Form 990-EZ .

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)

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

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.

2018

Open to Public Inspection

Α	For the	2018 calendar	r year, or tax year beginning SEPTEMBER	0 1 , 2018, and en	ding AU	GUST	31	,20 19				
	Check if a		C Name of organization					ication number				
X	Address	ss change <u>BOZE</u> MAN EDUCATION ASSOCIATION						81-0365571				
П	Name cha	inge	Number and street (or P.O. box, if mail is not delivered to str	eet address)	Room/ E	Telepho	ne numbe	r				
П	Initial retu	ırn										
П	Final retui	al return/terminated 3303 S 29TH AVE						(406) 539-2933				
П	Amended	return	City or town, state or province, country, and ZIP or	foreign postal code	G/F	Group E	Exemption					
П	Applicatio	n pending	BOZEMAN MT 59718		06	Number	r 🕨					
G	Account	ing Method	X Cash Accrual Other (specify) ▶		H Chec	sk ▶⊠ r	f the organ	nization is not				
ı	Website	: ▶ WWW.	BOZEMANBEA.ORG	<u></u> _	requ	red to att	ach Sche	dule B				
J	Tax-exe	empt status (ch	neck only one) 501(c)(3) X 501(c)(6) ◀ (insert no) 4947(a)(1) or g	27 (Forr	n 990, 99	0-EZ, or 9	90-PF).				
K	Form of	organization.	Corporation Trust Association	on Other								
L	Add line:	s 5b, 6c, and 7	b to line 9 to determine gross receipts. If gross receip	pts are \$200,000 or	more, or if	total asse	ts	- .				
			s \$500,000 or more, file Form 990 instead of Form 99				\$	104,329				
P	art I	Revenue,	Expenses, and Changes in Net Assets	or Fund Balar	ICES (see 1	the instruc	ctions for f	Part I)				
		•	organization used Schedule O to respond to any que					X				
	1		s, gifts, grants, and similar amounts received				1					
	2	Program serv	vice revenue including government fees and contract	· ·			2					
	3	Membership	dues and assessments				3	104,316				
	4	Investment in	ncome				4	13				
	5a	Gross amoun	nt from sale of assets other than inventory	5a								
	Ь	Less cost or	other basis and sales expenses	5b			1					
	C	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										
1	월	\$15,000)		. 6a								
	b	Gross income	e from fundraising events (not including \$	of c	ontribution	S	1					
ć	본	from fundrais	sing events reported on line 1) (attach Schedule G if t									
			gross income and contributions exceeds \$15,000)	6b								
	C	Less direct e	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	of inventory, less returns and allowances	7a								
	Ь	Less cost of	goods sold	7b			1_					
	C	Gross profit of	or (loss) from sales of inventory (Subtract line 7b from	n line 7a)		• •	7c					
	8	Other revenu	ie (describe in Schedule O)				8					
	9	Total revenu	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u> </u>		<u> </u>	9	104,329				
	10	Grants and si	imilar amounts paid (list in Schedule O)	Internal Rever	ue.Servic	θ	10	458				
	11	Benefits paid	to or for members	Received US	}ank US	₿.	11	26,928				
8	្ជ 12	Salaries, othe	er compensation, and employee benefits	. 733			12	57,495				
	g 13	Professional f	fees and other payments to independent contractors	rs SEP 08 2020			13	150				
	12 13 14	Occupancy, r	rent, utilities, and maintenance	2FL OF FOS			14	2,959				
L	15	Printing, publ	lications, postage, and shipping	Kansas C	ity, MO	•	15	7				
	16	Other expens	ses (describe in Schedule O) .		•		16	12,930				
	17	Total expens	ses. Add lines 10 through 16		•		17	100,927				
	18	Excess or (de	eficit) for the year (Subtract line 17 from line 9)				18	3,402				
3	ខ្លុំ 19	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with										
4	ž	end-of-year	figure reported on prior year's return) .				19	112,075				
Not Accets	20	Other change	es in net assets or fund balances (explain in Schedulo	e O)			20					
_	21	Net assets or	fund balances at end of year. Combine lines 18 thro	ugh 20		•	21	115,477				

For Paperwork Reduction Act Notice, see the separate instructions.

