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Form **990** 

Department of the Treasury

## **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)

OMB No 1545-0047

Open to Public

inter		enue Service   Prine organization may have to use a copy of this return to satisfy state	<u> </u>		inspection
<u>A</u> _	For t	he 2008 calendar year, or tax year beginning September 1 , 2008, and endi	ng Aug	ust 31	, 20 09
В	Check if	applicable Please C Name of organization MEA-MFT use IRS		D Employ	yer identification number
	Addres	s change label or Doing Business AS MEA-MF (		81	1 0169635
	Name (	change pnnt or type. Number and street (or P O box if mail is not delivered to street address) Room/si	uite	E Telepho	one number
	Initial n			(406)	442-4250
	Termin	ation Instruction City or town, state or country, and ZIP + 4		l	
	Amend	ed return Helena, MT 59601		G Gross re	eceipts \$ 6,187,741
	Applicat	on pending F Name and address of principal officer. Eric Feaver	H(a) is the	s a group return	n for affiliates? Yes Vo
		same as "C" above			included? Yes No
<u>I</u>		xempt status	If "N	lo," attach a	list (see instructions)
<u>J</u>		ite: ► www.mea-mft.org		exemption nui	mber ▶ 9424
		forganization. ☐ Corporation ☐ Trust ☐ Association ☐ Other ► Labor Union ☐ Year of format	tion 1939	M State o	f legal domicile MT
	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities MEA	-MFT advoc	ates for o	our members, our
•		communities, and the government we serve by promoting and advancing:	free, quality	y public e	ducation for all
auc		Montana children: effective government and public service programs; a qu			
Ë	İ	university system; competitive salaries and benefits through collective ba			on Schedule O)
Activities & Governance	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more that	n 25% of its a	ssets.	
∞ 5	3	Number of voting members of the governing body (Part VI, line 1a)		3	35
ies	4	Number of independent voting members of the governing body (Part VI, line 1	b) .	. 4	0
ťi	5	Total number of employees (Part V, line 2a)		. 5	44
Ac	6	Total number of volunteers (estimate if necessary)		. 6	0
		Total gross unrelated business revenue from Part VIII, line 12, column (C).		. 7a	0
_	<u>b</u>	Net unrelated business taxable income from Form 990-T, line 34	<del></del>	. 7b	0
			Prior Y		Current Year
ā	8	Contributions and grants (Part VIII, line 1h)		0	0
Revenue	9	Program service revenue (Part VIII, line 2g)	4,	765,970	5,110,868
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		91,329	62,250
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	013,550	996.738	
_	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,	870,849	6,169.856
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>-</u>	0	210,679
Ŋ	14	Benefits paid to or for members (Part IX, column (A), line 4)		0 000	0
nse	15	Salaries, birer compensation employee benefits (Part IX, column (A), lines 5-10)		216,662	3,668,112
Expenses	16a	Professional fundraising rees (Part X column (A), line 11e)		0	0
ŭ	, -	The fundal high the result of the fundamental for the first of the fundamental for the		402.420	4 040 007
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		192,130	1,918,897
		Total expenses. Add lines 13-15 (must equal Part IX, column (A), line 25).		408,792   462,057	5,797,688
s or	19	Revenue less potenteds, subtract line 18 from line 12	Beginning		372,168 End of Year
ars		Table 20 1 (Dat V. La 40)		928.176	3,097.655
Assets 1 Baland	20	Total assets (Part X, line 16)		120,836	1,131,856
E St	21	Total liabilities (Part X, line 26)		807,340	1,965,799
	rtell	Signature Block		001,040	1,900,733
-		Under penalties of perjury, I declare that I have examined this return, including accompanying sched	ules and statem	nents, and to	the best of my knowledge
		and belief, at is true, correct, and complete Declaration of preparer (other than officer) is based on			
Sig	ın		1	) /1	110
He		Signature of officer	Dat	e //	11
		Eric Feaver, President			•
		Type or print name and title			<del></del>
_		Proposorio Date Ci	heck if	Preparer's ic	dentifying number
٠.		reparer s se	elf- mployed ▶ 🏻	(see instruct	
Paid					
	parer's	Pirm's name (or yours	EIN	<b>&gt;</b> ;	
Use	Only	if self-employed), address, and ZIP + 4	Phone n	o ▶ (	)
Ma	y the	IRS discuss this return with the preparer shown above? (see instructions)			. Yes No

