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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning SEP 1, 2008 **and ending** AUG 31, 2009

B Check if applicable:
- ☐ Address change
- ☒ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
MARYLAND STATE EDUCATION ASSOCIATION

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
140 MAIN STREET

City or town, state or country, and ZIP + 4
ANNAPOLIS, MD 21401-2020

D Employer identification number
52-0607919

E Telephone number
(410)263-6600

G Gross receipts $ 18,699,705.

F Name and address of principal officer: DAVID E. HELFMAN
SAME AS C ABOVE

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(5) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.MARYLANDEDUCATORS.ORG

K Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1947

M State of legal domicile: MD

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO UNIFY AND STRENGTHEN THE EDUCATION PROFESSION THROUGHOUT THE STATE OF MARYLAND;		
2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of employees (Part V, line 2a)	5	103
6	Total number of volunteers (estimate if necessary)	6	250
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	60,886.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	44,619.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)		
9	Program service revenue (Part VIII, line 2g)	17,215,541.	18,237,619.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	219,550.	79,621.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	362,294.	361,712.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,797,385.	18,678,952.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	823,039.	995,240.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,474,091.	11,755,639.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	5,061,036.	4,959,013.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,358,166.	17,709,892.
19	Revenue less expenses. Subtract line 18 from line 12	1,439,219.	969,060.

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	14,419,259.	16,246,037.
21	Total liabilities (Part X, line 26)	6,669,339.	9,083,996.
22	Net assets or fund balances. Subtract line 21 from line 20	7,749,920.	7,162,041.

SCANNED AUG 11 2010

RECEIVED JUL 21 2010 OGDEN, UT

Part II 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 than officer) is based on all information of which preparer has any knowledge

Sign Here

Clara Floyd
Signature of officer

July 15, 2010
Date

CLARA FLOYD, PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Date: JUL 14 2010

Check if self-employed ▶ ☐

Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4
RSM MCGLADREY, INC.
9737 WASHINGTONIAN BLVD., #400
GAITHERSBURG, MD 20878-7340

EIN ▶

Phone no. ▶ (301) 296-3600

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission. SEE SCHEDULE O FOR CONTINUATION
THE MARYLAND STATE TEACHERS ASSOCIATION DEDICATES ITSELF TO ACHIEVING HIGH QUALITY UNIVERSAL FREE PUBLIC EDUCATION BUILT ON QUALITY TEACHING, HIGH STUDENT EXPECTATIONS AND A GENUINE OPPORTUNITY TO LEARN FOR EACH STUDENT; BUILDING A UNIFIED EDUCATION PROFESSION WITH A

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ including grants of $) (Revenue $)
SCHOOL QUALITY : THE ASSOCIATION SHALL PROMOTE SCHOOL QUALITY BY WORKING TO ENHANCE QUALITY TEACHING, QUALITY EDUCATION SUPPORT PERSONNEL, PROFESSIONAL DEVELOPMENT AND TRAINING, AND STUDENT ACHIEVEMENT.

4b (Code:) (Expenses $ including grants of $) (Revenue $)
MEMBER WELL BEING: THE ASSOCIATION SHALL PROMOTE MEMBER WELL-BEING BY STRENGTHENING ITS ABILITY AND CAPACITY TO ATTRACT DIVERSE MEMBERSHIP AND EFFECTIVELY REPRESENT AND SERVE ALL MEMBERS. THE ASSOCIATION SHALL PROMOTE, STRENGTHEN, AND ENHANCE THE CAPACITY OF ITS AFFILIATES AND MEMBERS TO IMPROVE THEIR ECONOMIC AND JOB SECURITY, TERMS AND CONDITIONS OF EMPLOYMENT, AND THE RIGHT TO COLLECTIVE BARGAINING AND OTHER COLLABORATIVE PROCESSESS. THE ASSOCIATION SHALL PROMOTE HUMAN AND CIVIL RIGHTS FOR ALL AND THE ELIMINATION OF DISCRIMINATION AND OTHER BARRIERS TO EQUITY AS A RESULT OF SOCIAL, ECONOMIC, AND POLITICAL CONDITIONS.

4c (Code:) (Expenses $ including grants of $) (Revenue $)
PUBLIC AGENDA: THE ASSOCIATION SHALL PROMOTE A PUBLIC AGENDA FOCUSED ON ADVANCING HIGH QUALITY UNIVERSAL FREE PUBLIC EDUCATION. THIS INCLUDES STRENGTHENING AND ENHANCING PUBLIC RELATIONS PROGRAMS, PUBLICATIONS, AND LEGISLATIVE AND POLITICAL RELATIONS. THE ASSOCIATION WILL WORK WITH PARTNERS AND COALITIONS TO ACHIEVE COMMON LEGISLATIVE, PROFESSIONAL, EDUCATION AND COMMUNITY GOALS.

4d Other program services. (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶ $** *(Must equal Part IX, Line 25, column (B).)*

Part IV Checklist of Required Schedules

			Yes	No
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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, 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		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S.? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17	X	
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	X	
24a	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 questions 24b-24d and complete Schedule K If "No", go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S Information Returns. Enter -0- if not applicable	1a	35		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	103		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b	X	
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		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	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 year	7d			
e	Did the organization, during the year, 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	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter: N/A				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
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: N/A				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions			
1a	Enter the number of voting members of the governing body	1a 15		
b	Enter the number of voting members that are independent	1b 12		
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a	X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	X	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		X
11	Is there any officer, director or 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*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
a	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization?	15b	X	
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ MD