FDA 18 990EZ1

BWF 990

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Form **990-EZ** (2018)

Part	Ш	Balance Sheets (see the instruction Check if the organization used Scheduler)		rugetion in this Boot II			П
		Check if the organization used Schedu	die O to respond to any t		inning of year		(B) End of year
22 (`ach	savings, and investments		(A) beg	112,075	22	113,400
		and buildings				23	0
		assets (describe in Schedule O)				24	0
		assets			112,075		113,400
		liabilities (describe in Schedule O)			0		0
		ssets or fund balances (line 27 of coli	umn (B) must agree with	line 21)	112,075		113,400
Part	_	Statement of Program Serv	 				Expenses
What is Describ as mea Derson	s the be the asure s ber	(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.)					
(Gr	rants	\$) If this amo	ount includes foreign gra	nts, check here	•	28a	25,200
<u> </u>	rants	\$) If this amo	ount includes foreign gra	nts, check here	>	29a	5,786
30 (Gr	ants	\$) If this armo	ount includes foreign gra	nts, check here	>	30a	4,838
	ner p	rogram services (describe in Schedule	O) ount includes foreign gra	nts check here		31a	
<u> </u>		rogram service expenses (add lines 2		nto, oncor nore	•	32	25 224
Part		List of Officers, Directors, Trustee		(list each one even if not	compensated s		
		Check if the organization used Sche					ή
	(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 benef contributions to employee benefit p and deferred comper	lans,	(e) Estimated amount of other compensation
SEE	AT	TACHMENT #3					

FDA

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Ŗа	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 .			Г
	mistractions for that v / oricon it the organization about concease of the respect to dry question in the organization	<u>-</u>	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	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	34	Ь—	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)?	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	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	35c	<u> </u>	X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	26		\ ,
07 -	during the year? If "Yes," complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the instructions	36	├──	X
37a		37b		
b	Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	375	├	X
38a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	304		\ \frac{\Lambda}{\Lambda}
39	Section 501(c)(7) organizations. Enter	┦	, ,	
а	Initiation fees and capital contributions included on line 9			١.
b	Gross receipts, included on line 9, for public use of club facilities 39b	٠.	٠.,	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	1		
	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	1	l	
	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		Х
С	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	1		,
	reimbursed by the organization			
е	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	<u> </u>	X
41	List the states with which a copy of this return is filed NONE			
42a	The organization's books are in care of ▶ SEE ATTACHMENT #4 Telephone no ▶			
_	Located at ► ZIP + 4 ►		N/	.
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	401	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		Х
	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).	[.		
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
·	If "Yes," enter the name of the foreign country	420		
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	•		, r
	40		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		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	1		,1
	completed instead of Form 990-EZ .	44b		X
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			₁
	explanation in Schedule O N/A	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	$\overline{}$	X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			<u> </u>
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			j
	Form 990-EZ. See instructions	45h		X

