

Form 990-EZ

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)

OMB No 1545-0047

2020

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.

2106

A For the 2020 calendar year, or tax year beginning		JULY 1	, 2020, and ending	JUNE 30	, 20 21	
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		06		
<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) () ▲ (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 ► \$ 56,776						
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	5,925	
	2 Program service revenue including government fees and contracts			2		
	3 Membership dues and assessments			3	50,441	
	4 Investment income			4	410	
	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.			6d		
	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)						
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)			7c			
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8					56,776	
Expenses	10 Grants and similar amounts paid (list in Schedule O)			10	3,000	
	11 Benefits paid to or for members			11		
	12 Salaries, other compensation, and employee benefits			12		
	13 Professional fees and other payments to independent contractors			13	600	
	14 Occupancy, rent, utilities, and maintenance			14		
	15 Printing, publications, postage, and shipping			15		
	16 Other expenses (describe in Schedule O)			16	768	
	17 Total expenses. Add lines 10 through 16				17	4,368
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)			18	52,408	
	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	137,552	
	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	189,960

For Paperwork Reduction Act Notice, see the separate instructions.

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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	137,552	22
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets	137,552	25
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	137,552	27
			189,960

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

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			
(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		28a	
29			
(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		29a	
30			
(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		30a	
31	Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		31a	
32	Total program service expenses (add lines 28a through 31a)		► <input type="checkbox"/> 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
Lynne Ryder President 108 Garland Street Kalispell, MT 59901	20	0	0	0
Anthony Lapke Vice President 247 Glenwood Drive Kalispell, MT 59901	5	0	0	0
Christy Peeples Secretary 42 Denver Avenue Kalispell, MT 59901	5	0	0	0
Buck Measure Treasurer 635 5th Atreet 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 39a

a Initiation fees and capital contributions included on line 9 39b

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 ► 40a , section 4912 ► 40a , section 4955 ► 40a

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 40b

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization 40c

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 ✓

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

42a The organization's books are in care of ► Buck Measure Telephone no. ► 42a 406-253-1487
Located at ► 635 5th Street East Kalispell, MT ZIP + 4 ► 42a 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 ► 42b ✓
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 ► 42c ✓

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ► 43 and enter the amount of tax-exempt interest received or accrued during the tax year

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 ✓

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	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

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	 <small>Signature of officer</small>	Date
 Lynne Ryder President <small>Type or print name and title</small>		

Paid: Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Jeff O'Brien CPA	<i>Jeff O'Brien</i>	8/19/21		P01299459
	Firm's name ► Jeffrey D O'Brien CPA			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 (2020)

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.

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Name of the organization

KALISPELL EDUCATION ASSOCIATION

Employer identification number

81-0461727

PART 1 LINE 10

KEA AWARDS (3) ONE THOUSAND DOLLAR (\$1,000) SCHOLARSHIPS TO GRADUATING SENIORS EACH YEAR

PART 1 LINE 16

ADMINISTRATION SUPPLIES & OTHER MISC ADMINISTRATIVE EXPENSES (\$768)

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 A

TEACHING FACULTY OF KALISPELL SCHOOL DISTRICT #5 THERE ARE APPROX. 415 INDIVIDUALS REPRESENTED