EDI	, • 			294	93 076	507219
Fc		-	Return of Organization Exempt From In Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (exce	ept private four	idations)	2016
ínte	partment of the Treas ernal Revenue Service		Do not enter social security numbers on this form as it may be Information about Form 990 and its instructions is at www irs	.gov <u>/form</u> 990.	17087	Open to Public
A	For the 2016 of	alendar	year, or tax year beginning $09/01/16$, and ending $08/31/1$.7		
	Check if applicable		of organization		D Employer ide	ntification number
Γ	Address change		GRANITE EDUCATION ASSOCIATION			
	Name change	Doing t	DUSINESS as		87-026	0497
Ē	i Initial return		r and street (or PO box if mail is not delivered to street address) EAST 5180 SOUTH STE. 1	Room/suite	E Telephone nur 801-26	
	Final return/	City or	town, state or province, country, and ZIP or foreign postal code			
	terminated	SAL	T LAKE CITY UT 84107		G Gross receipts	170,207
L	Amended return	F Name a	and address of principal officer			
	Application pending	ST	ARLEEN ORULLIAN	H(a) Is this a gr	oup return for subo	dınates Yes X No

5) ◀ (insert no)

Other 🕨

Association

Yes No

2402

M State of legal domicile

H(b) Are all subordinates included?

H(c) Group exemption number

Year of formation

If "No," attach a list (see instructions)

8

Governance	REPRESENTATION OF TEACHERS WHO ARE MEMBERS OF THE GRA ASSOCIATION.	ANITE EDUCATION	
AREVENUE NO ACTIVITIES & GOVER	 2 Check this box > if the organization discontinued its operations or disposed of more than 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 b how members to volume to volume. 	25% of its net assets 3 4 5 6 7a 7b	12 11 0 125 0 0
	b Net unrelated business taxable income from Form 990-T, line 34	Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)		1,195
Ē	9 Program service revenue (Part VIII, line 2g)		147,946
₽Š			9,880
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c 9c 10c, and 11e)7 2018		1,000
Re l	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), fine 12) (0)		160,021
en	13 Grants and similar amounts paid (Part IX, column (A), lines_1=3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4DGDEN, UT		0
Expenses02	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		57,027
ns Ser	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
é de	b Total fundraising expenses (Part IX, column (D), line 25) ► 0		
ш	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		66,886
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		123,913
	19 Revenue less expenses Subtract line 18 from line 12		36,108
is or nces		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	499,846	573,020
etA	21 Total liabilities (Part X, line 26)		
<u>z</u> 2	22 Net assets or fund balances Subtract line 21 from line 20	499,846	573,020

UT 84107

4947(a)(1) or

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•	Part	11	Signature	Block

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) an officer) is based on all information of which preparer has any knowledge

Sign	Signature of officer	llan								
Here	STARLEEN ORULLIAN Type or print name and title Itele									
	Print/Type preparer's name	Preparer's signature								
Paid	RICHARD SCORESBY, CPA	RICHARD SCOR								
Preparer	Firms name LARSON & COMPA	NY, PC								
Use Only	9065 SOUTH 130	0 EAST								
	Firm's address SANDY, UT 840	94								
May the IRS discuss this return with the preparer shown above? (see instruct										
For Paperwork Reduction Act Notice, see the separate instructions										

875 E 5180 S STE 1

Trust

1 Briefly describe the organization's mission or most significant activities

501(c)(3) X 501(c) (

MURRAY

X Corporation

Summary

WWW.GEA-UT.ORG

Tax-exempt status

Form of organization

Website 🕨

Part I

I

J

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Form 990 (2016)	GRANITE EDUCATIO	N_ASSOCIATION 87-0	0260497	P
	atement of Program Services of Schedule O contain	vice Accomplishments as a response or note to any line in th	is Part III	_
1 Briefly descr	ibe the organization's mission	ERS WHO ARE MEMBERS OF		TION
prior Form 9	90 or 990-EZ?	program services during the year which were	not listed on the	Yes X
3 Did the organ services?	cribe these new services on Sche nization cease conducting, or mal cribe these changes on Schedule	ke significant changes in how it conducts, any	program	Yes X
4 Describe the expenses. S	e organization's program service a	ccomplishments for each of its three largest pr ganizations are required to report the amount o		
REPRESEN DISTRIC	NTING ITS MEMBERS	Including grants of \$ IS NECESSARY TO SUPPORT 5 DURING LABOR NEGOTIAT PPROXIMATELY 2,000 MEMB 5.	IONS WITH VARIOUS	SCHOOL
4b (Code) (Expenses \$	including grants of \$) (Revenue \$	
4b (Code) (Expenses \$	including grants of \$) (Revenue \$	
4b (Code) (Expenses \$	including grants of \$) (Revenue \$	
4b (Code 4c (Code) (Expenses \$	including grants of \$) (Revenue \$	
4c (Code		including grants of \$		

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	990 (2016) GRANITE EDUCATION ASSOCIATION 87-0260497		
Pa	rt-IV- Checklist of Required Schedules		T
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		-
	complete Schedule A	1	ł
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	ł
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		
	candidates for public office? If "Yes," complete Schedule C, Part I	3	ł
4	Section 501(c)(3) organizations. 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	4	l
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,		t
Ŭ	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,		
	Part III	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		T
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		l
	"Yes," complete Schedule D, Part I	6	ļ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	ł
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		I
	complete Schedule D, Part III	8	ł
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted		t
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	7	1
	VII, VIII, IX, or X as applicable		-
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		
	complete Schedule D, Part VI	<u>11a</u>	ļ
þ	Did the organization report an amount for investmentsother securities in Part X, line 12 that is 5% or more		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	$\frac{1}{1}$
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	110	
Ы	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11c	ł
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	-
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		1
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		
	Schedule D, Parts XI and XII	12a	4
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If		
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	-
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13	-
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a	-
IJ	fundraising, business, investment, and program service activities outside the United States, or aggregate		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	,
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	4
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	4
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40	
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the exception report more than \$15,000 of gross upcome from doming activities on Part VIII, line 9a?	18	┨
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	

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Form 990 (2016) GRANITE EDUCATION ASSOCIATION 87-0260497