Par	Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission. MEA-MFT ORGANIZES MEMBERS AND LOCAL AFFILIATES FOR PURPOSES OF COLLECTIVE BARGAINING, CONTRACT MAINTENANCE, LEGAL DEFENSE, LEGISLATIVE AND GOVERNMENT AGENCY LOBBYING, AND PROFESSIONAL DEVELOPMENT.
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 Volume 1 Yes Volume 1 Yes Volume 1 Yes Volume 2
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
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 \$ )  LOCAL RELEASE TIME PRESIDENT GRANTS - UPON APPROVAL OF THE BOARD OF DIRECTORS, MEA-MFT SHALL  PROVIDE FINANCIAL ASISTANCE TO LOCAL AFFILIATES THAT HAVE RELEASED THEIR PRESIDENTS HALF OR  FULL-TIME.
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  MEA-MFT EDUCATOR'S CONFERENCE - THIS CONFERENCE IS HELD ANNUALLY IN MONTANA TO ALLOW  EDUCATORS THE OPPORTUNITY TO RECEIVE THE PROFESSIONAL DEVELOPMENT AND CONTINUING  EDUCATION CREDITS NECESSARY TO STAY CURRENT WITH EDUCATION TRENDS AND PRACTICES AND  FULFILL MONTANA STATE LICENSING REQUIREMENTS.
4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ ) PASS & ER&D TRAINING - PASS (PARAPROFESSIONALS ACHIEVING STANDARDS SUCCESSFULLY) IS AN INTENSIVE FOUR-DAY COURSE DESIGNED TO HELP MONTANA PARAPROFESSIONALS MEET THE "HIGH QUALITY PARAPROFESSIONAL" DEFINITION IN THE NO CHILD LEFT BEHIND ACT AND PROVIDES PROVEN SKILLS IN CLASSROOM MANAGEMENT AS WELL AS READING, WRITING AND MATH INSTRUCTION. ER&D (EDUCATION RESEARCH & DISSEMINATION) IS PROFESSIONAL DEVELOPMENT DESIGNED BY AND FOR PRACTICING TEACHERS AND PARAPROFESSIONALS. ER&D COURSES SYNTHESIZE THE BEST EDUCATIONAL RESEARCH IN THE NATION AND PRESENT IT TO EDUCATORS IN A HIGHLY USABLE, IMMEDIATELY RELEVANT FORMAT.
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
4.	Total program coming expenses N \$ (Must equal Part IX Line 25, column (9))

Pa	rt V 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		1
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		1
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II $N/A$	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	1	
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	1	
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	1	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes." complete Schedule E	13		1
14a	g	14a		✓
b	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		1
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		✓
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		1
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		1
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		1
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		<b>√</b>
21	Did the organization report more than \$5,000 on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	✓	
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		<b>✓</b>
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	✓	
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 Schooling K. If "No." on to question 25	24a		<b>√</b>
b	24b-24d and complete Schedule K. If "No," go to question 25	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
-	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	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		<b>√</b>
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 I. Part III	27		1

Pai	t 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			İ
а	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		<b>√</b>
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV.	28b		1
С	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		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		1
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		1
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		✓
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		L
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			

Form **990** (2008)

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Pa	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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b 0	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	<b>√</b>	
22	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  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O N/A	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<b>√</b>
b	If "Yes," enter the name of the foreign country. ▶ N/A			
	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		✓.
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		. 🗸
	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		
	Did the organization solicit any contributions that were not tax deductible?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? $N/A$	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		1
	If "Yes," did the organization notify the donor of the value of the goods or services provided? N/A	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✓
	If "Yes," indicate the number of Forms 8282 filed during the year		İ	
е	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	<b>✓</b>	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h		
_	required?	<del>'''</del>	*	
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.			
а	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? N/A	9b		
10	Section 501(c)(7) organizations. Enter:	- 1	İ	
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		1	
11_	Section 501(c)(12) organizations. Enter:  Gross prome from members or shareholders  N/A  11a		j	
	Gloss income north members of shareholders	- 1		
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Section 4947(a)(1) non-example charitable trusts. Is the example to the exa	120		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes." enter the amount of tax-exempt interest received or accrued during the year.	12a		<del></del>

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

Sec	tion 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		İ	
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
-	any other officer, director, trustee, or key employee?	2		1
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		1
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<u> </u>
6	Does the organization have members or stockholders?	6	1	
7a	Does the organization have members of stockholders, or other persons who may elect one or more members		·	
14	of the governing body?	7a	1	
h	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	1	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
J	the year by the following.			
_	The governing body?	8a	1	
a		8b	1	
b	Each committee with authority to act on behalf of the governing body?	9a	7	
	Does the organization have local chapters, branches, or affiliates?	34		
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	1	
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		✓
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		✓
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		✓_
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		ŀ	
	describe in Schedule O how this is done	12c		✓_
13	Does the organization have a written whistleblower policy?	13		<u>√</u>
14	Does the organization have a written document retention and destruction policy?	14	✓	
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:	İ		
а	The organization's CEO, Executive Director, or top management official?	15a		✓_
b	Other officers or key employees of the organization?	15b	✓	
	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	Ì		
	with a taxable entity during the year?	16a		<u> </u>
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		1	
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c	)(3)s d	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	of inte	rest	
	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 record	ds of	the	
	organization. ► Eric Feaver, 1232 E. 6th Avenue, Helena, MT 59601; 406-442-4250			

