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### 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

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection Internal Revenue Service For the 2009 calendar year, or tax year beginning 7/1/2009 6/30/2010 and ending В Check if applicable D Employer identification number C Name of organization Arlington Education Association use IRS Address change Doing Business As 54-0633921 label or print or Name change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number type Initial return 5691 Columbia Pike 100 (703) 379-1650 Specific Terminated City or town, state or country, and ZIP + 4 instruc-Amended return Falls Church 22041 G Gross receipts \$ Application pending Name and address of principal officer H(a) Is this a group return for affiliates? X No Shelley Lucke-Jennings 4904 Wakefield Chapel Road, Annandale, VA 22 H(b) Are all affiliates included? If "No," attach a list (see instructions) X 501(c) ( 4947(a)(1) or Tax-exempt status 5) **◄** (insert no) Website: > www aeava org H(c) Group exemption number ► 3108 Trust X Association K Form of organization Corporation Other > L Year of formation M State of legal domicile VA Part I Summary Briefly describe the organization's mission or most significant activities Our mission is to advocate for, communicate with, educate, and engage the Arlington Education Association (AEA) members and to influence education stakeholders Activities & Governance through collective action **SCANNED** 0CT 1 4 2010 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body Part VI 4 0 CEIVED Total number of employees (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 Total gross unrelated business revenue from Part VIII column (Ch line 12 0 7a Net unrelated business taxable income from Form 990-T, line 34 0 Prior Year **Current Year** OGDEN. 8 Contributions and grants (Part VIII, line 1h) 363,981 362,706 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 5,588 .066 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) O Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 369,569 365,772 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 236,319 223,989 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) 159,602 129,830 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 18 395,921 353,819 19 Revenue less expenses Subtract line 18 from line 12 -26,352 11,953 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 476,899 587,355 21 Total liabilities (Part X, line 26) . . 32,538 131.040 22 Net assets or fund balances Subtract line 21 from line 20 444,361 456,315 Part II Signature Block Under penalties of penjury, 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 NEA EXECUTIVE arecibil Here Preparer's Date Check if Preparer's identifying number signature Paid 9/7/2010 employed Preparer's Firm's name (or yours Timothy O'Brien, CPA EIN **Use Only** if self-employed),

Phone no

▶ (703)448-1040

Х Yes No Form 990 (2009)

May the IRS discuss this return with the preparer shown above? (see instructions)

PO Box 2851, Fairfax, VA 22031

		4-0033921	Page Z
_			
1	Briefly describe the organization's mission		_
	AEA is a well respected educational authority in Arlington County on public education in Arlington County the		
	interests of its members and the students they serve.		
	Did the assessment and attacks and compliant preprint and an advantable and the base and based an	<del></del>	
2	Did the organization undertake any significant program services during the year which were not listed on	□ v	<b>□</b>
	the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O	Yes	X No
_	·		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services? .	Yes	X 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		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	it of grants an	d
	allocations to others, the total expenses, and revenue, if any, for each program service reported		
4a	(Code ) (Expenses \$ 353,819 including grants of \$ 0 ) (Revenue \$		706)
	Advancing the cause of education promoting professional excellence		
	among educators and protecting the rights of educators		
	<del></del>		
4b	(Code) (Expenses \$0 including grants of \$0 ) (Revenue \$		<u>. 0</u> )
	/Ondo \/Tunanan@ O \/Dunanan@ O \/Dunanan@		<del></del>
4C	(Code) (Expenses \$0 including grants of \$0 ) (Revenue \$	• • • • • • • • • • • • • • • • • • • •	0)
	•••••••••••••••••••••••••••••••••••••••	• • • • • • • • • • • • • • • • • • • •	
		• • • • • • • • • • • • • • • • • • • •	
4d		•	
4-	(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$	0)	

	Checklist			
Part IV				

			165	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		
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	_	$\hat{\mathbf{x}}$
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		<u> </u>
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 similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			·
7	complete Schedule D, Part I	_6_		<u> </u>
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	_	Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<u> </u>
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,"			.,
40	complete Schedule D, Part IV .	9	}	<u> </u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	_	X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	<u> </u>			ļ
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that			
12	addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12	Schedule D, Parts XI, XII, and XIII	12	Х	لکیک
I2A	Was the organization included in consolidated, independent audited financial statements for the tax  Yes No			3 3 3
	year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	• • • • • • • • • • • • • • • • • • • •	13		<u>_x</u> _
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u> _
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? 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		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	ļ	_X _
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities on Part VIII, line 9a?			
20	If "Yes," complete Schedule G, Part III	19		<del></del>
<u> 20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	990	X
		rom	330(	ZUU9)