Page 4

	990 (2016) GRANITE EDUCATION ASSOCIATION 87-0260497		P	age 4
Pa	art-IV Checklist of Required Schedules (continued)	···-		
		r	Yes	No
0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<u>20a</u>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<u>20</u> b		
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
2	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
_	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			77
	employees? If "Yes," complete Schedule J	23		X
4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	_24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<u>24b</u>		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	_24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<u>24d</u>		
5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<u>25a</u>		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
6	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any		1	
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
_	disqualified persons? If "Yes," complete Schedule L, Part II	_26		X
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
_	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
B	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		1.1	- To
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			Ĩ.,
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	_28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		<u>X</u>
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
_	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	<u>28c</u>		X
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	_30		X
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
_	Part I	_31_		<u> </u>
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			37
_	complete Schedule N, Part II	_32		X
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			*7
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34	X	v
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
_	related organization? If "Yes," complete Schedule R, Part V, line 2	36		_
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		<u>X</u>
B	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
_	19? Note. All Form 990 filers are required to complete Schedule O	38	<u>X</u> 990	

Form 990 (2016)

the second second	990 (2016) GRANITE EDUCATION ASSOCIATION 87-0260497		F	Pa
-Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	-
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		103	<u>_</u>
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0		4. ~	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			Ē
C	reportable gaming (gambling) with backup with loading rules for reportable payments to vendors and	1c		
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		- 57	12
za				1414
5				-
ъ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Ē
2.	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		124	-
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<u>3a</u>		-
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		-
4a	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)?	4a		72
b	If "Yes," enter the name of the foreign country.	114		11.24
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	1 · · · · ·	х. Слітата -	~
	(FBAR)	4.1 v.	. .	~
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	_5c		_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	<u>6a</u>	X	_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	X	_
7	Organizations that may receive deductible contributions under section 170(c).		2 - 1. 8.1	* * *
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	4 4004A	~	
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year7d			-
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	_7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		ر، ج.م جيئي جي	-
	sponsoring organization have excess business holdings at any time during the year?	8		'
9	Sponsoring organizations maintaining donor advised funds.	iq abr.	بلداه	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			-
а	Initiation fees and capital contributions included on Part VIII, line 12 10a		tr:	_
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders 11a	<i>z</i> (,	1
a b	Gross income from other sources (Do not net amounts due or paid to other sources	-		
5				
12-		-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?	12a		-
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]		-	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		-
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	_		
c	Enter the amount of reserves on hand	+	· ·	-
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		_
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	1	

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	990 (2016) GRANITE EDUCATION ASSOCIATION 87-0260497			age 6
Pa	rt-VI- Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, a			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See	ınstri	
	Check if Schedule O contains a response or note to any line in this Part VI			X
<u>Sec</u>	tion A. Governing Body and Management	— _ _		
			Yes	<u>No</u>
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 12			
	If there are material differences in voting rights among members of the governing body, or			
	If the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
~	any other officer, director, trustee, or key employee?	_2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			v
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3 4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?		x	<u> </u>
6 70	5		<u>~</u>	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a	x	
b	one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members,	<u>'a</u>	43	
5	stockholders, or persons other than the governing body?	7b	x	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			7 707
a	The governing body?	8a	X	·
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Cod	'e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		<u>X</u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	·····		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		<u>X</u>
14	Did the organization have a written document retention and destruction policy?	14		<u>X</u>
15			<u>-</u>	7-17 II
а	The organization's CEO, Executive Director, or top management official	15a		<u> </u>
b	Other officers or key employees of the organization	<u>15b</u>		X
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	5 - 2		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40	-	v
L	with a taxable entity during the year?	<u>16a</u>		<u>X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		··	
		4.01		
500	organization's exempt status with respect to such arrangements?	16b		
<u>Sec</u> 17	List the states with which a copy of this Form 990 is required to be filed NONE			<u> </u>
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
10	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (<i>explain in Schedule O</i>)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
13	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	IARLEEN ORULLIAN 875 EAST 5180 SOUTH			
	ALT LAKE CITY UT 84107 801-	-26	6-4	411
DAA				(2016)

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Page 7	ASSOCIATION 87-0260497	(2016) GRANITE EDUC	Form 990 (20
Employees, and	Pirectors, Trustees, Key Employees, Highest Compensated En	Compensation of Of	Part-VII
		Independent Contrac	
X	a response or note to any line in this Part VII	Check if Schedule O	
	Employees, and Highest Compensated Employees	Officers, Directors, Trust	Section A.
	sted Report compensation for the calendar year ending with or within the		1a Complete organization's
	ectors, trustees (whether individuals or organizations), regardless of amount of f no compensation was paid	all of the organization's current o tion. Enter -0- in columns (D), (E	
	ees, if any See instructions for definition of "key employee "	all of the organization's current k	 List all
	pensated employees (other than an officer, director, trustee, or key employee) n W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the		who received
	employees, and highest compensated employees who received more than zation and any related organizations		
	r trustees that received, in the capacity as a former director or trustee of the	all of the organization's former di	 List all

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trust organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees; officers, key employees; highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

	janization nor ar	iy re		org	aniz	ation co	ipensated any current offi	cer, director, or trustee	
(A) Name and Title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	erson	than one is both an pr/trustee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director		Officer	Key employee	Former Highest compensated employee	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) SUSEN ZOBEL				Ì					
BOARD PRESIDENT	40.00 0.00	x	ļ	x			51,129	0	0
(2) MICHAEL MCDONOU		┢				┢╌┠╴		<u>-</u>	
(_)	1.00								
BOARD MEMBER	0.00	x		ĺ			500	0	0
(3) LINDA EYRING								<u> </u>	
	1.00								
BOARD MEMBER	0.00	X		ļ			500	0	0
(4) PAULA NELSON	1 00			ļ					
BOARD MEMBER	1.00	x					500		
(5) BETH NIEDERMAN	0.00	┼┻	┣──		┝──	╞╌┼─	500	0	0
(3) BEIM NIEDENIAN	1.00								
BOARD MEMBER	0.00	x					500	о о	0
(6) CAREN BURNS		1						†	
	1.00								
BOARD MEMBER	0.00	X	_				500	0	0
(7) MICHELE JONES									
	1.00								_
BOARD MEMBER	0.00	<u>x</u>			L	┟┈┟	500	0	0
(8) KATHLEEN RIEBE	1 00								
VICE PRESIDENT	1.00 0.00	x	l	x			500	0	0
(9) BARBARA ANTONET		┤┻			-			<u>_</u>	
() DRIGHT RUIONET	1.00				ļ				
BOARD MEMBER	0.00	x					500	0	0
(10) EDDIE BERREST		1	1						<u> </u>
	1.00								
BOARD MEMBER	0.00	X					500	0	0
(11) TYLER JENSEN					[
	1.00							_	
BOARD MEMBER	0.00	X	L	L	1		500	0	0
UAA									Form 990 (2016)