## 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 co	ompensate	any o	offic	er,	dire	ctor,	trus	tee, or key em	ployee	
(A)	(B)			(6	C)			(D)	(E)	(F)
Name and Title	Average hours per		on (d		k all	that ap		Reportable	Reportable	Estimated
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
CECIL B. CRAWFORD DIRECTOR-AT-LARGE	1	1						0	0	0
KELLY HAVERLANDT DISTRICT 1 CHAIR	1	1						0	0	0
JOHN HUGHES DISTRICT 2 CHAIR	1	1				· · · · · · · ·		0	0	0
JOHN FLEMING DISTRICT 3 CHAIR	1	1						0	0	0
JANICE MULLER-KOHN DISTRICT 4 CHAIR	1	1				-		0	0	0
DAVE SEVERSON DISTRICT 5 CHAIR	1	<i>y</i>						0	0	0
SHERI POSTMA DISTRICT 6 CHAIR	1	./						0	0	0
DAN KELLY DISTRICT 7 CHAIR	1	<b>√</b>						0	0	0
MIKE KUJAWA DISTRICT 8 CHAIR	1	<b>√</b>						0	o	0
TAMI PHILLIPPI DISTRICT 9 CHAIR	1	<b>V</b>						0	0	0
SUE LORANG DISTRICT 10 CHAIR	1	1						0	0	0
TAMMY PILCHER DISTRICT 11 CHAIR	1	<b>√</b>						0	0	0
MIKE PICKING DISTRICT 12 CHAIR	1	<b>Y</b>						0	0	0
MICHELE FARMER	1			-				0	0	0
DISTRICT 13 CHAIR DIANE ELLIOTT	1	<b>√</b>	$\dashv$				İ	0	0	0
MONA BILDEN	1	<b>√</b>						0	0	0
PATTY MUIR	1	✓						0	0	0
DISTRICT 16 CHAIR		$\checkmark$							Ť	

Pa	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A)	(B)			(	C)		(D)		(E)		(F)	
	Name and title	Average	Positi	on (	chec	k all	that ap	ply)	Reportable	Reportable		stimate	
		hours per week	익힌	Ins	₽	<u>6</u>	en E	Fo	compensation from	compensation from related	aı	nount o	of
			Individual trustee or director	Institutional	Officer	Key employee	ploy	Former	the	organizations		pensat	
		]	할	9		룡	/ee cc	,	organization (W-2/1099-MISC)	(W-2/1099-MISC)		rom the ganizati	
			rust	l trust		уее	ğ		(** 2**********************************		an	d relati	ed
			66	ste	l		Highest compensated employee				org	anızatı	ons
			ļ <u>.</u>	L		ļ	ted					<del>-</del>	
	N KIMMET TRICT 17 CHAIR	1		}					0	0			0
	TE MCAULLIFFE		1	<del> </del>	├-	<u> </u>	<del> </del>	_				<del></del>	
	TRICT 18 CHAIR	1	,						0	0			0
	RB FETTIG		Y	<del>                                     </del>		-							
DIS	TRICT 18 VICE-CHAIR	1	1		ļ				0	0			0
MIF	E KUPILIK				-				_				
	TRICT 19 CHAIR	1	1	ļ	į				0	0			0
	A MASTANDREA	1											
	TRICT 20 CHAIR		✓		<u> </u>				0	0			0
	L COHENOUR TRICT 21 CHAIR	1							o	0			0
	E WEIST		1		ļ	_	<u> </u>						
	TRICT 22 VICE-CHAIR	1	1			ŀ			0	0			0
	TH MCKENZIE		<b>V</b>	<del> </del>	-			<u> </u>					
DIS	TRICT 23 CHAIR	1	1	ļ					0	0		0	
RO	BMARTIN	_	· · ·		<del>                                     </del>					•			
	TRICT 24 CHAIR	1	1						0	0			0
	BBIE WILLIS	1							0	0			0
	TRICT 25 CHAIR		1	<u></u>	<u> </u>						U		
	ANNON BENDER TRICT 26 CHAIR	1							o	0			0
	NDY DENESEN		4	ļ									
	TRICT 28 CHAIR	1	,		ĺ	ĺ			0	0			0
	NA ELDER		Y		<del>                                     </del>								
DIS	TRICT 29 CHAIR	1	1						0	0			0
1b	Total							<b>&gt;</b>	231,259	0		74.	,747
2	Total number of individuals (including those	e ın 1a) wh	o rec	eive	ed n	nore	than	\$1	00,000 in repo	rtable compens	ation	rom 1	the
	organization ▶ 2										<del></del>		
										ſ		Yes	No
3	Did the organization list any former office	r, director	or tru	ıste	e, k	еу	emplo	yee	e, or highest c	ompensated		}	,
	employee on line 1a? If "Yes," complete Se										3		4
4	For any individual listed on line 1a, is the s												
	the organization and related organizations individual	greater tha	រាង្វេ	U,U	00?	IT	res,	COL	npiete Scheau	ie J for such	4	1	
5	Did any person listed on line 1a receive	or accrue	comp	ens	satio	on f	rom a	งกร	unrelated orga	anization for	$\neg \neg$		
	services rendered to the organization? If ")	es," comp	lete S	Sch	edu	le J	for s	ućh	person ,	<u></u>	5		✓
$\overline{}$	ction B. Independent Contractors												
1	Complete this table for your five highest co- compensation from the organization.	ompensate	d inde	epe	nde	nt c	ontra	ctor	s that received	d more than \$10	0,000	of	
	<u></u>								/P)		(C		
	(A) Name and business add	ress							(B) Description of se	ervices (	(C) Comper		
N/A	1												
	<del></del>									2000			
2	Total number of independent contractors (compensation from the organization ▶ 0		nose	ın 1	!) W	no i	receiv	ed	more than \$10	บบ,บบบ เก			