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

DAVID E. HELFMAN - (410)263-6600

140 MAIN STREET, ANNAPOLIS, MD 21401-2020

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the 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 the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CLARA FLOYD PRESIDENT	50.00	X		X				153,667.	0.	31,012.
BETTY WELLER VICE PRESIDENT	50.00	X		X				111,818.	0.	4,869.
TERRY BORNEMAN TREASURER	5.00	X		X				6,667.	0.	0.
ABBY BEYTIN DIRECTOR	2.00	X						0.	0.	0.
GARY BRENNAN DIRECTOR	2.00	X						0.	0.	0.
ANNA-MARIA HALSTEAD DIRECTOR	2.00	X						0.	0.	0.
CHERYL BOST MEMBERS AT LARGE	2.00	X						0.	0.	0.
STEVE BRAKO MEMBERS AT LARGE	2.00	X						0.	0.	0.
SIDNEY HANKERSON MEMBERS AT LARGE	2.00	X						0.	0.	0.
STEVE YEASH MEMBERS AT LARGE	2.00	X						0.	0.	0.
WANDA TWIGG MEMBERS AT LARGE	2.00	X						0.	0.	0.
YVONNE BAICICH MEMBERS AT LARGE	2.00	X						0.	0.	0.
BILL FISHER MEMBERS AT LARGE	2.00	X						0.	0.	0.
BARRY POTTS MEMBERS AT LARGE	2.00	X						0.	0.	0.
PHYLLIS PARKS ROBINSON MEMBERS AT LARGE	2.00	X						0.	0.	0.
DAVID HELFMAN EXECUTIVE DIRECTOR	50.00			X				178,672.	0.	56,070.
MARK DABKOWSKI ASSISTANT EXEC DIR	50.00			X				143,561.	0.	43,387.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SUSAN RUSSELL CHIEF COUNSEL	50.00			X				160,389.	0.	38,276.
1b Total ▶								754,774.	0.	173,614.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 5

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5	X	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. NONE

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a				
	b Membership dues 1b				
	c Fundraising events 1c				
	d Related organizations 1d				
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f				
	g Noncash contributions included in lines 1a-1f $				
	h **Total.** Add lines 1a-1f ▶				
Program Service Revenue		Business Code			
	2a DUES	900099	16,440,085.	16,440,085.	
	b UNISERV/NEA	900099	1,730,520.	1,730,520.	
	c CONVENTION INCOME	900099	67,014.		67,014.
	d				
	e				
	f All other program service revenue				
	g **Total.** Add lines 2a-2f ▶		18,237,619.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		77,421.		77,421.
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties ▶				
		(i) Real	(ii) Personal		
	6a Gross Rents	3,600.			
	b Less: rental expenses				
	c Rental income or (loss)	3,600.			
	d Net rental income or (loss) ▶		3,600.		3,600.
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory		22,953.		
	b Less: cost or other basis and sales expenses		20,753.		
	c Gain or (loss)		2,200.		
	d Net gain or (loss) ▶		2,200.		2,200.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 a				
	b Less direct expenses b				
	c Net income or (loss) from fundraising events ▶				
	9a Gross income from gaming activities. See Part IV, line 19 a				
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities ▶				
	10a Gross sales of inventory, less returns and allowances a				
	b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory ▶				
	Miscellaneous Revenue	Business Code			
	11a DUSHANE INCOME	900099	231,786.	231,786.	
	b OTHER INCOME	900099	65,440.		65,440.
	c AFFINITY CARDS	900004	33,714.	33,714.	
	d All other revenue	900004	27,172.	27,172.	
	e **Total.** Add lines 11a-11d ▶		358,112.		
	12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶		18,678,952.	18,402,391.	60,886. 215,675.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	995,240.			
2 Grants and other assistance to individuals in the U.S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	928,388.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	7,990,931.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	90,648.			
9 Other employee benefits	2,076,626.			
10 Payroll taxes	669,046.			
11 Fees for services (non-employees):				
a Management				
b Legal	3,241.			
c Accounting	48,055.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	6,582.			
g Other	320,035.			
12 Advertising and promotion	735,459.			
13 Office expenses	816,440.			
14 Information technology	330,908.			
15 Royalties				
16 Occupancy	167,297.			
17 Travel	554,706.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	958,014.			
20 Interest	10,457.			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	351,178.			
23 Insurance	31,221.			
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a INCOME TAXES	10,784.			
b PUBLIC AFFAIRS	344,054.			
c ELECTIONS	74,174.			
d MISCELLANEOUS EXPENSES	51,698.			
e RESERVE FOR EMERGENCIES	49,786.			
f All other expenses	94,924.			
25 **Total functional expenses.** Add lines 1 through 24f	17,709,892.			
26 **Joint Costs.** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	5,714,903.	2	7,788,065.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,677,138.	4	1,678,857.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	368,242.	7	271,291.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,176,795.	9	1,486,984.
	10a	Land, buildings, and equipment: cost basis 10a 6,657,015.			
	b	Less. accumulated depreciation. Complete Part VI of Schedule D 10b 3,569,066.	3,367,454.	10c	3,087,949.
	11	Investments - publicly traded securities	1,786,777.	11	1,659,368.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	327,950.	15	273,523.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	14,419,259.	16	16,246,037.
Liabilities	17	Accounts payable and accrued expenses	5,971,740.	17	8,660,725.
	18	Grants payable		18	
	19	Deferred revenue	51,613.	19	29,211.
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	318,036.	23	120,537.
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	327,950.	25	273,523.
	26	**Total liabilities.** Add lines 17 through 25	6,669,339.	26	9,083,996.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [x] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	7,749,920.	27	7,162,041.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	7,749,920.	33	7,162,041.
	34	Total liabilities and net assets/fund balances	14,419,259.	34	16,246,037.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990. [ ] Cash [x] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		x
b	Were the organization's financial statements audited by an independent accountant?	2b	x	
c	If "Yes" to lines 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?	2c		x
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		x
b	If "Yes," did the organization undergo the required audit or audits?	3b		

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

MARYLAND STATE EDUCATION ASSOCIATION

Employer identification number

52-0607919

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e.g , recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of certified historic structure

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	1,825,325.				
b	Contributions					
c	Investment earnings or losses	<80,653.>				
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses	6,184.				
g	End of year balance	1,738,488.				

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ 100.00 %
b Permanent endowment ▶ _____ %
c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i)	unrelated organizations	3a(i)	X
(ii)	related organizations	3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a	Land		516,300.		516,300.
b	Buildings		3,807,291.	1,546,473.	2,260,818.
c	Leasehold improvements				
d	Equipment		703,420.	652,978.	50,442.
e	Other		1,630,004.	1,369,615.	260,389.
Total. Add lines 1a-1e. *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶					3,087,949.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 15.)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
DEFERRED COMPENSATION LIABILITY	273,523.
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25.)* ▶	273,523.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	18,678,952.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	17,709,892.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	969,060.
4	Net unrealized gains (losses) on investments	4	<183,995.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	<1,372,944.>
9	Total adjustments (net) Add lines 4-8	9	<1,556,939.>
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	<587,879.>

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	18,488,375.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	<183,995.>		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	<183,995.>
3	Subtract line 2e from line 1			3	18,672,370.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,582.		
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	6,582.
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)			5	18,678,952.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	17,703,310.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	17,703,310.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,582.		
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	6,582.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)			5	17,709,892.