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 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 10 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 11 st he organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 12 did the organization make any transfers to an exempt non-charitable related organization? 13 b If "Yes," was the related 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." 14 c) Average hours per week devoted to position form the organization. If there is none, enter "None." 15 c) Average hours per week devoted to position form the organization form the organization. If there is none, enter "None." 16 c) Reportable compensation form the organization form the organization. If there is none, enter "None." 17 c) Average hours per week devoted to position form the organization form the organization. If there is none, enter "None." 18 c) Average hours per week devoted to position form the organization form the organization of the organization form the or	Form	n 990-EZ (2018)								age 4		
to candidates for public office? If "Yes," complete Schedule C, Part V Sciolon S01(c)(3) organizations only All section S01(c)(3) organizations must enswer questions 47-48b 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 Ves No Ves I'ves, "complete Schedule C, Part II 48 Ves I'ves," complete Schedule C, Part II 49 Ves I'ves," complete Schedule C, Part II 49 Ves I'ves," complete Schedule C, Part II Ves Ves I'ves," complete Schedule C, Part II Ves I'ves," complete Schedule E 48 Ves I'ves," complete Schedule E Ves Ves Ves I'ves," complete Schedule E Ves									Yes	No		
Section 501(c)(3) organizations only Al section 501(c)(3) organizations must arrawer 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 To bild the organization regard in blothymic activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 88 Is the organization as school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 Is the organization as school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 49 Is a school as calculated in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 49 Is a school as calculated in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 49 Is a school as calculated organization in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 40 Is a school as calculated organization in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 40 Is a school as calculated organization in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 41 Is a school as calculated organization in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 42 Is a school as calculated organization in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 43 Is a school as calculated organization in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule A 44 Is a school as calculated organization in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule A 45 Is a school as calculated organization in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule A 46 Is a school as calculated organization in section 170(b)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)	46	Did the organization engage, directly or indirectly,	in political camp	aign ac	tivities on behalf of c	r in oppos	tion			'		
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 Total number of other employees and tribulation of the organization will be supported to the organization make any transfers to an exempt non-charitable related organization. If there is none, enter "None." 1 Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated displayment of other compensation of the organization from the organization. If there is none, enter "None." 1 Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated in dependent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." 1 Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated in dependent contractors who each received more than \$100,000 of compensation from the organization five highest compensation of the organization from the organization five highest compensation for the organization from the organization five highest compensation for the organization for the o				rt I		•		46		_ X		
Solid of 5 Check of the organization used Schedule O to respond to any question in this Part VI Ves No	Pa											
Check if the organization used Schedule O to respond to any question in this Part V. Yes No		All section 501(c)(3) organizations must	answer questio	ns 47-49	9b and 52, and com	plete the ta	bles for lines					
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 stee organization as school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E												
Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax 47		Check if the organization used Schedule	e O to respond	to any q	uestion in this Part V	<u>′I</u>		•	1.4	للب		
Vez If "Yes," complete Schedule C, Part II 48 18 the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 48 49 49 49 49 49 49								_	Yes	NO		
Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 about the organization as action as section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 about the organization as action as exempt non-charitable related organization? 50 Complete this table for the organization for 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 11 Total number of other employees paid over \$100,000 12 Complete this table for the organizations five highest compensation from the organization for the organization. If there is none, enter "None." (a) Name and business address of each 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 contractors (b) Type of service (c) Agentable via the organization of the organization for the organization for the organization for the organization of the organizati	47		or have a sectio	n 501(h)	election in effect du	iring the ta	C	4-				
d Total number of other employees paid over \$100,000							•					
b 1"Yes," was the related organization a section 527 organization? Complete this table for the organization's live highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$150,000 of compensation from the organization. If there is none, enter "None." (a) Name and title of each employee A		_							-	\vdash		
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 compensation from the organization. If there is none, enter "None." (c) Reportable (d) Health service (d) Compensation (d) Health service (d) Compensation (d) Health service		-								 		
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) Avarage hours per week compensation (Forms to employee benefit pression and title of each employee benefit pression and title pr												
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f Total number of other employees paid over \$100,000 ▶ 51 Complete this table for the organization. If there is none, enter "None." (a) Name and business address of each independent contractors (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? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations of which prepare has any knowledge and belief, it is used to complete Schedule A? Note: All section 501(c)(3) organizations of which prepare has any knowledge and belief, it is used to complete Schedule A? Note: All section 501(c)(3) organizations of which prepare has any knowledge and belief, it is used to complete Schedule A? Note: All section 501(c)(3) organizations of which prepare has any knowledge and belief, it is used to complete Schedule A? Note: All section 501(c)(3) organizations of which prepare has any knowledge and belief, it is used to complete Schedule A? Note: All section 501(c)(3) organizations of which prepare has any knowledge. Sign Packet Schedule A		(a) Name and title of each employee	hours per	week	compensation (Forms	l 'utions to employee benefit						
f Total number of other employees paid over \$100,000 51	NOI	NE'	devoted to p	JUSILION	V-2/1099-WI3C)	con	pensation					
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 10 Under penalties of perjuryal decial 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 Deciantion of preparer (there than officer) is based on all information of which preparer has any knowledge. Sign Paid Print SERNAR TREASURER TREASURER TREASURER Date Proparer's affinative for proparer's affina	1001	NE										
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May the IRS discuss this return with the preparer shown above? See instructions . Yes X No		·	AVE									
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SCHEDULE 0 (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 2018 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

BOZEMAN EDUCATION ASSOCIATION

Employer identification number

81-0365571

PART 1 LINE 16 - PRESIDENT EXPENSES REIMBURSEMENT \$294 PART 1 LINE 16 - BARGAINING SUPPORT \$5786 PART 1 LINE 16 - TRAVEL EXPENSES \$4838

PART 1 LINE 16 - GIFTS \$1161

PART 1 LINE 11 - ASSOCIATION LEAVE \$1728

PART 1 LINE 11 - MEA DUES \$25200

PART 1 LINE 10 - IMPACT GRANT \$458

PART 1 LINE 14 - OFFICE SUPPLIES \$1583

PART 1 LINE 14 - PHONE \$693

PART 1 LINE 15 - POSTAGE \$/

PART 1 LINE 16 - SOCIAL EXPENSES \$351

PART 1 LINE 13 - TAX PREP \$150

PART 1 LINE 14 - WEBSITE \$683