rt VII	I Statement of Re	evenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ta b c d e f	Federated campaigns	1a					
[ b	Membership dues .	. 1b					
C	Fundraising events	1c					
d	Related organizations	1d			·		
e	Government grants (cont.	·					
<u> </u>	All other contributions, gifts,						
<u> </u>	and similar amounts not inclu- Noncash contributions include			İ			
j 9	Total. Add lines 1a-1f	eomines ia-m 5					
<del>                                     </del>		· · ·	Business Code				
2a	Membership Dues		900099	5,000,859	5,000,859	0	5,000,859
_b		ce	611600	104,584	104,584	0	104,58
C	PASS Training		611600	5,425	5,425	0	5,42
d	l						
е							
f	All other program servi						
g	Total. Add lines 2a-2f	·	<u> ▶</u>	5,110,868		·	
3	Investment income (inc	luding dividen	ds, interest, and				
	other similar amounts)		. ▶	58,604	58,604	0	58,604
4	Income from investment of	of tax-exempt bo	nd proceeds 🕨	0	0	0	
5	Royalties	(i) Real	(ii) Personal	0	0	0	(
	0 0 1	(i) rieal	(ii) i eisoriai				
1 .	Gross Rents						
b			<u> </u>	-			
d	,	oss)		o	0	0	
	Gross amount from sales of	(i) Securities	(ii) Other				
1'4	assets other than inventory		21,531				
l h	Less cost or other basis						
"	and sales expenses .		17,885				
C	Gain or (loss)		3,646				
d			<u> ▶ </u>	3,646	3,646	0	3,646
8a	Gross income from	fundraising					
	events (not including \$			1			
	of contributions reported	d on line 1c).					
١.	See Part IV, line 18	٠ .		İ			
	Less. direct expenses  Net income or (loss) from			0	o	0	,
		_					
9a	Gross income from gam See Part IV, line 19	ning activities.	.]				
Ь	Less direct expenses.						
C	Net income or (loss) fro	om gaming acti		0	0	0	(
10a	Gross sales of inve	entory less					
	returns and allowances					1	
	Less: cost of goods so			ĺ			
С	Net income or (loss) from			0	0	0	
	Miscellaneous Rev		Business Code			_ (	
	MUST Sponsorship F	ees	900099	114,393	114,393	0	114,393
11a			900099	731,249	731,249	0	731,249
11a b	NEA Funding			148 1	اممدممما	- 1	
1	NEA Funding AFT Funding		900099	142,186	142,186	0	
b	NEA Funding AFT Funding All other revenue	•		8,910	142,186 8,910	0	
b	NEA Funding AFT Funding All other revenue		900099 900099				142,186 8,910

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). (A) Total expenses Do not include amounts reported on lines 6b, Program service expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to governments and 210.679 organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in 0 the U.S. See Part IV, line 22 . . . . . Grants and other assistance to governments, organizations, and individuals outside the Ω U.S. See Part IV, lines 15 and 16 0 Benefits paid to or for members Compensation of current officers, directors, 484,728 trustees, and key employees . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 2,065,600 7 Other salaries and wages . . Pension plan contributions (include section 401(k) 550,801 and section 403(b) employer contributions) 391,746 Other employee benefits 175,237 Payroll taxes 10 Fees for services (non-employees): a Management 172,415 **b** Legal . 13,443 **c** Accounting **d** Lobbying . . . . . 0 0 e Professional fundraising services. See Part IV, line 17 0 f Investment management fees . 12,763 g Other 211,126 12 Advertising and promotion 199,897 Office expenses . 13 25,117 14 Information technology 0 15 Royalties 116.931 16 Occupancy 149,404 17 Travel Payments of travel or entertainment expenses 0 for any federal, state, or local public officials 432,101 19 Conferences, conventions, and meetings . 5,470 20 Interest 248,642 Payments to affiliates 21 125,053 Depreciation, depletion, and amortization. 22 7,406 23 Insurance 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.) Member trainings 26.906 Local maintenance 22,957 b Lobbying & Legislative 97,657 22,189 Donations 29,420 Contingency All other expenses ...... 5,797,688 Total functional expenses. Add lines 1 through 24f 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