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART V, LINE 4: THIS FUND WAS ESTABLISHED IN 1974 FOR THE PURPOSE OF PROVIDING FINANCIAL ASSISTANCE THROUGH LOANS AND/OR GRANTS TO THE ASSOCIATION, LOCAL AFFILIATES AND MEMBERS AS PROVIDED FOR UNDER THE "TRUST GUIDELINES." THE GOAL IS TO SET AT $1M AND THIS FUND IS TO INCREASE EACH YEAR BY IT'S INVESTMENT INCOME, LESS OPERATING EXPENSES.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

FAS 158-PENSION ADJUSTMENT: -1372944.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization	Employer identification number
MARYLAND STATE EDUCATION ASSOCIATION	52-0607919

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a [ ] Mail solicitations
b [ ] Email solicitations
c [x] Phone solicitations
d [x] In-person solicitations
e [ ] Solicitation of non-government grants
f [ ] Solicitation of government grants
g [x] Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [x] Yes [ ] No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
THE WORTHEMORE GROUP	PHONE CALLS		X	0.	16,238.	<16,238.>
Total ▶					16,238.	<16,238.>

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a List events with gross receipts greater than $5,000.

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Charitable contributions				
	3 Gross revenue (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses				
	8 Direct expense summary. Add lines 4 through 7 in column (d) ▶				( )
	9 Net income summary. Combine lines 3 and 8 in column (d) ▶				

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary. Combine lines 1 and 7 in column (d) ▶				

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities: _____		
a	Is the organization licensed to operate gaming activities in each of these states? 9a		
b	If "No," Explain.		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a		
b	If "Yes," Explain:		
11	Does the organization operate gaming activities with nonmembers? 11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? 12		

			Yes	No
13 Indicate the percentage of gaming activity operated in:				
a The organization's facility	13a	%		
b An outside facility	13b	%		
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records				
Name ▶				
Address ▶				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a		
b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____ .				
c If "Yes," enter name and address.				
Name ▶				
Address ▶				
16 Gaming manager information.				
Name ▶				
Gaming manager compensation ▶ $ _____				
Description of services provided ▶				
☐ Director/officer ☐ Employee ☐ Independent contractor				
17 Mandatory distributions:				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a		
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $				

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.**

▶ **Attach to Form 990.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

MARYLAND STATE EDUCATION ASSOCIATION

Employer identification number

52-0607919

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLEGANY COUNTY TEACHERS ASSOCIATION - 13145 WARRIOR DRIVE, SW - CRESAPTOWN, MD 21505-5179	23-7442507	501(C)(5)	14,742.	0.			CAPACITY BUILDING, MEMBERSHIP, TRAINING, ADVOCACY, AND SPECIAL REQUESTS
ALLEGANY COUNTY EDUCATIONAL SERVICES COUNCIL - 500 GREENWAY AVENUE - CUMBERLAND, MD 21502		501(C)(5)	9,427.	1,872.	BOOK VALUE	QUICKBOOKS SOFTWARE, DELL COMPUTER	CAPACITY BUILDING, MEMBERSHIP, AND ADVOCACY
TEACHERS ASSOCIATION OF ANNE ARUNDEL COUNTY - 2521 RIVA ROAD, SUITE L7 - ANNAPOLIS, MD 21401	52-0733568	501(C)(5)	56,987.	0.			CAPACITY BUILDING, MEMBERSHIP, TRAINING, AN FIELD SERVICE
SECRETARIES AND ASSISTANTS ASSOCIATION OF ANNE ARUNDEL COUNTY - 2521 RIVA ROAD, SUITE L-3 - ANNAPOLIS, MD 21401		501(C)(5)	15,620.	0.			CAPACITY BUILDING AND MEMBERSHIP
TEACHERS ASSOCIATION OF BALTIMORE COUNTY - 305 EAST JOPPA ROAD - TOWSON, MD 21286-3252	52-0623933	501(C)(5)	101,209.	0.			CAPACITY BUILDING, MEMBERSHIP, TRAINING, SPECIAL REQUESTS AND FIELD SERVICE
BALTIMORE ASSISTANTS AND CLERICAL EMPLOYEES - 12912 CUNNINGHILL COVE ROAD - BALTIMORE, MD 21220		501(C)(5)	11,581.	7,500.	BOOK VALUE	VIDEO SERVICES AND COMCAST TO RUN ADS	CAPACITY BUILDING, MEMBERSHIP, AND ADVOCACY

2 Enter total number of section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶ 34.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule I (Form 990) 2008

SEE PART IV FOR COLUMNS (G) AND (H) DESCRIPTIONS

832101 12-18-08

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2: THE APPLICATION REQUIRES THE GRANT RECIPIENT TO STATE THE PURPOSE OF THE GRANT, WHO THE GRANT ALIGNS WITH THE AFFILIATE'S PLAN AND MSTA'S STRATEGIC OBJECTIVES, AND TO EXPLAN HOW THEY WILL ASSESS AND EVALUATE THE SUCCESS OF THE PROGRAM OR ACTIVITY FOR WHICH THE GRANT IS USED. THE GRANT RECIPIENT ALSO HAS TO IDENTIFY THE CRITERIA AND PARAMETERS THAT WILL BE USED IN THE ASSESSMENT. THE RECIPIENT IS REQUIRED TO SUBMIT A COPY OF ITS EVALUATION AND ASSESSMENT WITHIN 60 DAYS OF COMPLETING THE PROGRAM OR ACTIVITY.

