checked="" type="checkbox"/> 501(c) (06)	◀ (insert no.)	<input type="checkbox"/> 4947(a)(1) or	<input type="checkbox"/> 527	
K Form of organization	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input checked="" type="checkbox"/> Association	<input type="checkbox"/> 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 ► \$ 90,364						
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"/> 2						
Revenue	1 Contributions, gifts, grants, and similar amounts received			1 12,150		
	2 Program service revenue including government fees and contracts			2		
	3 Membership dues and assessments			3 77,780		
	4 Investment income			4 434		
	5a Gross amount from sale of assets other than inventory	5a			5c	
	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)					
	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					
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)						
8 Other revenue (describe in Schedule O)						
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	► 90,364					
Expenses	10 Grants and similar amounts paid (list in Schedule O)			10 2,500		
	11 Benefits paid to or for members			11		
	12 Salaries, other compensation, and employee benefits			12 48,319		
	13 Professional fees and other payments to independent contractors			13 495		
	14 Occupancy, rent, utilities, and maintenance			14		
	15 Printing, publications, postage, and shipping			15		
	16 Other expenses (describe in Schedule O)			16 6,302		
	17 Total expenses. Add lines 10 through 16	► 57,616				
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)			18 32,748		
	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)			19 126,918		
	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	► 159,666				
	RECEIVED DEC 26 2019 IRS-OSC OGDEN, UT					

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2018)

SCANNED FEB 14 2020

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			(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	126,918	22	159,666	
23 Land and buildings		23		
24 Other assets (describe in Schedule O)		24		
25 Total assets	126,918	25	159,666	
26 Total liabilities (describe in Schedule O)		26		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	126,918	27	159,666	

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? See Schedule O

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, optional for others.)

28 _____

Digitized by srujanika@gmail.com

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

28a

29

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

Digitized by srujanika@gmail.com

1

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

Other program expenses (describe in Schedule Q) _____

30a

31 Other program services (describe in Schedule O) ►
(Grants \$) If this amount includes foreign grants, check here
32 **Total program service expenses** (add lines 28a through 31a) ►

IV. List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the

82

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
Lynne Ryder President 108 Garland Street Kalispell, MT 59901	20	48,319	0	0
Anthony Lapke Vice President 247 Glenwood Drive Kalispell, MT 59901	5	0	0	0
Christy Peeples Seretary 42 Denver Avenue Kalispell, MT 59901	5	0	0	0
Buck Measure Treasurer 635 5th Street East Kalispell, MT 59901	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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33
- 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
- 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
- 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
- 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
- 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
- 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? 37b
- 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? 38a
- 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 ► 40b
- 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
- 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 ► 40d
- d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ► 40e
- 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 40f

- 41 List the states with which a copy of this return is filed ►

42a The organization's books are in care of ► BUCK MEASURE Telephone no. ► 406-253-1487
Located at ► 635 5TH AVENUE EAST KALISPELL, MT ZIP + 4 ► 59901

- 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 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 United States? 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

- 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

- 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

- c Did the organization receive any payments for indoor tanning services during the year? 44c

- 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

- 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 45b

	Yes	No
33	<input checked="" type="checkbox"/>	
34	<input checked="" type="checkbox"/>	
35a	<input checked="" type="checkbox"/>	
35b	<input checked="" type="checkbox"/>	
35c	<input checked="" type="checkbox"/>	
36	<input checked="" type="checkbox"/>	
37a		
37b	<input checked="" type="checkbox"/>	
38a	<input checked="" type="checkbox"/>	
38b		
39a		
39b		
40b	<input checked="" type="checkbox"/>	
40c		
40d		
40e	<input checked="" type="checkbox"/>	
40f		
41		
42a		
42b	<input checked="" type="checkbox"/>	
42c	<input checked="" type="checkbox"/>	
43		
44a	<input checked="" type="checkbox"/>	
44b	<input checked="" type="checkbox"/>	
44c	<input checked="" type="checkbox"/>	
44d	<input checked="" type="checkbox"/>	
45a	<input checked="" type="checkbox"/>	
45b	<input checked="" type="checkbox"/>	

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

Yes	No
46	✓

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

Check in the original good condition. Yes No

		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	47	✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	✓
b	If "Yes," was the related organization a section 527 organization?	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."		

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	12/16/2019	Date
		LYNNE RYDER-PRESIDENT	Buck M. Measure Treasurer	
		Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name JEFF O'BRIEN CPA	Preparer's signature 	Date 11/19/19	Check <input type="checkbox"/> if self-employed	PTIN P01299459
	Firm's name ► JEFFREY D O'BRIEN CPA, PCP	Firm's EIN ► 81-0523787			
	Firm's address ► 130 1ST AVENUE WEST KALISPELL, MT 59901	Phone no 406-751-3300			

May the IRS discuss this return with the preparer shown above? See instructions

Form 990-EZ (2018)

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

Kalispell Education Association

Employer identification number

81-0461727

Part 1 Line 10

KEA awards two (2) one thousand dollar (\$1,000) scholarships to graduating seniors each year

In support of the Boilers Union KEA awarded \$500

Part 1 Line 16

Local, State and National meetings are attended by delegations from KEA. These expenditures are for lodging, travel and meals (\$6,054)

Administrative Supplies & other Misc. Administrative Expenses (\$248)

Part III Statement of Program Service Accomplishments

What is the Organizations Primary Exempt Purpose?

The Kalispell Education Association is responsible for organizing, collective bargaining, contract maintenance and professional

development for the licensed teaching faculty of Kalispell School District #5. There are approx. 415 individuals represented.