Ρ¢	ILL X	Balance Sheet						
				(A) Beginning of year		End	(B) of yea	r
	1	Cash—non-interest-bearing		0	1			0
	2	Savings and temporary cash investments .		1,810,526	2		2,08	7,451
	3	Pledges and grants receivable, net		0	3			0
	4	Accounts receivable, net		261,230	4		24	7,044
	5	Receivables from current and former officers employees, or other related parties. Complete		0	5			0
	6	Receivables from other disqualified persons (a 4958(f)(1)) and persons described in section Part II of Schedule L		0	6			0
इ	7	Notes and loans receivable, net		35,000	7		2	4,378
Assets	8	Inventories for sale or use		0	8			0
ä	9	Prepaid expenses and deferred charges .		44,557	9		1	7,420
	10a	Land, buildings, and equipment cost basis	10a 1,454,230					
	b	i						
			10b 732,868	776,863	10c		72	1,362
	11	Investments—publicly traded securities .	<u></u>	0	11			0
	12	Investments-other securities. See Part IV, Iir	ne 11 .	0	12			0
	13	Investments-program-related See Part IV, II	0	13			0	
	14	Intangible assets .	0	14			0	
	15	15			0			
	16	Total assets. Add lines 1 through 15 (must e	equal line 34)	2,928,176	16		3,09	7,655
	17	Accounts payable and accrued expenses .		216,657	17		232	2,496
	18	Grants payable		0	18			0
	19	Deferred revenue		35,047	19	·	40	0,148
Liabilities	20	Tax-exempt bond liabilities	. <i>.</i>	0	20			0
	21	Escrow account liability. Complete Part IV of	Schedule D	0	21		<del></del>	0
	22	Payables to current and former officers, cemployees, highest compensated employersons. Complete Part II of Schedule L.		0	22			0
	23	Secured mortgages and notes payable to unr	related third parties L	61,094	23		30	0,884
	24	Unsecured notes and loans payable .	[	0	24			0
İ	25	Other liabilities. Complete Part X of Schedule	• D . L	808,038	25		<del></del>	3,328
	26	Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117, or		1,120,836	26		1,131	1,856
Balances	27	complete lines 27 through 29, and lines 33 Unrestricted net assets	and 34.	1,807,340	27		1 964	5,799
3al	28	Temporarily restricted net assets	· · · ·	0	28		1,500	0
	29	D	·	0	29			0
Net Assets or Fund	23	Organizations that do not follow SFAS 1 and complete lines 30 through 34.					<del></del>	
tz	30	Capital stock or trust principal, or current fun-	ds	Ì	30			
se	31	Paid-in or capital surplus, or land, building, or			31		-	
As	32	Retained earnings, endowment, accumulated	' '		32			
fet	33	Total net assets or fund balances		1,807,340	33		1,965	,799
_	34	Total liabilities and net assets/fund balances	<u>.</u>	2,928,176	34		3,097	
Pa	rt XI	Financial Statements and Reporting	]					
							Yes	No
1	Acco	ounting method used to prepare the Form 990.	. 🗌 Cash 🛮 🗗 Accrual	☐ Other				
2a		e the organization's financial statements compi		pendent accountant	?	2a_	1	
		e the organization's financial statements audite				2b	<b>√</b>	
		es" to lines 2a or 2b, does the organization have	-		ight of			
		ludit, review, or compilation of its financial statem				2c	1	
3а		result of a federal award, was the organization			forth in			,
_		_				_3a		<u> </u>
h	If "Y	es." did the organization undergo the required.	audit or audits?			l at-	1 I	

#### SCHEDULE C (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

OMB No 1545-0047

Open to Public

Department of the Treasury

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ To be completed by organizations described below. ▶ Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of organization Employer identification number **MEA-MFT** 81 0169635 To be completed by all organizations exempt under section 501(c) and section 527 organizations. Part I-A See the instructions for Schedule C for details. Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures . 3 Volunteer hours Part I-B To be completed by all organizations exempt under section 501(c)(3). See the instructions for Schedule C for details. \$\_\_\_\_\_ Enter the amount of any excise tax incurred by the organization under section 4955... Enter the amount of any excise tax incurred by organization managers under section 4955. If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . Yes \_ No 4a Was a correction made? Yes b If "Yes," describe in Part IV To be completed by all organizations exempt under section 501(c), except section 501(c)(3). Part I-C See the instructions for Schedule C for details. Enter the amount directly expended by the filing organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities , , , . . . . Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and Did the filing organization file Form 1120-POL for this year? \_ Yes No State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received and funds If none, enter -0promptly and directly delivered to a separate political organization If none, enter -0-

Pag	е	2

SCII	edule C (Form 990 of 990-E2) 2008					Page 4
P	To be completed by org (election under section	janizations ex 501(h)). See ti	<b>cempt under se</b> he instructions for	ction 501(c)(3) to or Schedule C fo	that filed Form 5 or details.	768
A B	Check ► ☐ if the filing organization  Check ► ☐ if the filing organization				ons apply.	
		obbying Expen	ditures		(a) Filing organization's totals	(b) Affiliated group totals
l •	Total lobbying expenditures to influe Total lobbying expenditures to influe Total lobbying expenditures (add lined Other exempt purpose expenditures Total exempt purpose expenditures Lobbying nontaxable amount. Enter	nce a legislative s 1a and 1b)	e body (direct lobb	oying)		
	columns  If the amount on line 1e, column (a) or (b) i Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$17,000,000  Over \$17,000,000					
		0- If line g is m 0- if line f is mo on either line 1 h	ore than line a re than line c or line 1i, did the c g Period Under S 501(h) election of	section 501(h)	omplete all of the f	☐ Yes ☐ No
	Lobby	ing Expenditure	es During 4-Year	Averaging Perior	d	
	Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) Total
2	a Lobbying non-taxable amount					
	Lobbying ceiling amount (150% of line 2a, column(e))					
	Total lobbying expenditures					
_	d Grassroots non-taxable amount					
_	Grassroots ceiling amount (150% of line 2d, column (e))					
1	Grassroots lobbying expenditures					