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▲ **Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).**

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization

MARYLAND STATE EDUCATION ASSOCIATION

Employer identification number

52-0607919

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the U.S.** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALVERT EDUCATION ASSOCIATION 865 MAIN STREET PRINCE FREDERICK, MD 20678	52-1055500	501(C)(5)	35,492.	0.			CAPACITY BUILDING, MEMBERSHIP, TRAINING, ADVOCACY, SPECIAL REQUESTS, AND RELEASES
CALVERT ASSOCIATION OF EDUCATIONAL SUPPORT STAFF - 865 MAIN STREET - PRINCE FREDERICK, MD 20678		501(C)(5)	13,246.	0.			CAPACITY BUILDING, MEMBERSHIP, TRAINING, ADVOCACY, AND SPECIAL REQUESTS
CAROLINE COUNTY EDUCATORS ASSOCIATION - 255 MAIN STREET - PRESTON, MD 21655-2215		501(C)(5)	21,852.	0.			MEMBERSHIP
CARROLL ASSOCIATION OF SCHOOL EMPLOYEES - 70 MONROE STREET - WESTMINSTER, MD 21157		501(C)(5)	6,690.	0.			MEMBERSHIP
CECIL COUNTY CLASROOM TEACHERS ASSOCIATION - 222 SOUTH BRIDGE STREET, SUITE 6 - ELKTON, MD 21921	52-0941366	501(C)(5)	11,049.	0.			CAPACITY BUILDING, MEMBERSHIP, ADVOCACY, AN SPECIAL REQUESTS
CECIL EDUCATION SUPPORT PERSONNEL ASSOCIATION - 222 SOUTH BRIDGE STREET, SUITE 2 - ELKTON, MD 21921		501(C)(5)	10,160.	0.			CAPACITY BUILDING, MEMBERSHIP, DEVELOPMENT, AND SPECIAL REQUESTS
EDUCATION ASSOCIATION OF CHARLES COUNTY - P.O. BOX 877 - LA PLATA, MD 20646	52-1048940	501(C)(5)	28,693.	0.			CAPACITY BUILDING, MEMBERSHIP, SPECIAL REQUESTS, AND FIELD SERVICE
FREDERICK COUNTY TEACHERS ASSOCIATION - 1 WORMAN'S MILL COURT, SUITE 16 - FREDERICK , MD 21701	52-1014274	501(C)(5)	28,352.	0.			CAPACITY BUILDING, MEMBERSHIP, TRAINING, ADVOCACY, AND SPECIAL REQUESTS

2 Enter total number of Section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▲ **Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).**

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization

MARYLAND STATE EDUCATION ASSOCIATION

Employer identification number

52-0607919

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the U.S.** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREDERICK ASSOCIATION OF SCHOOL SUPPORT EMPLOYEES - 1 WORMAN'S MILL COURT, SUITE 15 - FREDERICK, MD 21701	52-1594576	501(C)(5)	13,793.	915.	BOOK VALUE	DELL COMPUTER	CAPACITY BUILDING, MEMBERSHIP, ADVOCACY, SPECIAL REQUESTS, AND RELEASES
FREDERICK COUNTY ADMINISTRATORS AND SUPERVISORS ASSOCIATION - P.O. BOX 3672 - FREDERICK, MD 21705	20-1690719	501(C)(5)	15,210.	0.			CAPACITY BUILDING, MEMBERSHIP, TRAINING, AN SPECIAL REQUESTS
GARRETT COUNTY EDUCATION ASSOCIATION - P. O. BOX 2236 - OAKLAND, MD 21550	52-2021204	501(C)(5)	17,372.	0.			CAPACITY BUILDING, MEMBERSHIP, TRAINING, AN ADVOCACY
HARFORD COUNTY EDUCATION ASSOCIATION - 42 NORTH MAIN ST., SUITE 200 - BEL AIR, MD 21014		501(C)(5)	22,983.	0.			CAPACITY BUILDING, MEMBERSHIP, TRAINING, ADVOCACY, AND FIELD SERVICE
HARFORD COUNTY EDUCATIONAL SERVICES COUNCIL - 101 PROSPECT MILL ROAD - BEL AIR, MD 21015-1513		501(C)(5)	20,397.	0.			CAPACITY BUILDING, MEMBERSHIP, TRAINING, AND SPECIAL REQUESTS
HOWARD COUNTY EDUCATION ASSOCIATION - 5082 DORSEY HALL DRIVE, SUITE 102 - ELLICOTT CITY, MD 21042	52-0939793	501(C)(5)	37,088.	0.			CAPACITY BUILDING, MEMBERSHIP, TRAINING, ADVOCACY, AND SPECIAL REQUESTS
KENT COUNTY EDUCATION SUPPORT PROFESSIONAL ASSOCIATION - 114 SOUTH MAIN STREET - GALENA, MD 21635	26-1491792	501(C)(5)	3,639.	2,926.	BOOK VALUE	SHIRTS AND JACKETS FOR MEMBERSHIP DRIV	CAPACITY BUILDING AND MEMBERSHIP
MONTGOMERY COUNTY EDUCATION ASSOCIATION - 12 TAFT COURT - ROCKVILLE, MD 20850-5321	52-0659775	501(C)(5)	208,309.	0.			CAPACITY BUILDING, MEMBERSHIP, TRAINING, ADVOCACY, SPECIAL REQUESTS AND FIELD

2 Enter total number of Section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▲ **Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).**

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization

MARYLAND STATE EDUCATION ASSOCIATION

Employer identification number

52-0607919

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the U.S.** (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRINCE GEORGE'S COUNTY EDUCATORS' ASSOCIATION - 8008 MARLBORO PIKE - FORESTVILLE , MD 20747	52-0658540	501(C)(5)	123,641.	0.			CAPACITY BUILDING, MEMBERSHIP, TRAINING, ADVOCACY, AND FIELD SERVICE
QUEEN ANNE'S COUNTY EDUCATION ASSOCIATION - 900 LOVE POINT ROAD - STEVENSVILLE, MD 21666-2120	52-1050091	501(C)(5)	8,503.	0.			CAPACITY BUILDING AND MEMBERSHIP
EDUCATION ASSOCIATION OF ST. MARY'S COUNTY - 44219 AIRPORT ROAD - CALIFORNIA, MD 20619	52-1052839	501(C)(5)	22,108.	5,407.	BOOK VALUE	COMCAST FOR ADVERTISING, VIDEO SERVICES	CAPACITY BUILDING, MEMBERSHIP, TRAINING, ADVOCACY, AND SPECIAL REQUESTS
COLLECTIVE EMPLOYEES ASSOCIATION OF ST. MARY'S COUNTY - 44219 AIRPORT ROAD, ROOM 138 - CALIFORNIA, MD 20619		501(C)(5)	8,518.	3,387.	BOOK VALUE	COMCAST FOR ADVERTISING, VIDEO SERVICES, DELL COMPUTER,	CAPACITY BUILDING, MEMBERSHIP, ADVOCACY, AN SPECIAL REQUESTS
TEACHERS ASSOCIATION OF SOMERSET COUNTY - 11412 DRYDEN ROAD - PRINCESS ANNE, MD 21853-4304	52-0176849	501(C)(5)	7,654.	1,826.	BOOK VALUE	DELL COMPUTER, QUICKBOOKS SOFTWARE	CAPACITY BUILDING AND MEMBERSHIP
TALBOT COUNTY EDUCATION ASSOCIATION - 8221 TEAL DRIVE, SUITE 420 - EASTON, MD 21601	52-1050121	501(C)(5)	8,531.	0.			CAPACITY BUILDING AND MEMBERSHIP
WASHINGTON COUNTY TEACHERS ASSOCIATION - 42 SOUTH MULBERRY STREET - HAGERSTOWN, MD 21740	52-6059401	501(C)(5)	11,276.	0.			CAPACITY BUILDING, MEMBERSHIP, ADVOCACY, AN SPECIAL REQUESTS
WASHINGTON COUNTY EDUCATIONAL SUPPORT PERSONNEL - 42 SOUTH MULBERRY STREET - HAGERSTOWN, MD 21740		501(C)(5)	10,233.	0.			CAPACITY BUILDING, MEMBERSHIP, AND ADVOCAC