Form 990 (2016) GRANITE 1 Part-VII Section A Officer						_		and Highest Compensate		Page
د (A) Name and title	(B) Average hours per week (list any hours for	bo	x, uni	Pos check ess pe	erson	than o is both ir/trust	h an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(11-2) (03-1113-5)	organization and related organizations
(12) KERRY BISHOP	1.00									
BOARD MEMBER	0.00	x						500	0	
(13) STARLEEN ORU										
EXECUTIVE DIRECTOR	1.00 0.00	-		x	 		-	0	106,098	38,35
1b Sub-total								56,629	106,098	38,35
c Total from continuation she d Total (add lines 1b and 1c)	ets to Part VII,	, Sec	tion	A				56,629	106,098	38,3
2 Total number of individuals (in reportable compensation from				o tho	se lı:	sted	abov			
 3 Did the organization list any freemployee on line 1a? <i>If "Yes,</i> 4 For any individual listed on line organization and related organization and related organization and related organization and related or line for services rendered to the organization. 	" complete Sch ne 1a, is the sun nizations greate 1a receive or ac organization? <i>If</i> "	e <i>dule</i> n of r r tha crue	e J fo epor n \$1 con	or su table 50,0 npen:	i <i>ch ii</i> e cor 00? satic	ndivi nper If "Y	dual nsati 'es," om a	on and other compensation complete Schedule J for single the single state of the singl	from the uch	Yes N 3 2 4 2 5 2
Section B. Independent Contract 1 Complete this table for your fill	ive highest com									
compensation from the organ	(A) (A) d business address	comp	pens	ation	tor	the c	alen		nin the organization's tax year (B) on of services	r (C) Compensation
Name and	d business address							Descripti	on of services	<u> </u>
							-			
							-		······	
2 Total number of independent	contractors (inc) of compensation							ose listed above) who		

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Form 990 (2016)

		0 (2016) GRANITE EI			ASSOCI	ATION	87-0260497		Page 9
ra	rt-V				a respons	e or note to any li	ne in this Part VII	1	
			· · · · · · · · · · · · · · · · · · ·			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
mounts		Federated campaigns	1a						
Ê		Membership dues	1b						
<u>ilar A</u>		Fundraising events	1c						2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
<u>1</u>		Related organizations	<u>1d</u>						
		Government grants (contributions)	<u>1e</u>				1	- 4/2 - 2012 - 2012 - 2012 - 2012	
and Other Sim	•	All other contributions, gifts, grants, and similar amounts not included above	^{/e} 1f		1,195	-27 - 1 - 1 - 1 - 1 - 1			
5	q	Noncash contributions included in line:		\$					· · · · · · · · · · · · · · · · · · ·
	-	Total. Add lines 1a-1f		•	►	1,195			······································
T					Busn Code				
	2a	MEMBER DUES			813930	147,946	147,946		
	b								
	С								
	d								
	е								
		All other program service re	venue			147,946			
+	_	Total. Add lines 2a-2f Investment income (includin	a duuda	ndo intor	not P	147,940	······································	r	() 1 ° ~ 8 /8 +34*
	3	and other similar amounts)	ig uiviue	nus, men	esi,	7,417	·		7,417
	4	Income from investment of t	av-even	ant bond r		,,,,,			,,11,
	5	Royalties		npr bond p			-		
	2	(i) Real		(II) P	Personal	178-17-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			·
	6a	Gross rents							
		Less rental exps							5 P
		Rental Inc. or (loss)	-						
		Net rental income or (loss)		.	►				
	7a	Gross amount from (i) Securiti	es	(11)	Other		BALLY CONTRACTOR		1
		other than inventory 12	2,649]	······································		
	b	Less cost or other							
),186				1972 - 1973 - 1975 -		
			2,463						and the test of the second sec
		Net gain or (loss)			•	2,463			2,463
	8a	Gross income from fundraising e	events						· · · · · · · · · · · · · · · · · · ·
		(not including \$							resson i a more strant a ant and " and
		of contributions reported on line	1c)				1:17	*****	· · · · ·
		See Part IV, line 18	а			l	A12_11 - T 1 - T		
		Less direct expenses	b						
		Net income or (loss) from fu		ig events	>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	s	
	эа	Gross income from gaming activ See Part IV, line 19							· · ·
	۲	Less direct expenses	a b				:		
		Net income or (loss) from g			•				
		Gross sales of inventory, let	-		•				
	, va	returns and allowances	»» а	1			τ] .	
	b	Less cost of goods sold	b	<u> </u>		1	. · · ·		
		Net income or (loss) from si		nventorv	•	1			1
F	-	Miscellaneous Revenu		1	Busn Code		· · · · · · · · ·		
F	11a	REIMBURSEMENTS		-		1,000	1,000		
	b								·
	с								
	d	All other revenue							
		Total Add lines 11a-11d			►	1,000			
	12	Total revenue. See instruc	tions			160,021	148,946	0	9,880

