

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

2015

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
Information about Form 990-EZ and its instructions is at www.irs.gov/form990

A For the 2015 calendar year, or tax year beginning **09/01/15**, and ending **08/31/16**

- B Check if applicable
- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization
GRANITE EDUCATION ASSOCIATION

Number and street (or P O box if mail is not delivered to street address) Room/suite
875 EAST 5180 SOUTH STE. 1

City or town, state or province country, and ZIP or foreign postal code
SALT LAKE CITY UT 84107

D Employer identification number
87-0260497

E Telephone number
801-266-4411

F Group Exemption Number **▶ 2402**

G Accounting Method Cash Accrual Other (specify) **▶**

I Website **▶ WWW.GEA-UT.ORG**

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (**5**) (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) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **▶ \$ 155,404**

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	7d	7e	7f	7g	7h	7i	7j	7k	7l	7m	7n	7o	7p	7q	7r	7s	7t	7u	7v	7w	7x	7y	7z																							
Revenue	1	Contributions, gifts, grants, and similar amounts received																																																											
	2	Program service revenue including government fees and contracts																																																											
	3	Membership dues and assessments																																																											
	4	Investment income																																																											
	5a	Gross amount from sale of assets other than inventory																																																											
	b	Less cost or other basis and sales expenses																																																											
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																																																											
	6	Gaming and fundraising events																																																											
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																																																											
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																																																											
	c	Less direct expenses from gaming and fundraising events																																																											
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																																																											
	7a	Gross sales of inventory, less returns and allowances																																																											
	b	Less cost of goods sold																																																											
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																																																											
	8	Other revenue (describe in Schedule O)																																																											
	9	Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																																																											
Expenses	10	Grants and similar amounts paid (list in Schedule O)																																																											
	11	Benefits paid to or for members																																																											
	12	Salaries, other compensation, and employee benefits																																																											
	13	Professional fees and other payments to independent contractors																																																											
	14	Occupancy, rent, utilities, and maintenance																																																											
	15	Printing, publications, postage, and shipping																																																											
	16	Other expenses (describe in Schedule O)																																																											
	17	Total expenses. Add lines 10 through 16																																																											
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																																																											
	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)																																																											
	20	Other changes in net assets or fund balances (explain in Schedule O)																																																											
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																																																											

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For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2015)

P 10

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	455,195	22	494,640
23 Land and buildings	6,873	23	5,206
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	462,068	25	499,846
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	462,068	27	499,846

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 SEE SCHEDULE O

29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
31 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	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
STARLEEN ORULLIAN EXECUTIVE DIRECTOR	1.00	0	0	0
SUSEN ZOBEL BOARD PRESIDENT	40.00	47,852	0	0
MICHAEL MCDONOUGH BOARD MEMBER	1.00	500	0	0
JOE KOLLOCH BOARD MEMBER	1.00	500	0	0
LINDA EYRING BOARD MEMBER	1.00	500	0	0
PAULA NELSON BOARD MEMBER	1.00	500	0	0
NIKKI PETERSON ASSOCIATE DIRECTOR	1.00	0	0	0
BETH NIEDERMAN BOARD MEMBER	1.00	500	0	0
CAREN BURNS BOARD MEMBER	1.00	500	0	0
CRISTA HOLT BOARD MEMBER	1.00	500	0	0
MICHELE JONES BOARD MEMBER	1.00	500	0	0
KATHLEEN RIEBE VICE PRESIDENT	1.00	500	0	0

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	0	22	
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	0	25	0
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0	27	0

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?