2 Enter total number of Section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▲ **Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).**

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization

MARYLAND STATE EDUCATION ASSOCIATION

Employer identification number

52-0607919

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the U.S.** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WICOMICO COUNTY EDUCATION ASSOCIATION - 1302 OLD OCEAN CITY ROAD - SALISBURY, MD 21804	52-1050640	501(C)(5)	7,776.	1,556.	BOOK VALUE	DELL COMPUTER	CAPACITY BUILDING, ADVOCACY, AND SPECIAL REQUESTS
WICOMICO EDUCATION SUPPORT PERSONNEL ASSOCIATION - 1302 OLD OCEAN CITY ROAD - SALISBURY, MD 21804		501(C)(5)	8,000.	955.	BOOK VALUE	DELL COMPUTER	CAPACITY BUILDING, MEMBERSHIP, AND SPECIAL REQUESTS
WORCESTER COUNTY TEACHERS ASSOCIATION - 1817 OLD VIRGINIA ROAD - POCOMOKE CITY, MD 21851	52-1050642	501(C)(5)	17,940.	1,698.		DELL COMPUTER, QUICKBOOKS SOFTWARE	CAPACITY BUILDING, MEMBERSHIPS, ADVOCACY, AND SPECIAL REQUESTS
WORCESTER COUNTY EDUCATION SUPPORT PERSONNEL ASSOCIATION - 515 COULBOURNE LANE - SNOW HILL, MD 21863		501(C)(5)	14,750.	0.			CAPACITY BUILDING, MEMBERSHIPS, AND ADVOCAC

2 Enter total number of Section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

Part IV Supplemental Information

PART II, LINE 1, COLUMN (G):

NAME OF ORGANIZATION OR GOVERNMENT:

MONTGOMERY COUNTY EDUCATION ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: CAPACITY BUILDING, MEMBERSHIP, TRAINING, ADVOCACY, SPECIAL REQUESTS AND FIELD SERVICE

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

MARYLAND STATE EDUCATION ASSOCIATION

Employer identification number

52-0607919

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. ☐ Compensation committee ☒ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			
a	Receive a severance payment or change of control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		
b	Any related organization?	5b		
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		
b	Any related organization?	6b		
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
	(i)	153,667.	0.	0.	15,576.	15,700.	184,943.	0.
CLARA FLOYD	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	178,672.	0.	0.	36,231.	19,839.	234,742.	0.
DAVID HELFMAN	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	143,561.	0.	0.	28,126.	15,261.	186,948.	0.
MARK DABKOWSKI	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	160,389.	0.	0.	30,645.	7,631.	198,665.	0.
SUSAN RUSSELL	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

FORM 990, PAGE 8, PART VII, LINE 5 - CLARA FLOYD - PRESIDENT AND BETTY WELLER - VICE PRESIDENT, ARE PAID BY BOTH THE FILING ORGANIZATION AND THE MONTGOMERY COUNTY SCHOOL SYSTEM, THE SCHOOL SYSTEM WHERE THEY ARE BOTH EMPLOYED AS TEACHERS. THE FILING ORGANIZATION IS BILLED BY THE MOUNTGOMERY COUNTY SCHOOL SYSTEM FOR THE TIME SPENT ON ORGANIZATION BUSINESS.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
MARYLAND STATE EDUCATION ASSOCIATION	52-0607919

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO PRESENT A CLEAR INTERPRETATION OF THE SCHOOLS TO THE PUBLIC; TO WORK CONSISTENTLY FOR THE WELFARE OF THE TEACHERS AND PUPILS OF MARYLAND.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

POWERFUL VOICE FOR THE RIGHTS, PROFESSIONAL INTERESTS AND WORKING CONDITIONS OF EDUCATIONAL EMPLOYEES; AND WORKING TO ENHANCE THE RIGHTS OF LABOR AND HUMAN AND CIVIL RIGHTS FOR ALL.

FORM 990, PART VI, SECTION A, LINE 6: OUR MEMBERS ARE TEACHERS, EDUCATION SUPPORT PROFESSIONALS, ADMINISTRATORS, CERTIFICATED SPECIALISTS, HIGHER EDUCATION FACULTY, AND STUDENT AND RETIRED MEMBERS WHOSE MISSION IS TO CREATE GREAT PUBLIC SCHOOLS FOR EVERY CHILD IN MARYLAND.

FORM 990, PART VI, SECTION A, LINE 7A: MSTA OFFICERS AND THE BOARD OF DIRECTORS ARE ELECTED BY THE MEMBERSHIP. THE PRESIDENT, VICE PRESENT AND TREASURER ARE ELECTED FOR THREE-YEAR TERMS. THE OFFICERS ARE LIMITED TO NO MORE THAN TWO TERMS IN THE OFFICE TO WHICH THEY WERE ELECTED. THERE ARE EIGHT MEMBER- AT- LARGE DIRECTORS. FOUR ARE ELECTED EACH YEAR FOR THREE-YEAR TERMS. AFTER TWO FULL TERMS, BOARD MEMBERS SHALL NOT BE ELIGIBLE AGAIN UNTIL A PERIOD EQUIVALENT TO ONE TERM HAS PASSED. THE BOARD ALSO INCLUDES FOUR STATE DIRECTORS OF THE NATIONAL EDUCATION ASSOCIATION (NEA). THEIR TERMS SHALL BE IN COMPLIANCE WITH GUIDANCE ESTABLISHED BY THE NEA.