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Form	990 (2016) GRANITE EDUCATIO	N ASSOCIATIO	<u>N 87-02</u>	260497	Page 10
-Pa	rt-IX- Statement of Functional Ex	penses			
Sect	ion 501(c)(3) and 501(c)(4) organizations must			st complete column (A)	
	Check if Schedule O contains a resp	onse or note to any line in	this Part IX		
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations		· · · · · · · · · · · · · · · · · · ·	······································	
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				
	Individuals See Part IV, line 22				
3	Grants and other assistance to foreign				<u> </u>
	organizations, foreign governments, and foreign				
	Individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members			1	
5	Compensation of current officers, directors,				
	trustees, and key employees	57,027			
6	Compensation not included above, to disgualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
с	Accounting	2,875			
d			· ·		
е	Professional fundraising services See Part IV, line 1	,			4
f	Investment management fees	1,029			
g	Other (If line 11g amount exceeds 10% of line 25, column				
Ŭ	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	4,637			
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	17,118			
18	Payments of travel or entertainment expenses	······································			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	11,000			
22	Depreciation, depletion, and amortization	2,104			
23	Insurance				
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If	ь <u>ь</u>	·		
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	MEMBERSHIP	14,083			
b	AWARDS BANQUET	8,864			
с	CONTINGENCY FUND	2,319			
d	ASSOCIATE REP FUNCTIONS	1,588			
е	All other expenses	1,269			
25	Total functional expenses Add lines 1 through 24e	123,913	(0 0	0
26		· · · · · · · · · · · · · · · · · · ·			

____ Form 990 (2016) GRANITE EDUCATION ASSOCIATION
Part-X- Balance Sheet

87-0260497

Page 11

<u>- ۲</u>	art-)		a to any line in this Bart Y			
		Check if Schedule O contains a response or not	e to any line in this Part X	(A) Beginning of year		(B) End of year
		Cook non interest beering		25,102	1	52,503
	1	Cash—non-interest bearing Savings and temporary cash investments		185,139		186,317
	2	• • •		105,155	3	100,317
	3	Pledges and grants receivable, net			4	<u> </u>
	4	Accounts receivable, net	ficara directore	······································	4	
	5	Loans and other receivables from current and former of				
		trustees, key employees, and highest compensated en	npioyees	antena a esta a sedena a se		
	_	Complete Part II of Schedule L			5	1
	6	Loans and other receivables from other disqualified pe	•	Children and a strange of a str		
	}	4958(f)(1)), persons described in section 4958(c)(3)(E				
		sponsoring organizations of section 501(c)(9) voluntar	• • • •	alaining the second s		alter all alter and a state of the state of
Assets	-	organizations (see instructions) Complete Part II of Se		ļ	6	
Ass	7	Notes and loans receivable, net			7	
`	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges] [9	
	10a	Land, buildings, and equipment cost or	58.060			
	Ι.	other basis Complete Part VI of Schedule D	10a 58,060 10b 52,990		-	
		Less accumulated depreciation	10b 52,990			5,070
	11	Investments—publicly traded securities		284,399	<u> </u>	329,130
	12	Investmentsother securities See Part IV, line 11		<u> </u>	12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	<u> </u>
	15	Other assets See Part IV, line 11	2 ()	400.046	15	E72 020
	16	Total assets. Add lines 1 through 15 (must equal line		499,846	<u> </u>	573,020
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	+
	20	Tax-exempt bond liabilities			20	<u> </u>
	21	Escrow or custodial account liability Complete Part IV			21	
Liabilities	22	Loans and other payables to current and former office				
Pili 9	ļ	trustees, key employees, highest compensated emplo	yees, and	1 2 · 2 · · · · ·		الذه معادة
Lial		disqualified persons Complete Part II of Schedule L			22	<u> </u>
_	23	Secured mortgages and notes payable to unrelated th	•		23	<u> </u>
	24	Unsecured notes and loans payable to unrelated third		<u>├──</u> ──────────────────────────────────	24	<u> </u>
	25	Other liabilities (including federal income tax, payables			i	
		parties, and other liabilities not included on lines 17-24) Complete Part X		25	
	26	of Schedule D		0	1	·
	26	Total liabilities. Add lines 17 through 25			26	
es	l	Organizations that follow SFAS 117 (ASC 958), ch	_			цанальции на станции на
anc	27	complete lines 27 through 29, and lines 33 and 34.		499,846	27	573,020
Fund Balances	27	Unrestricted net assets			28	575,020
p	28	Temporarily restricted net assets			20	<u> </u>
μ	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 9	(58) abaak have b 🗍 and		29	· · · · · · · · · · · ·
			58), check here ▶ 🔄 and			· · · · · · · · · · · · · · · · · · ·
Net Assets or	20	complete lines 30 through 34			20	
sse		Capital stock or trust principal, or current funds	ant fund		<u>30</u> 31	<u> </u>
ĭΑ	31	Paid-in or capital surplus, or land, building, or equipme			31	<u> </u>
R	32	Retained earnings, endowment, accumulated income,		499,846		573,020
	33	Total net assets or fund balances		499,846		573,020
	34	Total liabilities and net assets/fund balances	···	1 437,040	34	Form 990 (2016)

Form **990** (2016)

	990 (2016) GRANITE EDUCATION ASSOCIATION 87-0260497		Page 1
Pa	rt-XI Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	160,02
2	Total expenses (must equal Part IX, column (A), line 25)	2	123,91
3	Revenue less expenses Subtract line 2 from line 1	3	36,10
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	499,84
5	Net unrealized gains (losses) on investments	5	37,06
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line		
	33, column (B))	10	573,02
			· · · · · · · · · · · · · · · · · · ·
2a	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		2a X
	Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis		2a X
	Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both		2a X 2b X
Ь	Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both IX Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		2a X 2b X
Ь	Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both IX Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis		2a X 2b X 2c
b c	Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both IX Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in		2a X 2b X 2b X