Pa	To be completed by organizations exempt under section 501(c)(3) that has 5768 (election under section 501(h)). See the instructions for Schedule C for	ve N deta	OT f	iled Form
		(a	9)	(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
	Volunteers?			
C	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			· · · · · · · · · · · · · · · · · · ·
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			<del></del>
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?	$\vdash$		· · · · · · · · · · · · · · · · · · ·
1	Other activities? If "Yes," describe in Part IV			
z 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		1	
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u> </u>		
Pai	To be completed by all organizations exempt under section 501(c)(4), sec section 501(c)(6). See the instructions for Schedule C for details.	tion :	501(d	c)(5), or
<u>-</u>	Control of Honor Control Honor Control			Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1 🗸
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		•	2 🗸
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3 ✓
Pai	To be completed by all organizations exempt under section 501(c)(4), sec section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" question 3 is answered "Yes." See Schedule C instructions for details.			
1	Dues, assessments and similar amounts from members		1	5,000,859
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of		
a	Current year	}	2a	208,729
b	Carryover from last year	-	2b	200.720
C	Total	ŀ	2c	208,729 250,043
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of	the l		230,043
7	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb		[	
	and political expenditure next year?	,5	4	0
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	. [	5	(41,314)
Pai	rt IV Supplemental Information			
	applete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, I	ne 5;	and F	Part II-B, line 1i
AISO	, complete this part for any additional information.			

scriedule C	orm 990 or 990-E2) 2008	Page 🔫
Part IV	Supplemental Information (continued)	
		***************************************
•••••		

### SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

Open to Public Inspection ----

	or the organization		Linployer	deritanous on namber
ME	-MFT		81	0169635
Pai	Organizations Maintaining De	onor Advised Funds or Other Similar	Funds or Ac	counts. Complete if
		s" to Form 990, Part IV, line 6.		• • •
	<u> </u>	(a) Donor advised funds	(b) Funds	and other accounts
	Takal more based at and at come			
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		d donor advisors in writing that the assets to bject to the organization's exclusive legal co		dvised Yes No
6	used only for charitable purposes and no	donors, and donor advisors in writing that g of the benefit of the donor or donor advis	sor or other	be . Yes No
Pai		nplete if the organization answered "Yes"	to Form 990	
				i artiv, mic 7.
1		eld by the organization (check all that apply)		
	Preservation of land for public use (e.			ally important land area
	Protection of natural habitat	☐ Preservation	on of certified h	nistoric structure
	Preservation of open space			
2	Complete lines 2a-2d if the organization he on the last day of the tax year.	eld a qualified conservation contribution in the	e form of a cons	ervation easement
				Held at the End of the Year
а	Total number of conservation easements		2a	-
	Total acreage restricted by conservation		2b	<del>'''</del>
b	- · · · · · · · · · · · · · · · · · · ·		2c	
C	Number of conservation easements on a	• • • • • • • • • • • • • • • • • • • •	2d	<del></del>
d	Number of conservation easements inclu	• • •		
3	Number of conservation easements mod the taxable year ▶	ified, transferred, released, extinguished, or	terminated by	the organization during
4	Number of states where property subject	to conservation easement is located >		
5	Does the organization have a written poli enforcement of the conservation easeme	cy regarding the periodic monitoring, inspecting it holds?	ction, violations	, and Yes No
6	Staff or volunteer hours devoted to monif	toring, inspecting, and enforcing easements	during the vea	r <b>&gt;</b>
7		ng, inspecting, and enforcing easements du		
8		ed on line 2(d) above satisfy the requiremen		***************************************
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?			Yes No
9	balance sheet, and include, if applicable, the organization's accounting for conservations		's financial state	ements that describes
Par		llections of Art, Historical Treasures, or		r Assets.
	Complete if the organization ans	swered "Yes" to Form 990, Part IV, line 8.		<u> </u>
1a	art, historical treasures, or other similar as	under SFAS 116, not to report in its revenue sets held for public exhibition, education, or r ote to its financial statements that describes	esearch in furth	balance sheet works of erance of public service,
b	historical treasures, or other similar asset provide the following amounts relating to		esearch in furth	erance of public service,
	(i) Revenues included in Form 990, Part			\$
	(iii) Assets included in Form 990, Part X			\$
2	If the organization received or held work following amounts required to be reporte	s of art, historical treasures, or other simila d under SFAS 116 relating to these items:	ar assets for fin	ancial gain, provide the
а	Revenues included in Form 990, Part VIII	, line 1		\$
	Assets included in Form 990, Part X			\$
_				