FORM 990, PART VI, SECTION A, LINE 7B: THE MSTA REPRESENTATIVE ASSEMBLY, WHICH INCLUDES MEMBERS FROM EVERY LOCAL AFFILIATE IN PROPORTION TO

SCHEDULE O
(Form 990)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047
2008
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Name of the organization
MARYLAND STATE EDUCATION ASSOCIATION

Employer identification number
52-0607919

MEMBERSHIP, IS MSTA'S PRIMARY POLICY-MAKING BODY. THE REPRESENTATIVE ASSEMBLY MEETS ANNUALLY TO APPROVE MSTA'S LEGISLATIVE PROGRAM AND ESTABLISH MSTA POLICY THROUGH RESOLUTIONS. THE BODY ALSO HAS THE POWER TO AMEND MSTA BYLAWS.

FORM 990, PART VI, SECTION A, LINE 10: THE FORM 990 IS PREPARED BY THE ACCOUNTING FIRM (TAX ACCOUNTANTS) ENGAGED BY THE ASSOCIATION. THE PREPARATION IS BASED ON INFORMATION PROVIDED BY THE ASSOCIATION'S FINANCIAL STAFF. THE INFORMATION IS OBTAINED FROM THE ASSOCIATION'S DOCUMENTS, RECORDS AND AUDITED FINANCIAL STATEMENTS. THE COMPLETED FORM 990 IS REVIEWED BY BOTH THE MSTA STAFF ACCOUNTANT AND ASSISTANT EXECUTIVE DIRECTOR PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: EMPLOYEES

A. THE MSTA ASSISTANT EXECUTIVE DIRECTOR FOR BUSINESS AND POLICY OPERATIONS SHALL SERVE AS THE CONFLICT OF INTEREST OFFICER (CI OFFICER), AND SHALL IN THAT CAPACITY BE RESPONSIBLE FOR THE IMPLEMENTATION OF THE CI POLICY. THE CI OFFICER SHALL MONITOR THE IMPLEMENTATION OF THE CI POLICY, AND RECOMMEND TO THE MSTA EXECUTIVE DIRECTOR MODIFICATIONS IN THE POLICY. THE MSTA BOARD OF DIRECTORS SHALL MAKE SUCH MODIFICATIONS IN THE POLICY AS IT MAY FROM TIME TO TIME DEEM APPROPRIATE.

B. (1) IF AN MSTA EMPLOYEE BELIEVES THAT HE/SHE MAY BE ENGAGED OR ABOUT TO BECOME ENGAGED IN AN ACTIVITY THAT IS PROHIBITED BY THE CI POLICY, HE/SHE SHALL CONSULT WITH THE CI OFFICER. THE MSTA EMPLOYEE AND THE CI OFFICER

SHALL ATTEMPT TO DEAL WITH THE MATTER INFORMALLY. IF THEY ARE UNABLE TO DO SO, THE CI OFFICER SHALL SUBMIT TO THE MSTA EMPLOYEE A WRITTEN OPINION INDICATING WHETHER THE ACTIVITY IN QUESTION IS PROHIBITED BY THE CI POLICY AND, IF SO, WHAT SHOULD BE DONE TO CORRECT THE SITUATION. (2) IF THE MSTA EMPLOYEE DISAGREES, IN WHOLE OR IN PART, WITH THE CONCLUSIONS OF THE CI OFFICER, HE OR SHE MAY APPEAL TO THE MSTA EXECUTIVE DIRECTOR BY FILING A WRITTEN NOTICE OF APPEAL WITH THE EXECUTIVE DIRECTOR WITHIN THIRTY (30) CALENDAR DAYS AFTER RECEIVING THE OPINION OF THE CI OFFICER. THE EXECUTIVE DIRECTOR SHALL DECIDE THE APPEAL AS EXPEDITIOUSLY AS POSSIBLE, AND THE DECISION OF THE EXECUTIVE DIRECTOR SHALL BE FINAL AND BINDING, SUBJECT TO WHATEVER CONTRACTUAL RIGHTS THE MSTA EMPLOYEE MAY HAVE TO CHALLENGE THE MSTA EXECUTIVE DIRECTOR'S DECISION, INCLUDING, WITHOUT LIMITATION, HIS/HER RIGHT TO CHALLENGE SAID DECISION THROUGH THE GRIEVANCE PROCEDURE IN A COLLECTIVE BARGAINING AGREEMENT WITH MSTA. IF THE MSTA EMPLOYEE DOES NOT FILE A TIMELY APPEAL, HE/SHE SHALL COMPLY WITH THE OPINION OF THE CI OFFICER. IF THE MSTA EMPLOYEE IS A MEMBER OF A BARGAINING UNIT, HE/SHE MAY, AT HIS/HER OPTION, HAVE A UNION REPRESENTATIVE PARTICIPATE IN THE CONSULTATION AND APPEAL.

C. (1) IF AN MSTA MEMBER OR EMPLOYEE BELIEVES THAT AN MSTA EMPLOYEE IS ENGAGED OR IS ABOUT TO BECOME ENGAGED IN AN ACTIVITY THAT IS PROHIBITED BY THE CI POLICY, THE MEMBER OR EMPLOYEE MAY FILE A WRITTEN COMPLAINT WITH THE CI OFFICER. THE COMPLAINANT SHALL IDENTIFY HIM/HERSELF TO THE CI OFFICER, BUT THE CI OFFICER SHALL, IF REQUESTED TO DO SO BY THE COMPLAINANT, TREAT THE COMPLAINT AS CONFIDENTIAL AND NOT REVEAL THE COMPLAINANT'S NAME. (2) UPON RECEIVING A COMPLAINT, THE CI OFFICER SHALL CONSULT WITH THE