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SCHEDULE C (Form 990 or 990-EZ)		ampaign and Lobb pt From Income Tax Under			OMB No 15
Department of the Treasury Internal Revenue Service	 Complete if the organization Information about Schedule C 		Attach to Form 99 nstructions is at www.		Open to Inspec
If the organization answerd • Section 501(c)(3) organi • Section 501(c) (other that • Section 527 organization If the organization answerd • Section 501(c)(3) organit • Section 501(c)(3) organit If the organization answerd Tax) (see separate instruct • Section 501(c)(4), (5), or Name of organization GR	ed "Yes," on Form 990, Part IV, I zations Complete Parts I-A and B an section 501(c)(3)) organizations s Complete Part I-A only ed "Yes," on Form 990, Part IV, I zations that have filed Form 5768 (zations that have NOT filed Form 5 ed "Yes," on Form 990, Part IV, I tions), then r (6) organizations Complete Part ANITE EDUCATION A	ine 3, or Form 990-EZ, Part Do not complete Part I-C Complete Parts I-A and C be line 4, or Form 990-EZ, Part election under section 501(h) 5768 (election under section 5 line 5 (Proxy Tax) (see sepa III	V, line 46 (Political elow. Do not complet VI, line 47 (Lobbyi) Complete Part II-A 01(h)) Complete Pa rate instructions) o	I Campaign Activiti te Part I-B ng Activities), then Do not complete F art II-B Do not comp or Form 990-EZ, Pa Employer iden 87-02604	es), then Part II-B lete Part II-A Int V, line 35 Intification nu
	if the organization is exe of the organization's direct and indir				ation.
definition of "political ca 2 Political campaign actin 3 Volunteer hours for pol		uctions)		▶ \$	
 2 Enter the amount of ar 3 If the organization incu 4a Was a correction made b If "Yes," describe in Page 	art IV	on managers under section 45 orm 4720 for this year?		► \$ ► \$	Yes Yes
	if the organization is exe the expended by the filing organization organization of the filing organiza			tion 501(c)(3). ► \$	
527 exempt function a		Ũ		► \$	
line 17b	expenditures Add lines 1 and 2 Er on file Form 1120-POL for this year		°OL,	►\$	Yes
organization made pay the amount of political	esses and employer identification r ments For each organization listed contributions received that were pr ted fund or a political action commi	d, enter the amount paid from omptly and directly delivered t	the filing organization o a separate politica	n's funds Also ente I organization, such	r
	a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount o contributions re- promptly and delivered to a political organ none, ente
(1)					
(2)					
(3)					
(4)					
(5)			1		
(0)					

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Schedule C (Form 990 or 990-EZ) 2016 GRANITE E	DUCATION ASSOCIATION	87-026049	7 Page 2
Part-II-A Complete if the organization section 501(h)).	is exempt under section 501(c)(3)	and filed Form 5768	(election under
name, address, EIN, expension	ongs to an affiliated group (and list in ses, and share of excess lobbying ex cked box A and "limited control" prov	kpenditures).	ed group member's
Limits on Lobbying I (The term "expenditures" means a	Expenditures amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opin	ion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative	e body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c ar	nd 1d)		
f Lobbying nontaxable amount Enter the amount from	-		
columns.	Ū		
If the amount on line 1e, column (a) or (b) is The le	obbying nontaxable amount is:		······································
Not over \$500,000 20% d	of the amount on line 1e		
Over \$500,000 but not over \$1,000,000 \$100,	000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000 \$175,	000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000 \$225,	000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000 \$1,00	0,000		
g Grassroots nontaxable amount (enter 25% of line 1	lf)		
h Subtract line 1g from line 1a. If zero or less, enter -	-0-		
i Subtract line 1f from line 1c If zero or less, enter -(
j If there is an amount other than zero on either line	1h or line 1i, did the organization file Form 472	0	

reporting section 4911 tax for this year?

Yes No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditu	res During 4-Yea	Averaging Period	d	
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))				· · · · · · · · · · · · · · · · · · ·	
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2016

Sched	ule C (Form 990 or 990-EZ) 2016 GRANITE EDUCATION ASSOCIATION	87-026	049	97 Page 3
Par	t-II-B— Complete if the organization is exempt under section 501(c)(3) and h (election under section 501(h)).	as NOT fil	ed F	orm 5768
Earo		(a)	(b)
	ach "Yes," response on lines 1a through 1ı below, provide in Part IV a detailed ription of the lobbying activity.	Yes	No	Amount
		Tes		Amount
	During the year, did the filing organization attempt to influence foreign, national, state or local	3		
	legislation, including any attempt to influence public opinion on a legislative matter or	11772		
	referendum, through the use of		- 1	
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			1.841
С	Media advertisements?			
	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
	Other activities?			
j	Total Add lines 1c through 1i		1 1 1 1 1 1 1	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	1277	- inte	
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Par	t-III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).	on 501(c)(5), o	r section
				Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1 X
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2 X
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the p	or year?		3 X
	HII-B Complete if the organization is exempt under section 501(c)(4), sect		5), o	r section
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered			
	answered "Yes."		• •	
1	Dues, assessments and similar amounts from members		1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of			
	political expenses for which the section 527(f) tax was paid).		[- [4] []	
а	Current year		2a	
b	Carryover from last year		2b	
С	Total		2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		_1-1 ±	

5 Taxable amount of lobbying and political expenditures (see instructions)

and political expenditure next year?

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

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Schedule C (Form 990 or 990-EZ) 2016	GRANITE	EDUCATION	ASSOCIATION	87-0260497	Page 4
Part IV Supplemental	Information	(continued)	· · · · · · · · · · · · · · · · · · ·		

