

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 1545-0047

2019

Open to Public Inspection

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

2008

A For the 2019 calendar year, or tax year beginning 09/01/19, and ending 08/31/20

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 SIOUX FALLS EDUCATION ASSOCIATION		D Employer identification number 46-0307075
	Number and street (or P O box, if mail is not delivered to street address) 102 N. KROHN PL		E Telephone number 605-370-3069
	City or town, state or province, country, and ZIP or foreign postal code SIOUX FALLS SD 57108		F Group Exemption Number

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: HTTPS://SFEA.WEEBLY.COM

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 **\$ 115,748**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	100,626
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	157
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
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)	6b		
6c	Less direct expenses from gaming and fundraising events	6c		
6d	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		
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8	14,965	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	115,748	
Expenses	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	76,256
	13	Professional fees and other payments to independent contractors	13	5,620
	14	Occupancy, rent, utilities, and maintenance	14	3,650
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	19,172
	17	Total expenses. Add lines 10 through 16	17	104,698
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	11,050
	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	49,341
	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	60,391

RECEIVED
D125
APR 12 2021
OGDEN, UT

SCANNED APR 15 2022

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2019)

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	46,922	22	118,625
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	3,051	24	13,582
25 Total assets	49,973	25	132,207
26 Total liabilities (describe in Schedule O)	632	26	71,816
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	49,341	27	60,391

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 ENSURING NEGOTIATED CONTRACT IS FOLLOWED BY SCHOOL DISTRICT AND BARGAIN ON BEHALF OF EMPLOYEES FOR ENHANCED BENEFITS.

(Grants \$) If this amount includes foreign grants, check here 28a

29

(Grants \$) If this amount includes foreign grants, check here 29a

30

(Grants \$) If this amount includes foreign grants, check here 30a

31 Other program services (describe in Schedule O)

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

32 Total program service expenses (add lines 28a through 31a) 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
TIM ECKART PRESIDENT	2.00	0	0	0
KIMBERLY POST VICE PRESIDENT	1.00	0	0	0
PENNY BRUNKEN TREASURER	2.00	0	0	0
VIRGINIA COLGAN SECRETARY	1.00	0	0	0
MEGHAN WOUNDED HEAD DIRECTOR - HS	1.00	0	0	0
ROBIN KROMENDYK-SCHULTZ DIRECTOR - MS	1.00	0	0	0
EMILY LAFRENTZ DIRECTOR - ELEMENTAR	1.00	0	0	0
KOREY ERICKSON DIRECTOR - NON-CLASS	1.00	0	0	0
TONY MARTINET PAST PRESIDENT	0.00	85,176	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

	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		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.		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)?		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		
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		X
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		X
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?		X
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?		X
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		
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		
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		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
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		X
41 List the states with which a copy of this return is filed NONE		
42a The organization's books are in care of TIM ECKART Telephone no 605-370-3069 102 N KROHN PL SUITE 204 Located at SIOUX FALLS SD ZIP + 4 57108		
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		X
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		X
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		X
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		X
c Did the organization receive any payments for indoor tanning services during the year?		X
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		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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		X

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		X

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

	Yes	No
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"

(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 ▶ _____

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 Date 3-30-21
 Signature of officer TIM ECKART
 Type or print name and title PRESIDENT

Paid Preparer Use Only
 Print preparer's name SHAWN Q BLOM Preparer's signature SHAWN Q BLOM Date 03/04/21 Check if self-employed PTIN P01234488
 Firm's name WOLTMAN GROUP, PC Firm's EIN 46-0398923
 Firm's address 7001 S LYNCREST PLACE SUITE 200 Phone no 605-361-1200
SIOUX FALLS, SD 57108-2599