Form	990 (2009) Arlington Education Association 54	4-0633921	P	age <b>4</b>
Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	, ,		
	in the United States 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 of grants and other assistance to individuals in the			
	United States 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, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? 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	1 1		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25.	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_X_
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
258	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	25-		
<b>h</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	. 25a		
D	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			1
	990-EZ? 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	250		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			<del>`</del>
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		33	
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		- #	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? 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			
24	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			
25		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.	25		V
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related	35		X
30	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	36	<b></b>	
J,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	and that is deduce as a partitioning for rederal moonie tax purposes? If Test, complete scriedule K, Fall			

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O

Par	Statements Regarding Other IRS Fillings and Tax Compliance		1	
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	_	Yes	No
	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		l	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		l	
	Statements, filed for the calendar year ending with or within the year covered by this return 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u> </u>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see		ı	
•	Instructions)		1	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			
<b>L</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3a		X
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	_3b_		
44	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	1	Х
b	If "Yes," enter the name of the foreign country	- <del></del>		
-	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			•
	and Financial Accounts		1	
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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction? .	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		Ì	
_	organization solicit any contributions that were not tax deductible?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7_	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			,
а	and services provided to the payor?	7a		Х
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	7.0	-	
•	required to file Form 8282?	7c	1	Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Χ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
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		I	
•	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		1	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	8		
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			
a	Initiation fees and capital contributions included on Part VIII, line 12		[	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		I	
11	Section 501(c)(12) organizations. Enter		1	
а	Gross income from members or shareholders		{	
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		1	

Form 990 (2009) Arlington Education Association Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body n Enter the number of voting members that are independent **1b** 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? Х Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a material diversion of the organization's assets? 5 Х Does the organization have members or stockholders? 6 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a Х Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Ь 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body?. 8a Each committee with authority to act on behalf of the governing body? 8b X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9a Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code ) Yes No 10a Does the organization have local chapters, branches, or affiliates? 10a Х 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? 10b 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If "No," go to line 13. 12a Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c Does the organization have a written whistleblower policy? Х 13 Does the organization have a written document retention and destruction policy? Х 14 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? 15a The organization's CEO, Executive Director, or top management official X Other officers or key employees of the organization 15b If "Yes" to line 15a or 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 with a taxable entity during the year? 16a Х 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 List the states with which a copy of this Form 990 is required to be filed ► VA 17 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 X Upon request Own website Another's website Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 19 policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the 20

5691 Columbia Pike #100, Falls Church, VA 22041

organization ► Alysha A Page

# 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. Report compensation for the calendar year ending with or within the organization's tax year. 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 Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- 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 compe	ensate any curre	nt off	icer	, dı	rec	tor, or	tru	stee		
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average					that ap			Reportable	Estimated
	hours per 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
Shelley Lucke-Jennings President	40			х	x	х	_	124,319	0	2,998
						_		,		
				i						
								_		

	Addington Education Association  VII Section A. Officers, Directors, True	ıstees, Key Er	nploy	ees	and	Hiç	hesi	t Co	mpensated Em		063392 ontinue		Page (
	(A)	(B)			(0	C)			(D)	(E)		(F)	
	Name and title	Average hours per week	or director		(checi Officer		a Highest compensated memployee		Reportable compensation from the organization (W-2/1099-MISC)	Reportab compensat from relate organizatio (W-2/1099-N	ed ons	Estima amount other compens from toganization organization organizatio	t of r sation he ation ated
						_	_						
							_	_		ļ			
							_	_					
			<u> </u>				<u> </u>						
						_	<u> </u>		<u> </u>		_	<del></del> -	
<del></del>								_					
1b 2	Total Total number of individuals (including but no	t limited to the	o liet		havo	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		2011/0	124,319		<u>  0</u>		2,998
	reportable compensation from the organizat		96 1150	eu a	1 1	:) WI	io rec	Jeive		00,000 111			
3	Did the organization list any <b>former</b> officer,					yee,	or h	ighe:	st compensated	-		Yes	No
	employee on line 1a? If "Yes," complete Sci										3	<del>}</del> —	X
4	For any individual listed on line 1a, is the sur the organization and related organizations g										 		
5	<ul><li><i>individual</i></li><li>Did any person listed on line 1a receive or a</li></ul>	ccrue compens	sation	fron	n any	y uni	relate	ed or	ganization for		4		X
	services rendered to the organization? If "Yo	es," complete S	Sched	ule .	for:	such	n pers	son			5	<u> </u>	X
1	tion B. Independent Contractors  Complete this table for your five highest con compensation from the organization	pensated inde	pende	ent c	ontra	acto	rs tha	at red	ceived more than	n \$100,000	of		
	(A) Name and business a	ddress							(B) Description of sen	vices	Comp	(C) ensation	
								ļ					(
								-					
			_					$\vdash$					
2	Total number of independent contractors (in	cluding but not	limite	d to	thos	e lis	ted a	bove	e) who received				·