Schedule	D	(Form	agn	2008
Scriedule	u	(FOIII)	9901	2000

Page 2

Par	rt III Organizations Maintaini	ng Collections	of Art, H	istorica	l Treasures	, or Ot	her Similar As	sets (continued)
3	Using the organization's accession items (check all that apply):	and other record	s, check	any of th	ne following t	that are	a significant us	e of its collection
а	Public exhibition		d	L	oan or excha	inge pro	ograms	
b	Scholarly research		е					
C	Preservation for future generat	ions						
4	Provide a description of the organiz Part XIV	ation's collections	s and exp	olain how	they further	the org	ganization's exer	mpt purpose in
5	During the year, did the organization sassets to be sold to raise funds rather	r than to be mainta	ained as p	part of the	e organization	's collec	ction?	Yes No
Par	Trust, Escrow and Custo Part IV, line 9, or reported	odial Arrangeme d an amount on l	ents. Cor Form 990	mplete if 0, Part X	f organization (, line 21.	n answ	ered "Yes" to F	Form 990,
1a	Is the organization an agent, trustee included on Form 990, Part X?	e, custodian or ot		•	for contribution	ons or o	other assets not	Yes No
b	If "Yes," explain the arrangement in	Part XIV and cor	nplete the	e followir	ng table.			
							Am	ount
С	Beginning balance .					1c		
d	Additions during the year .					1d		
е	Distributions during the year				•	1e		
f	Ending balance					1f		<del></del>
b	Did the organization include an amount of "Yes," explain the arrangement in	Part XIV					•	☐ Yes ☐ No
Par	rt V Endowment Funds. Co						<del></del>	
		(a) Current year	(b) Prio	or year	(c) Two years	back (c	i) Three years back	(e) Four years back
1a	Beginning of year balance.							
þ	Contributions							
C	Investment earnings or losses .							
d	Grants or scholarships ,							·- · · · · · · · · · · · · · · · · · ·
е	Other expenditures for facilities and programs							
f g	Administrative expenses . End of year balance .							
2	Provide the estimated percentage of	f the year end ba	lance held	d as:				
а	Board designated or quasi-endowm	ent ▶	%					
b	Permanent endowment ▶	%						
C	Term endowment ▶ %	•						
3a	Are there endowment funds not in the organization by:	e possession of th	ie organiz	ation tha	it are held and	d admın	istered for the	Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" to 3a(II), are the related orga							3b
4	Describe in Part XIV the intended us							
Par	t VI Investments—Land, Bu			. See Fo	orm 990, Pa			
	Description of investment	(a) Cost or other			st or other s (other)	(c) De	preciation	(d) Book value
1a	Land			6.	764			6,764
b	Buildings			733	3,562	28	8,794	444,768
С	Leasehold improvements							
d	Equipment			713	3,904	44	4,074	269,830
	Other			<del></del>				
Total	I. Add lines 1a-1e (Column (d) should e	qual Form 990, Pai	rt X, colun	nn (B), lın	e 10(c))		<u> ►  </u>	721,362

Part VII Investments – Other Securities	s. 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		· · · · · · · · · · · · · · · · · · ·
		Annual de la companya
	<del>                                     </del>	
	<del> </del>	
		_
Total. (Column (b) should equal Form 990, Part X, col (B) line 12.)	1 0 - 5 - 200 5 - 1	
Part VIII Investments—Program Relate		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	1)/ 1 45	
Part IX Other Assets. See Form 990, Pa	(a) Description	(h) Poek volue
	(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, co		<u>.</u>
Part X Other Liabilities. See Form 990,	T	1
(a) Description of liability	(b) Amount	4
Federal income taxes ACCRUED COMPENSATED ABSENCES	0.00	~
DEFERRED COMPENSATION PLAN	533,934 287,239	<b>=</b> 1
FUNDS HELD FOR MEMBERS	7,155	1
FORDS RELD FOR MEMBERS	7,155	-
		1
		1
		1
		]
		]
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	828,328	
n Part XIV, provide the text of the footnote to the	organization's financial state	ments that reports the organization's liability for
uncertain tax positions under FIN 48.		

National Education Association's annual Representative Assembly.

Schedule D (For	m 990) 2008	Page <b>5</b>
Part XIV	m 990) 2008 Supplemental Information (continued)	
**		
	·	
	•••••••••••••••••••••••••••••••••••••••	
	••••••	

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

Open to Public

OMB No. 1545-0047

Employer identification number

MEA-WFT						8	0169635
Part I General Information on Grants and Assistance	on Grants and	Assistance					
<ul> <li>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?</li> <li>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States</li> </ul>	in records to subsaward the grants of zation's procedure	tantiate the amount assistance?	nt of the grants or ass	sistance, the granteer  in the United States	s' eligibility for the gra	ants or assistance, ar	nd
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	sistance to Gover 21, for any rec 1-1 (Form 990) if	vernments and ipient that received additional spac	Organizations in the ded more than \$5,00 e is needed	ne United States. On Check this box	Complete if the orgarif no one recipient	unization answered received more than	"Yes" on \$5,000. Use
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
Billings Classified EA 510 N. 29th St., Billings, 59101	81-0470301	501c(5)	5,450	N/A	N/A	N/A	Release Time
Billings Education Association 510 N. 29th St., Billings, 59101	81-0304158	501c(5)	54,850	N/A	N/A	N/A	Release Time
-Bozeman-Education Association 8355 Goldenstien, Bozeman	81-0365571	501c(5)	17,850	A/N	N/A	N/A	Release Time
Butte Teachers Union	81-0308581	501c(5)	11,587	N/A	N/A	N/A	Release Time
Great Falls Education Assoc,	81-0307653	501c(5)	35,100	N/A	N/A	N/A	Release Time
-Halana-Education Association	81-0418347	501c(5)	30,700	N/A	N/A	N/A	Release Time
Kalispell-Education Association - 164 Wilson Hainhts Kalismell	81-0461727	501c(5)	8.775	N/A	N/A	N/A	Release Time
-Missoule Education Association -	81-0494721	501c(5)	31,500	N/A	N/A	N/A	Release Time
University Faculty Association	81-6013891	501c(5)	7,950	N/A	N/A	N/A	Release Time
-Billings-Education Association	81-0304158	501c(5)	3,000	N/A	N/A	N/A	ER&D Grant
2 Enter total number of section 501(c)(3) and governme	501(c)(3) and gove	ernment organizations	ONS				0
3 Enter total number of other organizations	ganizations					<b>A</b>	6