COMPLAINANT AND THE MSTA EMPLOYEE IN QUESTION. BASED ON THE INFORMATION RECEIVED FROM THE COMPLAINANT AND THE MSTA EMPLOYEE, AND/OR OTHER RELEVANT INFORMATION, THE CI OFFICER SHALL DECIDE WHETHER THE MSTA EMPLOYEE IS ENGAGED OR IS ABOUT TO BECOME ENGAGED IN AN ACTIVITY THAT IS PROHIBITED BY THE CI POLICY, AND, IF SO, WHAT SHOULD BE DONE TO CORRECT THE SITUATION. THE CI OFFICER SHALL SUBMIT TO THE MSTA EMPLOYEE AND THE COMPLAINANT A WRITTEN OPINION SETTING FORTH HIS/HER CONCLUSIONS. (3) IF THE MSTA EMPLOYEE DISAGREES, IN WHOLE OR IN PART, WITH THE CONCLUSIONS OF THE CI OFFICER, HE/SHE MAY APPEAL TO THE MSTA EXECUTIVE DIRECTOR BY FILING A WRITTEN NOTICE OF APPEAL WITH HIM/HER WITHIN THIRTY (30) CALENDAR DAYS AFTER RECEIVING THE OPINION OF THE CI OFFICER. THE MSTA EXECUTIVE DIRECTOR SHALL DECIDE THE APPEAL AS EXPEDITIOUSLY AS POSSIBLE, AND THE DECISION OF THE EXECUTIVE DIRECTOR SHALL BE FINAL AND BINDING, SUBJECT TO WHATEVER CONTRACTUAL RIGHTS THE MSTA EMPLOYEE MAY HAVE TO CHALLENGE THE MSTA EXECUTIVE DIRECTOR'S DECISION, INCLUDING, WITHOUT LIMITATION, HIS/HER RIGHT TO CHALLENGE SAID DECISION THROUGH THE GRIEVANCE PROCEDURE IN A COLLECTIVE BARGAINING AGREEMENT WITH MSTA. IF THE MSTA EMPLOYEE FILES A TIMELY APPEAL, HE/SHE NEED NOT COMPLY WITH THE OPINION OF THE CI OFFICER PENDING THE OUTCOME OF THE APPEAL. IF THE MSTA EMPLOYEE DOES NOT FILE A TIMELY APPEAL, HE/SHE SHALL COMPLY WITH THE OPINION OF THE CI OFFICER. IF THE MSTA EMPLOYEE IS A MEMBER OF A BARGAINING UNIT, HE/SHE MAY, AT HIS/HER OPTION, HAVE A UNION REPRESENTATIVE PARTICIPATE IN THE CONSULTATION AND APPEAL.

D. IN IMPLEMENTING THE CI POLICY, THE CI OFFICER AND THE MSTA EXECUTIVE DIRECTOR SHALL CONSIDER ALL RELEVANT FACTORS, INCLUDING THE SPECIFIC MSTA RESPONSIBILITIES OF THE MSTA EMPLOYEE AND THE NATURE OF THE ALLEGEDLY

PROHIBITED ACTIVITY, AND SHALL INTERPRET AND APPLY THE CI POLICY IN A MANNER THAT FURTHERS ITS INTENDED PURPOSE.

OFFICERS

A.@HE MSTA VICE PRESIDENT SHALL SERVE AS THE CONFLICT OF INTEREST OFFICER (CI OFFICER), AND SHALL, IN THAT CAPACITY, BE RESPONSIBLE FOR THE IMPLEMENTATION OF THE CI POLICY. THE CI OFFICER SHALL MONITOR THE IMPLEMENTATION OF THE CI POLICY, AND RECOMMEND TO THE MSTA BOARD OF DIRECTORS MODIFICATIONS IN THE POLICY. THE MSTA BOARD OF DIRECTORS SHALL MAKE SUCH MODIFICATIONS IN THE POLICY AS IT MAY FROM TIME TO TIME DEEM APPROPRIATE.

B. (1) IF AN MSTA OFFICIAL BELIEVES THAT HE/SHE MAY BE ENGAGED OR ABOUT TO BECOME ENGAGED IN AN ACTIVITY THAT IS PROHIBITED BY THE CI POLICY, HE/SHE SHALL CONSULT WITH THE CI OFFICER. THE MSTA OFFICIAL AND THE CI OFFICER SHALL ATTEMPT TO DEAL WITH THE MATTER INFORMALLY. IF THEY ARE UNABLE TO DO SO, THE CI OFFICER SHALL SUBMIT TO THE MSTA OFFICIAL A WRITTEN OPINION INDICATING WHETHER THE ACTIVITY IN QUESTION IS PROHIBITED BY THE CI POLICY AND, IF SO, WHAT SHOULD BE DONE TO CORRECT THE SITUATION. (2) IF THE MSTA OFFICIAL DISAGREES, IN WHOLE OR IN PART, WITH THE CONCLUSIONS OF THE CI OFFICER, HE OR SHE MAY APPEAL TO THE MSTA BOARD OF DIRECTORS BY FILING A WRITTEN NOTICE OF APPEAL WITH THE MSTA PRESIDENT WITHIN THIRTY (30) CALENDAR DAYS AFTER RECEIVING THE OPINION OF THE CI OFFICER. THE MSTA BOARD OF DIRECTORS SHALL DECIDE THE APPEAL AS EXPEDITIOUSLY AS POSSIBLE, AND THE DECISION OF THE MSTA BOARD OF DIRECTORS SHALL BE FINAL AND BINDING. IF THE

MSTA OFFICIAL FILES A TIMELY APPEAL, HE OR SHE NEED NOT COMPLY WITH THE OPINION OF THE CI OFFICER PENDING THE OUTCOME OF THE APPEAL. IF THE MSTA OFFICIAL DOES NOT FILE A TIMELY APPEAL, HE/SHE SHALL COMPLY WITH THE OPINION OF THE CI OFFICER.