more than \$100,000 in compensation from the organization

0

365.772

e Total. Add lines 11a-11d . .

Total revenue. See instructions

0

#### 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).									
	not include amounts reported on lines 6b, 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	0								
2	Grants and other assistance to individuals in									
_	the U S See Part IV, line 22	0			<del></del>					
3	Grants and other assistance to governments,									
	organizations, and individuals outside the									
4	U S See Part IV, lines 15 and 16	0			<del></del>					
4	Benefits paid to or for members .  Compensation of current officers, directors,	0	<del></del>		<del></del>					
5	·	404.240	424.240							
6	trustees, and key employees Compensation not included above, to disqualified	124,319	124,319		<del></del> -					
0	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	0 78,476	79 476							
8	Pension plan contributions (include section 401(k)	10,410	78,476							
J	and section 403(b) employer contributions)	O	ļ							
9	Other employee benefits .	14,785	14,785							
10	Payroll taxes	6,409	6,409							
11	Fees for services (non-employees)	0,409	0,409							
a	Management	o								
b	Legal	0								
c	Accounting .	5,695	5,695							
d	Lobbying .	0	0,000							
e	Professional fundraising services See Part IV, line 17	0								
f	Investment management fees	0			<del></del>					
g	Other	o								
12	Advertising and promotion	0			<del></del>					
13	Office expenses	7,332	7,332		<del></del>					
14	Information technology .	4,740	4,740		<del></del>					
15	Royalties	0								
16	Occupancy	27,279	27,279							
17	Travel	4	4							
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials	o								
19	Conferences, conventions, and meetings	59,374	59,374							
20	Interest	0								
21	Payments to affiliates .	0								
22	Depreciation, depletion, and amortization	0	0	0	C					
23	Insurance	0								
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 )									
а	Equipment Leasing	21,281	21,281							
b	Member Functions	2,746	2,746							
C	Repairs and Maintenance	1,379	1,379							
đ		0								
е		0								
f	All other expenses	0								
25	Total functional expenses. Add lines 1 through 24f	353,819	353,819	0						
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				<del></del>					
					Form <b>990</b> (2009)					

	art X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		20	1	20
	2	Savings and temporary cash investments	į	125,003	2	234,625
	3	Pledges and grants receivable, net	0	3	0	
	4	Accounts receivable, net .	1,767	4	2,601	
	5	Receivables from current and former officers,		i		
		employees, and highest compensated employ Schedule L	0	5		
	6	Receivables from other disqualified persons (a 4958(f)(1)) and persons described in section 4				
		Part II of Schedule L	0	6		
S.	7	Notes and loans receivable, net	0	7	0	
Assets	8	Inventones for sale or use			8	
Ä	9	Prepaid expenses and deferred charges	Ī		9	
	10a	Land, buildings, and equipment cost or	<b>10a</b> 350,109			
		other basis Complete Part VI of Schedule D				
	b	Less accumulated depreciation	1 <b>0b</b> 0	350,109	10c	350,109
1	11	Investments—publicly traded securities	0		0	
	12	Investments-other securities See Part IV, Iir	0	12	0	
	13	Investments-program-related See Part IV, II	ne 11 .	0		0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11	<b>\</b>	0	15	0
	16	Total assets. Add lines 1 through 15 (must ed	qual line 34)	476,899	16	587,355
	17	Accounts payable and accrued expenses		32,538	17	131,040
	18	Grants payable			18	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities	. [	0	20	
S	21	Escrow or custodial account liability Complete		21		
Liabilities	22	Payables to current and former officers, direct	ors, trustees, key			
ap		employees, highest compensated employees,	and disqualified			
		persons Complete Part II of Schedule L		0	22	
1	23	Secured mortgages and notes payable to unre	elated third parties .	0	23	0
	24	Unsecured notes and loans payable to unrelate	ed third parties .	0	24	0
	25	Other liabilities Complete Part X of Schedule	D [	0	25	0
	26	Total liabilities. Add lines 17 through 25	,	32,538	26	131,040
seo		Organizations that follow SFAS 117, check complete lines 27 through 29, and lines 33			·	
2	27	Unrestricted net assets			27	
Balan	28	Temporarily restricted net assets	·		28	
8	29	Permanently restricted net assets			29	
Š	23	•			-25	
Net Assets or Fund		Organizations that do not follow SFAS 117 and complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current fund		30		
\ss	31	Paid-in or capital surplus, or land, building, or		31		
at 6	32	Retained earnings, endowment, accumulated	444,361	32	456,315	
ž	33	Total net assets or fund balances .	444,361	33	456,315	
	34	Total liabilities and net assets/fund balances		476,899	34	587,355