(For	TEDULE D m 990) ment of the Treasury	► Complete if the organ Part IV, line 6, 7, 8, 9, 10, 1	Financial Statements ization answered "Yes" on Form 990, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b tach to Form 990.		OMB No 1545-00 201 . Open to Pu
	Revenue Service	► Information about Schedule D (Form		.qov/form9	
Name	of the organization			Employer	dentification number
GI	RANITE EDUC	ATION ASSOCIATION		87-02	60497
Pa	rt I Organiza	ations Maintaining Donor Advised e if the organization answered "Yes"	Funds or Other Similar Funds of	or Accou	nts.
		e il the organization answered fes	(a) Donor advised funds	(b)	Funds and other accounts
4	Total number at and a	of year		(0)	Funds and other accounts
1 2	Total number at end of	on year pontributions to (during year)			
2		rants from (during year)		<u> </u>	
4	Aggregate value of gr				
5		nform all donors and donor advisors in writing	that the assets held in donor advised		·
Ū	-	ation's property, subject to the organization's e			Yes
6		nform all grantees, donors, and donor advisors			
v	-	rposes and not for the benefit of the donor or d			
	conferring impermissi		ionor advisor; or for any other purpose		Yes
-Pa		vation Easements.			
		e if the organization answered "Yes"	on Form 990. Part IV. line 7		
1		vation easements held by the organization (che			·
•		and for public use (e g, recreation or education		nortant land	2192
	Protection of natu		Preservation of a certified histor		
	Preservation of or			ic structure	
2	·	rough 2d if the organization held a qualified con	servation contribution in the form of a con	servation	
2	easement on the last		servation contribution in the form of a con	Lana T	eld at the End of the Ta
2	Total number of cons			2a	
				2a 2b	
b	•	ed by conservation easements ion easements on a certified historic structure	uppluded up (p)	20 2c	
				20	
a		ion easements included in (c) acquired after 8/	17706, and not on a	24	
~		ed in the National Register	extensions and an terminated by the areas	2d	
3		ion easements modified, transferred, released,	exinguished, or terminated by the organi	zation durin	g the
	tax year ►				
4		ere property subject to conservation easement			
5	•	have a written policy regarding the periodic m			
•	·	ement of the conservation easements it holds?			└ Yes └
6	Staff and volunteer ho	ours devoted to monitoring, inspecting, handlin	ig of violations, and enforcing conservation	n easements	s during the year
_					
7		incurred in monitoring, inspecting, handling of	violations, and enforcing conservation eas	ements dur	ing the year
F	► \$, , , , , , , , , , , , , , , , , , ,		
8		tion easement reported on line 2(d) above satis	ity the requirements of section 170(h)(4)(3)(1)	
-	and section 170(h)(4)				Yes
9		how the organization reports conservation eas	•		14 a
		nclude, if applicable, the text of the footnote to t	ne organization's financial statements tha	t describes i	ine
		nting for conservation easements			
Pa		ations Maintaining Collections of A e if the organization answered "Yes"		ier Simila	ir Assets.
	·				
ia	-	ected, as permitted under SFAS 116 (ASC 958 al treasures, or other similar assets held for pu			
		le, in Part XIII, the text of the footnote to its fina			
۲		ected, as permitted under SFAS 116 (ASC 958			at
0	-	al treasures, or other similar assets held for pu	•		
		•			
		le the following amounts relating to these items		⊾	¢
		d on Form 990, Part VIII, line 1			\$
2	(ii) Assets included i		or other similar secole (as first secole and		\$
2	-	ceived or held works of art, historical treasures	_	provide ine	
	-	quired to be reported under SFAS 116 (ASC 9	bo) relating to these items		¢
а	Assets included in Fo	Form 990, Part VIII, line 1		•	\$

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chedule D (Form 990) 2016 GRANI	TE EDUCATION	ASSOCIATION	ſ	87-0260497	Page
Part III Organizations Main	taining Collections	of Art, Historical	Treasures	, or Other Similar A	Assets (continued
3 Using the organization's acquisition, collection items (check all that apply		ords, check any of the f	ollowing that a	re a significant use of its	
,		i			
a Public exhibition	d	Loan or exchange pro	grams		
b Scholarly research	e	Other			
c Preservation for future generation					
4 Provide a description of the organiza	ation's collections and expl	ain how they further the	e organization's	s exempt purpose in Part	
XIII					
5 During the year, did the organization					
assets to be sold to raise funds rath		s part of the organizatio	IT'S CONECTION	·	Yes N
Complete if the orga		as" on Form 990	Part IV line	9 or reported an a	mount on Form
990, Part X, line 21.	nization answered if	es on Form 550, 1	Farriv, ine	s 5, or reported an a	mount on Form
1a Is the organization an agent, trustee	custodian or other interm	ediani for contributions	or other asse	ts not	
included on Form 990, Part X?	, custolian of other interm	regiary for contributions	or other asser	IS HOL	Yes N
b If "Yes," explain the arrangement in	Part XIII and complete the	following table			
b in res, explain the arrangement in	r an An and complete the	TORIOWING CADIE			Amount
c Beginning balance				1c	
d Additions during the year				1d	<u> </u>
e Distributions during the year				1e	
f Ending balance				16 1f	<u>+</u> ++
2a Did the organization include an amo	unt on Form 990 Part X I	ine 21 for escrow or cu	istodial accour		Yes
b If "Yes," explain the arrangement in					
Part V Endowment Funds.		onplanation nad been			
· ·	nızation answered "Y	es" on Form 990. I	Part IV. line	10.	
	(a) Current year	(b) Prior year	(c) Two years		ack (e) Four years back
1a Beginning of year balance					
b Contributions				··	
c Net investment earnings, gains, and	· · · · · · · · · · · · · · · · · · ·				
losses					
d Grants or scholarships					
e Other expenditures for facilities and					
programs					
f Administrative expenses		· · · · · · · · · · · · · · · · · · ·			
g End of year balance					
2 Provide the estimated percentage of	the current year end hala	nce (line 1g. column (a))) held as		,,
a Board designated or quasi-endowm			,		
 b Permanent endowment ► 	%				
c Temporarily restricted endowment					
The percentages on lines 2a, 2b, an					
3a Are there endowment funds not in th	•	nization that are held an	d administered	for the	
organization by	,				Yes
(i) unrelated organizations					3a(i)
(ii) related organizations					3a(ii)
b If "Yes" on line 3a(ii), are the related	organizations listed as rea	quired on Schedule R?			3b
4 Describe in Part XIII the intended us					
Part VI Land, Buildings, an					
	nization answered "Y	es" on Form 990.	Part IV, line	e 11a. See Form 990), Part X, line 10
Description of property	(a) Cost or othe			(c) Accumulated	(d) Book value
	(investmer			depreciation	
1a Land					
b Buildings			52,500	48,960	3,54
 c Leasehold improvements 					
d Equipment					
• •	J				
e Other			5,560	4,030	1,53

