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 2016

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.

Open to Public Inspection

A F	For the 2016 calendar year, or tax year beginning September 1 , 2016, and ending			August 31 , 20				
Вс				D Employer identification number				
	Address change (Southeast Delco Education Association			23-2649653				
	Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite			E Telephone number				
_	nıtial retu		416 Hope Drive	(30	2) 420-4888			
City or town state or province, country, and ZIP or for				roup Exer				
=	Arnended return			Number ▶				
		ting Method:		k ▶ 🕖 i	f the organization is not			
	Vebsite	•			ach Schedule B			
J T	ax-exen	npt status (che)-EZ, or 990-PF)			
		organization						
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asse	ts				
			w) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	42,393			
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the insti	uctions				
			the organization used Schedule O to respond to any question in this Part I					
	1		ons, gifts, grants, and similar amounts received	1				
	2		ervice revenue including government fees and contracts	2				
	3		ip dues and assessments	3	42,393			
	4	Investment		4				
	5a	Gross amo	ount from sale of assets other than inventory 5a					
	ь		or other basis and sales expenses	-1				
	С		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c				
	6		ming and fundraising events					
	а	Gross inc	income from gaming (attach Schedule G if greater than					
Ş			6a					
Revenue	ь	Gross inco	me from fundraising events (not including \$ of contributions	7				
æ			aising events reported on line 1) (attach Schedule G if the					
_		sum of suc	ch gross income and contributions exceeds \$15,000) 6b					
	С	Less. direc	et expenses from gaming and fundraising events 6c	7 1				
	d	Net incom	t					
	,	line 6c)	6d	<u>. </u>				
	7a	Gross sale	s of inventory, less returns and allowances					
	b	Less cost	of goods sold					
	C	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line 7a)	7с				
	8	Other revenue (describe in Schedule O)						
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	42,393			
	10		similar amounts paid (list in Schedule O)	10				
	11		aid to or for members	11				
ses	12		ther compensation, and employee benefits	12	14,240			
Net Assets Expens	13		al fees and other payments to independent contractors N 1 6 2017	13				
	14		y, rent, utilities, and maintenance	14	_1,000			
	15		ublications, postage, and shipping	15	_ 276			
	16		enses (describe in Schedule O) OGDEN. UT	16	8,737			
	17		enses. Add lines 10 through 16	17	24,253			
	18		18	<u>18,140</u>				
	19	Net assets	s or fund balances at beginning of year (from line 27, column (A)) (must agree with	ר				
Ž		=	ar figure reported on prior year's return)	19	96,717			
Ne.	20		nges in net assets or fund balances (explain in Schedule O)	20				
	21 Net assets or fund balances at end of year. Combine lines 18 through 20				114,857			
For	Paper	work Reduct	tion Act Notice, see the separate instructions. Cat No 10642		Form 990-EZ (2016)			