Form 990 (2009)

#### SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to

Department of the Treasury Internal Revenue Service Part IV, line 6, 7, 8, 5

► Attach to Form 990. ► Se

► See separate instructions.

Open to Public Inspection

OMB No 1545-0047

Mame	or me organization			Employer identification number
Arling	gton Education Association			54-0633921
Par	Organizations Maintaining Dono		Similar Fund	ds or Accounts. Complete if
	the organization answered "Yes" t	o 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 d	_		
	funds are the organization's property, subject	<del>-</del>	-	
6	Did the organization inform all grantees, dor		-	
	used only for charitable purposes and not fo		or advisor, or t	
	purpose conferring impermissible private be			Yes No
Par	Conservation Easements. Comp	lete if the organization answe	ered "Yes" to	Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held	by the organization (check all th	at apply)	
	Preservation of land for public use (e.g.	recreation or pleasure) 🔲 P	reservation of	an historically important land area
	Protection of natural habitat	ΠP	reservation of	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organiza	tion held a qualified conservation	on contribution	in the form of a conservation
-	easement on the last day of the tax year	Hora a qualified correct valid	John Dadon	and to the or a control value.
	and the same same and the same year			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation eas	sements		2b
C	Number of conservation easements on a ce		ın (a)	2c
ď	Number of conservation easements included		(-)	2d
3	Number of conservation easements modified		ished, or termi	L
	duning the tax year ►	, , , , , ,		
4	Number of states where property subject to	conservation easement is locate	ed 🕨	
5	Does the organization have a written policy	regarding the periodic monitoring	g, inspection, I	handling of
	violations, and enforcement of the conserva-	ion easements it holds?		Yes No
6	Staff and volunteer hours devoted to monito	ring, inspecting, and enforcing c	onservation ea	asements during the year
	<b>•</b>			
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conse	rvation easem	nents during the year
	▶ \$			
8	Does each conservation easement reported	on line 2(d) above satisfy the re	equirements of	
_	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?		•	☐ Yes ☐ No
9	In Part XIV, describe how the organization re			
	balance sheet, and include, if applicable, the		nızatıon's finar	ncial statements that describes
Dar	the organization's accounting for conservation		0 01 Other 01	in the Access
Par				imilar Assets.
	Complete if the organization answere			<del></del>
та	If the organization elected, as permitted und art, historical treasures, or other similar asset			
	service, provide, in Part XIV, the text of the f			
ь	If the organization elected, as permitted und			
~	historical treasures, or other similar assets h			
	service, provide the following amounts relati		.,	
	(i) Revenues included in Form 990, Part VII	~		. ▶\$
	(ii) Assets included in Form 990, Part X		· •	► \$ ► \$
2	If the organization received or held works of		r sımılar asset	s for financial gain, provide the
	following amounts required to be reported up			
а	Revenues included in Form 990, Part VIII, III			▶ \$
	Assets included in Form 990. Part X	-		<b>▶</b> \$