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (describe in Schedule O) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32

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

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
BARBARA ANTONETTI BOARD MEMBER	1.00	500	0	0
EDDIE BERREST BOARD MEMBER	1.00	500	0	0
CINDY FORMELLER ASSOCIATE DIRECTOR	1.00	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		
35b		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
35c		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
36		
37a Enter amount of political expenditures, direct or indirect, as described in the instructions		
37a		
b Did the organization file Form 1120-POL for this year?		X
37b		
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
38a		
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
38b		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9		
39a		
b Gross receipts, included on line 9, for public use of club facilities		
39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
40b		
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
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
40e		
41 List the states with which a copy of this return is filed	NONE	
42a The organization's books are in care of	STARLEEN ORULLIAN	
875 EAST 5180 SOUTH	Telephone no	
Located at	801-266-4411	
SALT LAKE CITY	UT ZIP + 4	
	84107	
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	Yes	No
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 in a foreign country? If "Yes," enter the name of the foreign country		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 990 and enter the amount of tax-exempt interest received or accrued during the year		
44a Did the organization maintain any donor advised funds during the year? If "Yes," complete Form 990-EZ		
b Did the organization operate one or more hospital facilities during the year? If "Yes," complete Form 990-EZ		
c Did the organization receive any payments for indoor tanning services during the year? If "Yes," complete Form 990-EZ		
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "Yes," provide an explanation in Schedule O		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Form 990-EZ (see instructions)		
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 filed. If "Yes," provide an explanation in Schedule O		

		Yes	No
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	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

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
b	If "Yes," was the related organization a section 527 organization?		

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

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: *Starleen Orullian* (Signature of officer) 3/20/2017 (Date)
STARLEEN ORULLIAN (Type or print name and title) **EXECUTIVE DIRECTOR** (Title)

Paid Preparer Use Only: **RICHARD SCORESBY, CPA** (Print/Type preparer's name) *Richard Scoreby* (Preparer's signature) 03/13/17 (Date)
 Firm's name: **LARSON & COMPANY, PC** Firm's EIN: **87-0516083**
 Firm's address: **9065 SOUTH 1300 EAST SANDY, UT 84094** Phone no: **801-313-1900**

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-EZComplete 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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015Open to Public
Inspection

Employer identification number

GRANITE EDUCATION ASSOCIATION**87-0260497****FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES**

DESCRIPTION	AMOUNT
EXPENSES	
EXTERNAL PUBLIC RELATIONS	\$ 3,141
MISCELLANEOUS INTERNAL PR	\$ 1,165
AR GIFTS, PRIZES, TRAVEL	\$ 648
CONFERENCES & TRAVEL	\$ 26,143
ASSOCIATION LEAVE	\$ 200
CONTINGENCY FUND	\$ 1,406
NEGOTIATIONS	\$ 181
MEMBERSHIP	\$ 19,151
EXECUTIVE BOARD FUNCTIONS	\$ 1,224
ASSOCIATE REP FUNCTIONS	\$ 2,043
AFFILIATIONS	\$ 416
AWARDS BANQUET	\$ 7,412
LESS BOARD STIPEND	\$ -5,500
NON-INVESTMENT DEPRECIATION	\$ 1,667
TOTAL	\$ 59,297

FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES

DESCRIPTION	AMOUNT
UNREALIZED GAINS	\$ 10,917

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

DESCRIPTION	BEG. OF YEAR	END OF YEAR
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Name of the organization

Employer identification number

GRANITE EDUCATION ASSOCIATION

87-0260497

FURNITURE & FIXTURES	\$	22,410	\$	4,479
LESS ACCUMULATED DEPRECIATION	\$	22,410	\$	4,479
ACCRUED INTEREST RECEIVABLE	\$	0	\$	0
TOTAL	\$	0	\$	0

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

REPRESENTATION OF TEACHERS WHO ARE MEMBERS OF THE GRANITE EDUCATION ASSOCIATION.

FORM 990-EZ, PART III, LINE 28 - FIRST ACCOMPLISHMENT

THE COLLECTION OF DUES IS NECESSARY TO SUPPORT THE ASSOCIATION IN REPRESENTING ITS MEMBERS DURING LABOR NEGOTIATIONS WITH VARIOUS SCHOOL DISTRICTS. THERE ARE APPROXIMATELY 2,000 MEMBERS WHO BENEFITED FROM THE ASSOCIATION'S ACTIVITIES.