Schedule D (Form 990) 2016

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the second second second second second	Form 990) 2016 GRANITE EDUCATION AS	<u>SOCIATION</u>	87-0260497	Page
art VII	Investments—Other Securities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV	<u>/, line 11b. See Form 990, Pa</u>	rt X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation	
	(including name of security)		Cost or end-of-year market	value
Financial	derivatives			
Closely-he	eld equity interests			
Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				<u> </u>
(G)				
(H)				
al. (Colurr	nn (b) must equal Form 990, Part X, col (B) line 12) 🕨			
art-VIII	Investments—Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV	/, line 11c. See Form 990, Par	rt X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation	1
			Cost or end-of-year market	value
)				
)				
)				
•)				
)				
i)				
·)				
s)	nn (b) must equal Form 990, Part X, col (B) line 13) ► Other Assets.			
)) tal. (Colum		on Form 990, Part IV	/, line 11d. See Form 990, Pa	rt X, line 15. (b) Book value
)) tal. (Colum	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV	/, line 11d. See Form 990, Pa	
tal. (Colum Part IX	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV	/, line 11d. See Form 990, Pa	
))) tal. (Colum Part IX)	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV	/, line 11d. See Form 990, Pa	
))) tal. (Colum Part-IX))))	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV	/, line 11d. See Form 990, Pa	
) tal. (Colum Part-IX))))	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV	/, line 11d. See Form 990, Pa	
) tal. (Colum Part-IX)))	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV	/, line 11d. See Form 990, Pa	
)) tal. (Colum Part-IX	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV	/, line 11d. See Form 990, Pa	
)) tal. (Colum Part IX))))))))))	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV	/, line 11d. See Form 990, Pa	
)) tal. (Colum Part IX)))))))))))))	Other Assets. Complete if the organization answered "Yes" ((a) Description	on Form 990, Part IV	/, line 11d. See Form 990, Pa	
)))) tal. (Colum Part-IX)))))))))))))))))))	Other Assets. Complete if the organization answered "Yes"		/, line 11d. See Form 990, Pa	(b) Book value
))) tal. (Colum Part IX)))))))))) tal. (Colum	Other Assets. Complete if the organization answered "Yes" (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities.		/, line 11d. See Form 990, Pa	(b) Book value
) al. (Colum art IX))))))) al. (Colum	Other Assets. Complete if the organization answered "Yes" (a) Description (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered "Yes"		/, line 11d. See Form 990, Pa	(b) Book value
) al. (Colum art IX)))))))))))))	Other Assets. Complete if the organization answered "Yes" (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered "Yes" line 25.	on Form 990, Part IV	/, line 11d. See Form 990, Pa	(b) Book value
) al. (Colum art IX)))))) al. (Colum art X	Other Assets. Complete if the organization answered "Yes" (a) Description (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability	on Form 990, Part IV	/, line 11d. See Form 990, Pa	(b) Book value
art-IX II. (Colum art X	Other Assets. Complete if the organization answered "Yes" (a) Description (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability	on Form 990, Part IV	/, line 11d. See Form 990, Pa	(b) Book value
art-JX al. (Colum art X Federal	Other Assets. Complete if the organization answered "Yes" (a) Description (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability	on Form 990, Part IV	/, line 11d. See Form 990, Pa	(b) Book value
al. (Colum art IX	Other Assets. Complete if the organization answered "Yes" (a) Description (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability	on Form 990, Part IV	/, line 11d. See Form 990, Pa	(b) Book value
al. (Colum art IX	Other Assets. Complete if the organization answered "Yes" (a) Description (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability	on Form 990, Part IV	/, line 11d. See Form 990, Pa	(b) Book value
) al. (Colum al. (Colum))))))))) al. (Colum al. (Colum art X)))))))))))))))))))	Other Assets. Complete if the organization answered "Yes" (a) Description (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability	on Form 990, Part IV	/, line 11d. See Form 990, Pa	(b) Book value
) al. (Colum art IX)))))) al. (Colum al. (Colum art X)))))))))))))))))))	Other Assets. Complete if the organization answered "Yes" (a) Description (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability	on Form 990, Part IV	/, line 11d. See Form 990, Pa	(b) Book value
) al. (Colum art IX)))))) al. (Colum al. (Colum art X) Federal)))))))	Other Assets. Complete if the organization answered "Yes" (a) Description (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability	on Form 990, Part IV	/, line 11d. See Form 990, Pa	(b) Book value
al. (Colum art IX)) al. (Colum art X)))))))))	Other Assets. Complete if the organization answered "Yes" (a) Description (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability income taxes	on Form 990, Part IV	/, line 11d. See Form 990, Pa	(b) Book value
art-IX al. (Colun al. (Colun	Other Assets. Complete if the organization answered "Yes" (a) Description (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability	on Form 990, Part IV	/, line 11d. See Form 990, Pai	(b) Book value

Schedule D (Form 990) 2016

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Sche	dule D (Form 990) 2016 GRANITE EDUCATION ASSOCIATIO	N	87-0260497 Page 4
-Pa	rt-XI- Reconciliation of Revenue per Audited Financial Stater	nents With	n Revenue per Return.
52.0	Complete if the organization answered "Yes" on Form 990,	Part IV, Iu	ne 12a.
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		ξ
а	Net unrealized gains (losses) on investments	2a	[
b	Donated services and use of facilities	2b	ричение на
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		_3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements Wi	th Expenses per Return.
	Complete if the organization answered "Yes" on Form 990	, Part IV, li	ne_12a
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		tura ta anti anti anti anti anti anti anti
а	Donated services and use of facilities	_2a	
b	Prior year adjustments	2b	· 37
С	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		_3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	р ^{анн} ик
С	Add lines 4a and 4b		_4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	<u></u>	5
Pa	rt XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

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Schedule D (Form 990) 2016	GRANITE EDUCATION	ASSOCIATION	87-0260497	Page 5
Part-XIII Supplemen	ntal Information (continued)			

SCHEDULE O (Form 990 or 990-EZ)	Z	OMB No 1545-0047				
Department of the Treasury Internal Revenue Service	Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is <i>at www</i> .	irs.gov/form990	Open to Public			
Name of the organization		Employer identifie	cation number			
	GRANITE EDUCATION ASSOCIATION	87-02604	97			

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FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS MEMBERSHIP IS COMPOSED MAINLY OF TEACHERS AND ADMINISTRATORS EMPLOYED BY THE GRANITE SCHOOL DISTRICT.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS MEMBERS OF THE ORGANIZATION HAVE THE POWER TO ELECT THE OFFICERS AND NINE MEMBERS OF THE BOARD.