Sche	Arlington Education As	sociation			54-0633921	Page <b>2</b>
Pa	rt III Organizations Maintaining	Collections of	Art, Histo	rical Treasure	s, or Other Similar	
3 a b	Using the organization's acquisition, use of its collection items (check all the Public exhibition Scholarly research	accession, and of			ne following that are a	
с 4	Preservation for future general Provide a description of the organiza Part XIV.		and explair	how they furthe	r the organization's ex	empt purpose in
5	During the year, did the organization assets to be sold to raise funds rather	er than to be main	tained as p	art of the organiz	ation's collection?	Yes No
Pa	IV. line 9, or reported an an				n answered "Yes" to	Form 990, Part
1a b	Is the organization an agent, trustee, included on Form 990, Part X?  If "Yes," explain the arrangement in I			-	ons or other assets no	Yes No
	ii ros, explain the arrangement iir i	arryttv and com		nowing table		Amount
C	Beginning balance.				. 1c	0
d	Additions during the year		•		1d	
е	Distributions during the year .				1e	
f	Ending balance .				1f	0
2a	Did the organization include an amou		Part X, line	217		Yes X No
ь				1 100 4 11 4	5 000 5 151	
Par	t V Endowment Funds. Comp					
1a	Beginning of year balance	(a) Current year 0	(b) Pnor	year (c) Two ye	ars back (d) Three years I	back (e) Four years back
ıa b	Beginning of year balance Contributions			<del></del>	<del>  </del>	
C	Net investment earnings, gains,					<del></del>
·	and losses					
d	Grants or scholarships					
e	Other expenditures for facilities			· · · · · · · · · · · · · · · · · · ·		
•	and programs			ļ		
f	Administrative expenses .					
g	End of year balance	0		0		
2	Provide the estimated percentage of	the year end bala	nce held a	<u> </u>		
а	Board designated or quasi-endowme	ent 🕨	%			
b	Permanent endowment	%				
С		<u>%</u>				
3a	Are there endowment funds not in the	e possession of th	ne organiza	tion that are held	and administered for	
	organization by					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				and V. Conn. 40	
Par						<u></u>
	Description of investment	(a) Cost or otl (investm		(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land		0			0

Part	VI Investments—Land, Buildin	gs, and Equipment.	See Form 990, Pa	art X, line 10.	
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	0	0		C
b	Buildings	0	350,109	0	350,109
C	Leasehold improvements	0	0	0	
d	Equipment	0	Ö	0	(
е	Other	0	0	0	
Tota	i. Add lines 1a through 1e. (Column (d) i	must equal Form 990, P	art X, column (B), lin	e 10(c) ) ►	350,109

organization's liability for uncertain tax positions under FIN 48

Page	-3

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 valu Cost or end-of-year ma	
Financial derivatives	0		
Closely-held equity interests .	0		
Other	0		
	0		
	0		
	0		
	0		
	0		
	0		
	0		
	0		
	0	<del></del>	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	0	1 <u> </u>	
Part VIII Investments—Program Relate	d. 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	
	0		
	0	<del></del>	
<del></del>	0		
<del></del>	0		
	0		
	0		
<del></del>	0		
<del></del>	0		
	0		
<del>-                                    </del>	0		
Total (Column (b) must equal Form 990, Part X, col. (B) line 13 ) ▶	0		
Part IX Other Assets. See Form 990, F	Part X, line 15		
	a) Description		(b) Book value
			0
			0
			0
			0
			0
			0
			0
			0
	<del></del>		0
	·		0
Total. (Column (b) must equal Form 990, Part X,		. <u> </u>	0
Part X Other Liabilities. See Form 990	), Part X, line 25.		
1. (a) Description of liability	(b) Amount		
Federal income taxes		<u> </u>	
		_0	
		_ 0	
		<u> </u>	
	ļ	_0	
		_0	
		_0	
	<del></del>	<u> </u>	
		_0	
		_0	
	ļ	_0	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>	0	<del></del>

	Arlington Education Association	54-0633	
Schedule D (Form			Page 5
Part XIV	Supplemental Information (continued)	<del> </del>	
		• • • • • • • • • • • • • • • • • • • •	••••••
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			•••••
		•••••	

# SCHEDULE O (Form 990)

## Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Arlington Education Association	54-0633921
Form 990 Part VI Section B Line 11A The organization has the form 990 prepared by its	outside
independent accounting firm. The return is reviewed by the controller and president for a	accuracy and
completeness prior to signing and submitting	
	••••••
	•
	••••••
	•••••
	•