Schedule I (Form 990) 2008

Cat No 50055P

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

Page 2

Schedule I (Form 990) 2008

(f) Description of non-cash assistance 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. Release time grants are formula-based depending on the local's full-dues equivalent membership. ER&D grants are applied for by the locals and the Director Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. Method of valuation (book, FMV, appraisal, other) ē (d) Amount of non-cash assistance (c) Amount of cash grant of Public Policy follows up with the locals on the administration of the grant. (b) Number of recipients (a) Type of grant or assistance Part IV Part III

#### 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

MEA-MFT

Part Questions Regarding Compensation

Employer identification number

81 : 0169635

	Questions regulating 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 N/A	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	1		
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee	Э		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			
а	Receive a severance payment or change of control payment?	4a		<b>✓</b>
b		4b	<b>✓</b>	1
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		<b>-</b>
	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:  N/A	5a		
	The 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:			i
	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 N/A	8		
	in Part III	1 0	1 .	

Page 2

Schedule J (Form 990) 2008

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 (ii) 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.

	-	(B) Breakdown of	W-2 and/or 1099-MISG compensation	SC compensation				
(A) Name	ļ	(i) Base compensation		(ii) Other reportable compensation	compensation	(U) Nontaxable benefits	(B)(()-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
ERIC FEAVER	€ €	102,320	0	0	15,193	15,289	132,802	75,768
ERIK BURKE	: E	87,689	30,000	0	5,643	38,622	161.954	91,800
	3		***************************************					
	; (E)							
	(E)							
	38							
	(ii)							
	(ii)							
	3 3				1 3 4 5 1 1 1 1 1 1 1 1 1	1 1 4 4 4 6 6 6 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		
	(E)							
	(E)							5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	(i)							
	3 3							
	<b>E E</b>							
)	(E)						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	(E)							

Schedule J (Form 990) 2008

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 par for any additional information.	te this p
Part I, Line 4b: Contributions are made to an Officer's Money Purchase Pension Plan & Trust at a contribution rate of 15% of base salary. The plan is a defined	<b>5</b>
contribution retirement plan.	
	1 1 1 1 1
	7 1 1 6 1 1
	1
	)   
	1

#### SCHEDULE O (Form 990)

## **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	

Department of the Treasury Internal Revenue Service Name of the organization

**MEA-MFT** 

Employer identification number 81 0169635

PART I, 1. contract maintenance, and political action; professional standards through proper licensure and endorsement as well as quality professional development; a prepared and productive workforce; a culturally diverse workforce; membership growth through effective recruiting, organizing, and training while providing essential services and programs; the strength of the organization by identifying, developing, and retaining effective leaders; and public health and safety. PART VI: SECTION A, 6. MEA-MFT has members which pay an annual membership fee. Individuals eligible for membership are those individuals employed with employers that have signed collective bargaining agreements with the organization. PART VI: SECTION A, 7a. Statewide officers (including President, Vice-President, Secretary-Treasurer, and NEA Director) are elected at the statewide Representative Assembly. District chairs are elected every two years at either Representative Assembly or district meetings. PART VI: SECTION A, 7b. Decisions pertaining to constitutional amendments, standing rules, dues and budget are voted on at the annual Representative Assembly. PART VI: SECTION A. 10. Once the Form 990 is complete, the President and Executive Director review the form for accuracy. The 990 is discussed in the January board meeting. PART VI: SECTION B, 15(b). The Business Manager's salary is based on the employee professional staff salary schedule which is bargained by the employees' staff organization. PART VI: SECTION C, 19. The organization's governing documents are available on the organization's website, mea-mft.org, the conflict of interest policy is available upon request, the organization's annual LM-2 form is available on

Schedule O (Form 990) 2008		Page 2
Name of the organization	Employer identi	fication number
MEA-MFT	81	0169635
the Department of Labor, Office of Labor-Management Standards website, and all other fit	nancial statem	ents are available
upon request.		
upon roquos.		
.,		
		•••••
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		***************************************

## SCHEDULE J-2 (Form 990)

## **Continuation Sheet for Form 990**

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Open to Public Inspection

Name of the Organization Employer Identification number MEA-MFT 0169635 Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Part I (A) (B) (D) (E) (F) Name and Title Position (check all that apply) Average hours Reportable Reportable Estimated per week Individual trustee or director compensation compensation amount of Highest compensated employee Institutional trustee Key employee other from from related organizations compensation organization (W-2/1099-MISC) from the (W-2/1099-MISC) organization and related organizations KARIN STANFORD **NEA DIRECTOR** 0 0 ERIC FEAVER **PRESIDENT** 40 102,320 0 30,482 LARRY NIELSEN VICE-PRESIDENT 6,250 0 1 0 JEFF GREENFIELD SECRETARY-TREASURER 5,000 0 0 ERIK BURKE **EXECUTIVE DIRECTOR** 40 117.689 0 44,265 \_\_\_\_\_\_