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

Name of the organization

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

2019

Open to Public
Inspection

Employer identification number

SIoux FALLS EDUCATION ASSOCIATION

46-0307075

FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE

DESCRIPTION	AMOUNT
SDEA REIMBURSE	\$ 14,965
TOTAL	\$ 14,965

FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES

DESCRIPTION	AMOUNT
EXPENSES	
OFFICE: OFFICE SUPPLIES/SOFTW	\$ 576
OFFICE: PRESIDENT'S PHONE	\$ 1,780
OFFICE: OFFICE EQUIPMENT	\$ 20
OFFICE: INTEREST EXPENSE	\$ 13
TO BELONG: MEMBERSHIP COM	\$ 443
TO BELONG: TEACHER OF THE	\$ 112
TO BUILD: NCUEA MEMBERSHI	\$ 441
STIPENDS	\$ 1,100
BANK SERVICE CHARGES	\$ 44
TO BELONG: MEMBERSHIP (UR	\$ 1,703
TO BELONG: OTHER	\$ 736
TO BELONG: MEMBER MEALS	\$ 2,420
TO BELONG: YESS COMMITTEE	\$ 206
TO BUILD: CONFERENCE TRAV	\$ 1,528
TO BUILD: PRESIDENT'S TRA	\$ 1,913
TO BUILD: BLENDED LEARNIN	\$ 771
TO BUILD: POETRY COLLECTI	\$ 1,090

Name of the organization SIoux FALLS EDUCATION ASSOCIATION	Employer identification number 46-0307075
--	---

TO ADVOCATE: LEGISLATIVE	\$	500
TO ADVOCATE: GOVERNMENT R	\$	713
TO ADVOCATE: PRINTING AR	\$	227
TO SERVE: SFEA SERVICE PR	\$	586
TO SERVE: SOCIAL JUSTICE	\$	71
TO SERVE: AR BUILDING GRA	\$	959
TO SERVE: COMMUNITY ENGAG	\$	1,220
TOTAL	\$	19,172

FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS

DESCRIPTION	BEG. OF YEAR	END OF YEAR
OTHER RECEIVABLES	\$ 0	\$ 7,482
PREPAID EXPENSES AND DEFERRED CHARGES	\$ 3,051	\$ 6,100
TOTAL	\$ 3,051	\$ 13,582

FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 632	\$ -26
OTHER PAYABLES	\$ 0	\$ 71,842

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

1. WE BELIEVE IN A SYSTEM THAT VALUES EVERY STUDENT AS A UNIQUE INDIVIDUAL. STRONG PUBLIC SCHOOLS ARE AN INTEGRAL COMPONENT OF STUDENT SUPPORT AND DEVELOPMENT; A FULLY DEVELOPED INDIVIDUAL REQUIRES A FOCUS ON MENTAL, SOCIAL, NUTRITIONAL, MEDICAL, AND ACADEMIC NEEDS. IT IS IMPERATIVE THAT EVERYONE BE RECOGNIZED FOR THEIR UNIQUE STORIES AND EXPERIENCES. SUCH AN IMPERATIVE REQUIRES RESTORATIVE PRACTICES TO ENSURE A DISCIPLINARY APPROACH

Name of the organization

Employer identification number

SIOUX FALLS EDUCATION ASSOCIATION

46-0307075

THAT IS EQUITABLE TO THE PERSON AND THE BEHAVIOR, A CULTURALLY RESPONSIVE ENVIRONMENT TO RESPECT ALL IDENTITIES EQUALLY, AND A COMMITMENT TO PROVIDING RESOURCES THAT MEET EVERY PERSON'S UNIQUE NEEDS ALLOWING FOR EQUITABLE ACCESS.

2. WE BELIEVE STUDENT SUCCESS REQUIRES PARTNERSHIPS BETWEEN THE SCHOOL AND THE COMMUNITY.

EDUCATION MUST BE A TOP PRIORITY OF OUR COMMUNITY BECAUSE OUR STUDENTS REPRESENT ITS FUTURE. EFFECTIVE AND EMPOWERED SCHOOLS SUPPORT COMMUNITY DEVELOPMENT THROUGH STUDENT DEVELOPMENT. STRONG PUBLIC EDUCATION IS SUSTAINED WITH CONSISTENT AND COHESIVE SUPPORT BEYOND THE CLASSROOM. A STUDENT'S ABILITY TO THRIVE IS ONLY POSSIBLE WHEN A STUDENT FEELS SAFE IN ALL SETTINGS THEY EXPERIENCE.