C. (1) IF AN MSTA MEMBER OR EMPLOYEE BELIEVES THAT AN MSTA OFFICIAL IS ENGAGED OR IS ABOUT TO BECOME ENGAGED IN AN ACTIVITY THAT IS PROHIBITED BY THE CI POLICY, THE MEMBER OR EMPLOYEE MAY FILE A WRITTEN COMPLAINT WITH THE CI OFFICER. THE COMPLAINANT SHALL IDENTIFY HIM/HERSELF TO THE CI OFFICER, BUT THE CI OFFICER SHALL, IF REQUESTED TO DO SO BY THE COMPLAINANT, TREAT THE COMPLAINT AS CONFIDENTIAL AND NOT REVEAL THE COMPLAINANT'S NAME. (2) UPON RECEIVING A COMPLAINT, THE CI OFFICER SHALL CONSULT WITH THE COMPLAINANT AND THE MSTA OFFICIAL IN QUESTION, BASED ON THE INFORMATION RECEIVED FROM THE COMPLAINANT AND THE MSTA OFFICIAL, AND/OR OTHER RELEVANT INFORMATION, THE CI OFFICER SHALL DECIDE WHETHER THE MSTA OFFICIAL IS ENGAGED OR IS ABOUT TO BECOME ENGAGED IN AN ACTIVITY THAT IS PROHIBITED BY THE CI POLICY, AND, IF SO, WHAT SHOULD BE DONE TO CORRECT THE SITUATION. THE CI OFFICER SHALL SUBMIT TO THE MSTA OFFICIAL AND THE COMPLAINANT A WRITTEN OPINION SETTING FORTH HIS/HER CONCLUSIONS. (3) IF THE MSTA OFFICIAL DISAGREES, IN WHOLE OR IN PART, WITH THE CONCLUSIONS OF THE CI OFFICER, HE/SHE MAY APPEAL TO THE MSTA BOARD OF DIRECTORS BY FILING A WRITTEN NOTICE OF APPEAL WITH THE MSTA PRESIDENT WITHIN THIRTY (30) CALENDAR DAYS AFTER RECEIVING THE OPINION OF THE CI OFFICER. THE MSTA BOARD OF DIRECTORS SHALL DECIDE THE APPEAL AS EXPEDITIOUSLY AS POSSIBLE, AND THE DECISION OF THE MSTA BOARD OF DIRECTORS SHALL BE FINAL AND BINDING. IF THE MSTA OFFICIAL FILES A TIMELY APPEAL, HE/SHE NEED NOT COMPLY WITH THE OPINION OF THE CI

OFFICER PENDING THE OUTCOME OF THE APPEAL. IF THE MSTA OFFICIAL DOES NOT FILE A TIMELY APPEAL, HE OR SHE SHALL COMPLY WITH THE OPINION OF THE CI OFFICER.

D. IN IMPLEMENTING THE CI POLICY, THE CI OFFICER AND THE MSTA BOARD OF DIRECTORS SHALL CONSIDER ALL RELEVANT FACTORS, INCLUDING THE SPECIFIC MSTA RESPONSIBILITIES OF THE MSTA OFFICIAL AND THE NATURE OF THE ALLEGEDLY PROHIBITED ACTIVITY, AND SHALL INTERPRET AND APPLY THE CI POLICY IN A MANNER THAT FURTHERS ITS INTENDED PURPOSE.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED BY THE BOARD OF DIRECTORS. THE ASSOCIATION'S FINANCIAL CONDITION, BUDGET AND STAFF CONTRACTS ARE CONSIDERED. THE BOARD OF DIRECTORS THROUGH THE PRESIDENT CONSIDERS RECOMMENDATION FROM APPROPRIATE STAFF.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL INFORMATION AVAILABLE TO THE PUBLIC UPON REQUEST.

SCHEDULE R (Form 990)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization
MARYLAND STATE EDUCATION ASSOCIATION

Employer identification number
52-0607919

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, 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 controlling entity
MSTA FUND FOR CHILDREN AND PUBLIC EDUCATION - 52-1369000, 140 MAIN STREET, ANNAPOLIS, MD 21401	RECEIVE AND DISTRIBUTE FUNDS	MARYLAND	527	9	N/A

Part III ***Identification of Related Organizations Taxable as a Partnership***

(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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations? Yes	(H) No	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner? Yes	(J) No

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust**

(A) Name, address, and EIN of related organization	(B) Primary activity	(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 of end-of year assets	(H) Percentage ownership

Part V Transactions With Related Organizations

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV			
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to other organization(s)	1b		X
c Gift, grant, or capital contribution from other organization(s)	1c		X
d Loans or loan guarantees to or for other organization(s)	1d		X
e Loans or loan guarantees by other organization(s)	1e		X
f Sale of assets to other organization(s)	1f		X
g Purchase of assets from other organization(s)	1g		X
h Exchange of assets	1h		X
i Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n Sharing of paid employees	1n		X
o Reimbursement paid to other organization for expenses	1o		X
p Reimbursement paid by other organization for expenses	1p		X
q Other transfer of cash or property to other organization(s)	1q		X
r Other transfer of cash or property from other organization(s)	1r		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

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 domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations? Yes	(D) No	(E) Share of end-of-year assets	(F) Disproportionate allocations? Yes	(F) No	(G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General or managing partner? Yes	(H) No

Form **8868**
(Rev. April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return. See instructions.	MARYLAND STATE TEACHERS ASSOCIATION	52-0607919
	Number, street, and room or suite no. If a P.O. box, see instructions. 140 MAIN STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ANNAPOLIS, MD 21401-2020	

Check type of return to be filed (file a separate application for each return):

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

MARYLAND STATE TEACHERS ASSOCIATION

- The books are in the care of ▶ 140 MAIN STREET - ANNAPOLIS, MD 21401-2020
  Telephone No. ▶ (410)263-6600 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until APRIL 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [ ] calendar year _____ or
▶ [X] tax year beginning SEP 1, 2008, and ending AUG 31, 2009.

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See Instructions.	3c	$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ..... ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print	Name of Exempt Organization	Employer identification number
File by the extended due date for filing the return. See instructions.	MARYLAND STATE TEACHERS ASSOCIATION	52-0607919
	Number, street, and room or suite no. If a P.O. box, see instructions. 140 MAIN STREET	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ANNAPOLIS, MD 21401-2020	

Check type of return to be filed (File a separate application for each return):

[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec. 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

MARYLAND STATE TEACHERS ASSOCIATION

- The books are in the care of ▶ 140 MAIN STREET - ANNAPOLIS, MD 21401-2020
  Telephone No. ▶ (410)263-6600 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ..... ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until JULY 15, 2010.

5 For calendar year _____, or other tax year beginning SEP 1, 2008, and ending AUG 31, 2009.

6 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
INFORMATION REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN WILL NOT BE AVAILABLE UNTIL AFTER THE FIRST EXTENDED DUE DATE.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ _____ Title ▶ ACCOUNTANT Date ▶ 4/14/10

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05-26-09