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS THE MEMBERS HAVE THE RIGHT TO MAKE MOTIONS AND PASS RESOLUTIONSS IN THE GENERAL MEMBERSHIP MEETINGS AND TO RATIFY THE NEGOTIATED AGREEMENT BETWEEN BETWEEN THE ASSOCIATION AND THE GRANITE SCHOOL DISTRICT.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 STAR ORULLIAN AND MARY JONES REVIEW THE RETURN BEFORE IT IS FINALIZED. THE RETURN IS REVIEWED AGAIN BEFORE BEING SIGNED AND MAILED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY EACH YEAR THE ORGANIZATION REQUIRES ALL BOARD MEMBERS TO REVIEW THE CONFLICT OF INTEREST POLICY AND SIGN A NEW DISCLOSURE. ANY CONFLICTS ARE RESOLVED BY THE BOARD.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number
GRANITE EDUCATION ASSOCIATION	87-0260497

FORM 990, PART VII - ADDITIONAL INFORMATION

THE BOARD PRESIDENT IS PAID THROUGH THE GRANITE SCHOOL DISTRICT. THE ORGANIZATION REIMBURSES THE GRANITE SCHOOL DISTRICT FOR A PORTION OF THE PRESIDENT'S SALARY, BENEFITS, AND PAYROLL FOR THE SERVICES SHE RENDERS TO THE ORGANIZATION. A DETAILED BREAKDOWN OF THE AMOUNT REIMBURSED WAS NOT AVAILABLE SO THE TOTAL REIMBURSED IS LISTED IN COLUMN D.

SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.									
Name of the organization Employer Ide										
	GRANITE EDUCATION ASSOCIATION					87-02	50497			
Part I Identific	ation of Disregarded Entities Complete If the	e organization ar	swered "Yes" o	n Form 990, Pa	rt IV, line 33.					
Name a	(a) address and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicil or foreign co		(d) al income End-	(e) of-year assets	(f) Direct controlling entity			
(1)										
(2)										
(3)										
(4)										
(5)										
Part II Identific one or m	ation of Related Tax-Exempt Organizations hore related tax-exempt organizations during the	Complete if the ne tax year.	organization an	swered "Yes" or	Form 990, Part I	V, line 34 b	ecause it had			
	(a) lame, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controllin entity	(g) Section 512(b)(13) controlled entity? Yes No			
	ATION ASSOCIATION 0 SOUTH STE. 1 94-2936572 UT 84107	ED ASSN	UT	501C5		N/A	x			
(2)										
(3)										
(4)						- <u></u>				
(5)						<u></u>				
		l		l	<u> </u>					

For Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA

Schedule R (Form 990) 2016

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Schedule R	(Form 990) 2016 GRANITE EDUCATIO	N ASSOCIAT	ION	87-02	260497	<u>_</u>							Pa	ige 2
Part III	Identification of Related Organiz because it had one or more related	ations Taxab	le as	a Partnershi ted as a partr	p Complete if tership during	the organiza	tion answered "Yes	s" on Foi	rm 990, F	Part IV,	line	e 34		 , 1
	(a) Name address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Dispro- portionate alloc ? Yes No	(i) Code V– amount in of Schedu (Form 10	–UBI box 20 le K-1	() Gener mana partr Yes	ral or iging ier?	(k) Percent owners	
(1)														
(2)														
(3)														
(4)														
Part iV	Identification of Related Organiz line 34 because it had one or more	ations Taxab	le as	a Corporations treated as	on or Trust Co	omplete if the	e organization ansv	vered "Ye	es" on Fc	orm 990), P	art	IV,	
	(a) Name address, and EIN of related organization	(b) Primary activ	ļ	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share o end-of-year a	of assets	(h) Percenta ownerst	age		(I) Sectio 512(b)(control entity	on (13) Illed
(1)													Yes	No
(2)								<u> </u>						
(3)														
(4)												-		
•				2										

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Schedule R (Form 990) 2016

Part V Transactions With Related Organizations Complete of the organization	answered "Yes" on	Form 990, Part IV, I	ıne 34, 35b, or 36						
lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				es No					
During the tax year, did the organization engage in any of the following transactions with one or more re-	elated organizations lister	d in Parts II–IV?		1 []					
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity									
b Gift, grant, or capital contribution to related organization(s)			1b	X					
 Gift, grant, or capital contribution from related organization(s) 			1c	X					
d Loans or loan guarantees to or for related organization(s)			1d	<u> </u>					
e Loans or loan guarantees by related organization(s)			1e	3					
f Dividends from related organization(s)			1f						
g Sale of assets to related organization(s)									
h Purchase of assets from related organization(s)			<u> </u>	- 3					
i Exchange of assets with related organization(s)				-+;					
j Lease of facilities, equipment, or other assets to related organization(s)									
Lease of facilities, equipment, of other assets to related organization(s)									
k Lease of facilities, equipment, or other assets from related organization(s)									
Performance of services or membership or fundraising solicitations for related organization(s)				-+-					
m Performance of services or membership or fundraising solicitations by related organization(s)			h	x .					
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				x					
 Sharing of racinites, equipment, maining ists, of other assets with related organization(s) Sharing of paid employees with related organization(s) 				x					
Johanny of paid employees with related organization(3)			10	LL					
p Reimbursement paid to related organization(s) for expenses				X					
q Reimbursement paid by related organization(s) for expenses			10						
······································				C					
 Other transfer of cash or property to related organization(s) 			1 1r	•••					
s Other transfer of cash or property from related organization(s)			15						
If the answer to any of the above is "Yes," see the instructions for information on who must complete the	his line, including covere	d relationships and transa	ction thresholds						
(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved						
l)									
2)									
3)									
4)									
5)			<u> </u>						
5)									

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Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal do <i>micile</i> (state or foreign	Income (related, unrelated, excluded from tax under	(Are all p sec 501(organiz	oartners tion c)(3)	(f) (g) (h) (l) Share of Share of Disproportionate Code VU total income end-of-year assets allocations? of Schedule i (Form 106)		(h) Disproportionate allocations?		(I) onate Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		(j) (General or Perci managing own partner?	
		country)	sections 512-514)	Yes				Yes	No	<u> </u>	Yes	No	: <u> </u>
(1)					,								
(2)										<u> </u>			, , , , , , , , , , , , , , , , , , ,
(3)													i
(4)						· · · · · · · · · · · · · · · · · · ·							
(5)							· · ·						
(6)													
(7)													
(8)													
(9)													
(10)										· · · · · · · · · · · · · · · · · · ·			
(11)				1									

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Part VII	Supplemen	ntal Informati	on			
I GIL VII	Provide add	litional inform	ation for respon	ses to questions on	Schedule R (See instruction	ons)