Pa						_
	Check if the organization used Schedule	O to respond to an	y question in this		<u></u>	(B) Cod of 1995
^^	Ocali de la Constanta de		-	(A) Beginning of year	00	(B) End of year
22	Cash, savings, and investments			96,717	23	114,857
23 24	Land and buildings				24	
25	Total assets		}	96,717	_	114,857
26	Total liabilities (describe in Schedule O)			96,717	26	114,037
27	Net assets or fund balances (line 27 of column	(B) must soree with		96,717		114,857
Par					 	
	Check if the organization used Schedule	•		•		Expenses
Wha	t is the organization's primary exempt purpose?	<u></u>	<u></u>			quired for section (c)(3) and 501(c)(4)
Desc	cribe the organization's program service accomplis	shments for each of	its three largest o	rogram services.		anizations; optional for
as n	neasured by expenses. In a clear and concise m	anner, describe the			oth	ers.)
pers	ons benefited, and other relevant information for ea	ch program title.				
28	Association officer/members attend conferences on	ollective bargaining	and leadership to er	nhance		1
	negotiation skills.		••			
					1	-
	(Grants \$) If this amount	includes foreign gra	nts, check here .	<u>.</u> ▶ <u>⊔</u>	28	a 880
29					ł	
					ļ	-
	/O					_
20	(Grants \$) If this amount	ıncludes foreign gra	nts, cneck nere .	<u> P L</u>	29	<u>a </u>
30					ļ	
	(Grants \$) If this amount	ıncludes foreign gra	nte check here	▶ □	30	
31	Other program services (describe in Schedule O)			<u> </u>		
٠.	· · · · · · · · · · · · · · · · · · ·	includes foreign gra		▶ □	31	a
32	Total program service expenses (add lines 28a t				32	
	List of Officers, Directors, Trustees, and Key				ınstrı	uctions for Part IV)
	Check if the organization used Schedule					_
		(b) Average	(c) Reportable compensation	(d) Health benefits,	voo (6	e) Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC	benefit plans, and	` `	other compensation
		devoted to position	(if not paid, enter -0-)	deferred compensation	on !	
Paul	Wharton, President					
<u>4516</u>	Pine St., Philadelphia PA 19143	12	4,730	0	0	
	n Cubbage, Vice President					_
	Hickory Rd., Secane PA 19018	12	3,83	<u> </u>	<u> </u>	
	Knox, Treasurer	4.5				,
	Hope Dr., Middletown DE 19709	12	2,310	<u> </u>	<u> </u>	
	hanie Toth, Secretary Zebley Rd., Garnet Valley PA 19060	12		0	0	(
1330	Zebiey Ru., Garriet valley FA 19000	12		<u> </u>	-	
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Part	-			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	י מוני	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		<u>√</u>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		<u>. </u>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		<u> </u>
b c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 35c		<u> </u>
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			<u> </u>
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b 38a		
b 39 a b 40a	If "Yes," complete Schedule L, Part II and enter the total amount involved			
	section 4911 ▶ , section 4912 ▶ ; section 4955 ▶ 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		·/
	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			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		√
41	List the states with which a copy of this return is filed ▶			
42a		302) 4		38
b	Located at ► 416 Hope Drive, Middletown DE ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	19	709 Yes	No
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	-	1
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country: ▶	42c		√
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	· ·	Yes	► □ No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		162	140
ь	completed instead of Form 990-EZ	44a		1
IJ	completed instead of Form 990-EZ	44b		1
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		√
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	_	-

om 99	0-EZ (20	16)				Page 4			
46	Did th	e organization engage, directly or in	idirectly, in political ca	ampaign activities on	behalf of or in oppos	Yes No			
	to car	ndidates for public office? If "Yes," of	omplete Schedule C,			. 46 ✓			
Part '		Section 501(c)(3) organizations							
		All section 501(c)(3) organization	s must answer que	stions 47-49b and	52, and complete t	he tables for lines			
		50 and 51.		4	b D-+1/1				
		Check if the organization used Sci	nedule O to respond	to any question in t	nis Part VI	Yes No			
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax								
40						48			
48 49a	(A)								
to the control of the					49b				
50		plete this table for the organization's							
	emplo	yees) who each received more thar	\$100,000 of comper	nsation from the orgai	nization. If there is no	ne, 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 employe benefit plans, and deferre compensation				
									
_									
			<u> </u>						
				 	 				
				 	<u> </u>	 			
51	Comp	number of other employees paid ovolete this table for the organization of compensation from the organization f	's five highest compe	ensated independent	contractors who ea	ch received more than			
	(a) Name and business address of each independent contractor		fent contractor	(b) Type of serv	vice	(c) Compensation			
				-	Į.	-			
				ļ					
			-			•			
									
		•		-					
d	Total	number of other independent contr	actors each receiving	over \$100,000	>				
52		the organization complete Sched	_	•	anizations must atta	ach a			
		oleted Schedule A	<u> </u>	<u> </u>	<u> </u>	. ▶ ☐ Yes ☐ No			
		of perjury, I declare that I have examined this d complete. Declaration of preparer (other that				knowledge and belief, it is			
		Signature of officer				1/7/18			
Sign									
Here		Rose Marie Knox, Treasurer							
		Type or print name and title							
Paid		Print/Type preparer's name	Preparer's symature	1 11	date Check	- ')			
Prep		Lori R. Fuller	1 Jon 7	iller 11	4/20/8 self-em	100200270			
Use	Only					51-0409237			
Mav ti	ne IRS	Firm's address ► 423 Polly Drummond discuss this return with the prepare			Phone no	(302) 454-7209 . ► ☑ Yes ☐ No·			
		propare			<u> </u>	· · <u> </u>			