WE REALIZE THAT TRAUMA IS A DETRIMENT TO STUDENT SUCCESS IN THE SCHOOL AND THE COMMUNITY. COLLABORATIVE EFFORTS BETWEEN THE SCHOOL AND COMMUNITY PARTNERSHIPS SHOULD WORK TO MINIMIZE TRAUMATIC EFFECTS AND DISRUPTIONS IN THE STUDENTS' LIVES. COMMUNITY MEMBERS SHOULD BE INVOLVED IN THE PUBLIC EDUCATION PROCESS OF THEIR COMMUNITY. A SCHOOL'S VITALITY IS DRAWN FROM THE COMMUNITY'S SUPPORT. STUDENTS ARE BEST SERVED WHEN THE SCHOOL DISTRICT AND THE HOME COMMUNITY WORK COLLABORATIVELY TO FULFILL STUDENTS' NEEDS. IN RETURN, THEY WILL ENGAGE IN THEIR COMMUNITY AS AN ADULT.

3. WE ARE COMMITTED TO EDUCATORS CONTINUOUSLY DEVELOPING AND UTILIZING THEIR PROFESSIONAL KNOWLEDGE FOR THE SUCCESS OF STUDENTS.

EDUCATORS ARE THE MOST SIGNIFICANT INFLUENCE ON A STUDENT'S SUCCESS BECAUSE OF THE REALISTIC AND REAL-TIME KNOWLEDGE EDUCATORS HAVE ABOUT THE EXPERIENCE OF THEIR STUDENTS. EDUCATORS ACHIEVE THE MOST SUCCESS WITH STUDENT GROWTH WHEN THE EDUCATOR WORKS IN AN ENVIRONMENT THAT TREATS THE EDUCATOR AS A PROFESSIONAL. TO MEET THE NEEDS OF ALL STUDENTS, EDUCATORS

Name of the organization

SIOUX FALLS EDUCATION ASSOCIATION

Employer identification number

46-0307075

MUST MAKE IN-THE-MOMENT DECISIONS AND VIEW EDUCATION THROUGH THE LENS OF SOCIAL JUSTICE AND EQUALITY. A SUCCESSFUL EDUCATOR SEEKS NEW KNOWLEDGE AND IDEAS TO REFINE THEIR CRAFT TO EFFECTIVELY MEET THE NEEDS OF THEIR STUDENTS. INNOVATION EXISTS IN THE CLASSROOM WHERE AN EDUCATOR IS STRIVING TO MEET THE NEEDS OF THEIR STUDENTS. THE ASSOCIATION AND DISTRICT HAVE AN OBLIGATION TO EQUIP EDUCATORS WITH TIME, RESOURCES, AND INFORMATION NECESSARY TO ADAPT TO STUDENTS' NEEDS.

4. WE ARE COMMITTED TO USING THE POWER OF OUR COLLECTIVE VOICE AS AN AGENT FOR CHANGE.

THE SIOUX FALLS EDUCATION ASSOCIATION PROVIDES A COLLECTIVE VOICE TO HELP OUR INDIVIDUAL MEMBERS ADVOCATE FOR A STRONG PUBLIC EDUCATION SYSTEM THAT SUPPORTS ALL STUDENTS. EVERY MEMBER OF THE ASSOCIATION HAS A ROLE TO PLAY IN THE SUCCESS OF THE ASSOCIATION'S MISSION OF PROTECTING AND PROMOTING THE PROFESSION. EVERY EDUCATOR PROVIDES A SPECIFIC PERSPECTIVE TO REVEAL THE LARGER WHOLE OF THE EDUCATIONAL EXPERIENCE. WE ACCEPT THAT NO ONE PERSON HOLDS ANSWERS TO EVERY PROBLEM. WE DEVELOP EFFECTIVE STRATEGIES BY CONSIDERING VARYING VIEWPOINTS. THROUGH THE COLLECTIVE PROCESS OF THE ASSOCIATION, WE EMPOWER OUR MEMBERS AND AMPLIFY THEIR VOICES TO ENSURE THEY ARE HEARD.