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Return of Organization Exempt From Income Tax

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Inspection

| <u> </u> | For the | 2010 cal | <u>endar year, or tax year beginnir</u> | g 7/1/ | <u> 2010 _ , </u> | and e | nding | <u>6/30</u> | <u> </u> | | |
|-------------------------|---------------|------------|-------------------------------------------|--------------------------------|----------------------------------------|-----------|--------------|------------------------|---------------------|--------------|-------------|
| В | Check if a | pplicable | C Name of organization Arling | ton Education Asso | ciation | | | D Employer | identification n | umber | |
| | Address o | hange | Doing Business As | | | | | 54-063392 ⁻ | 1 | | |
| ١ | Name cha | ange | Number and street (or P O box if n | nail is not delivered to str | eet address) Room/s | suite | | E Telephone | | | |
| 三 | nitial retu | - | 5691 Columbia Pike | | 100 | | I. | (703) <u>3</u> 79-1 | 650 | | |
| = | Terminate | | City or town, state or country, and 2 | 'IP + 4 | 1100 | | | (103) <u>3</u> 19-1 | 650 | | |
| = | | _ | * | • 4 | \/A 00 | 0044 | - 1 | G Gross reco | ounte © | 274 | 242 |
| ≍ | Amended | | Falls Church | | VA 22 | 2041 | | | | | ,212 |
| \square^{f} | Applicatio | n pending | F Name and address of principa | | | | | • . | ım for affiliates? | Yes X | No |
| | | | Shelley Lucke-Jennings 4904 | Wakefield Chapel | Road, Annandal | e, VA | H(b) Are | all affiliates in | cluded? | X Yes |] No |
| I T | ax-exem | pt status | 501(c)(3) X 501(c) (|) ◀ (insert no) | 4947(a)(1) or | 527 | If "N | No," attach a lis | st (see instruction | ns) | |
| . V | Vahsita | • • • | v.aeava org | | <u> </u> | | H(c) Gro | un evemntion | number ► 3108 | R | |
| | | | | | | Τ | | | | | — |
| _ | | ganization | | Association Othe | ·· · · · · · · · · · · · · · · · · · · | L Yea | r of forma | tion 1962 | M State of le | gal domicile | <u> VA</u> |
| _ P | art I | Su | mmary | | - | | | | | | |
| | 1 | Briefly o | escribe the organization's mis | sion or most signifi | cant activities | Our | mission | is to advoc | ate for, | | |
| | 1 | commu | nicate with, educate, and enga | ige the Arlington Ed | ducation Associat | tion (A | (EA) me | embers and | | | |
| S | | | nce education stakeholders th | | | | | | | | |
| la l | | | | | | | | | | | |
| Activities & Governance | 2 | Check t | his box I if the organization | discontinued its operat | ions or disposed of m | nore the | n 25% of | ite not accord | | | |
| ၓ | 3 | | of voting members of the gov | | · | iore tric | III 20 /0 OI | its fiet assets | 3 | | ^ |
| න් ග | 4 | | of independent voting memb | | · · | ina 1hì | ٠. | | 4 | | <u>0</u> |
| Æ. | | | mber of individuals employed | | | | , | • • | 5 | | |
| 妄 | 5 | | | | oro (Fart V, line A | za). | | • | | | 0 |
| ⋖ | 6 | | mber of volunteers (estimate | | (0) 1 | - | | • | 6 | | |
| | 7a | | related business revenue from | | | | | • | 7a | | 0 |
| | <u> b</u> | Net unr | elated business taxable incom | e from Form 990-1 | , line 34 | | | | 7b | | 0 |
| | 1 _ | Prior Year | | | | | | | | Current Year | |
| <u>a</u> | 8 | | utions and grants (Part VIII, lir | | | • | <u> </u> | 362 | 2,706 | 369 | ,018 |
| eur | 9 | _ | n service revenue (Part VIII, lii | • | | | | | 0 | | 0 |
| Revenue | 10 | | ent income (Part VIII, column | | • | | | | 3,066 | 2 | ,194 |
| _ | 11 | Other re | evenue (Part VIII, column (A), | lines 5, 6d, 8c, 9c, | 10c, and 11e) . | | | | 0 | | 0 |
| | 12 | Total rev | enue—add lines 8 through 11 (m | <u>iust equal Part VIII, c</u> | olumn (A), line 12) | | <u> </u> | 369 | 5,772 | 371 | <u>,212</u> |
| | 13 | Grants | and similar amounts paid (Par | t IX, column (A), lin | es 1–3) | | | | 0 | | 0 |
| | 14 | Benefits | paid to or for members (Part | IX, column (A), line | : 4) | | | 0 | | | 0 |
| " | 15 | Salaries | other compensation, employee | penefits (Part IX, colu | ımn (A), lines 5–10 |)). | | 22: | 3,989 | 218 | ,899 |
|)Se | 16a | | onal fundralsing feés (Part IX | | | | | | 0 | | 0 |
| Expenses | b | Total fu | ndraising expenses (Part IX, c | olumn (D). line 25) | > | 0 | | | | | |
| ũ | 17 | | penses (Part IX, column (A)/ | | | | | | 9,830 | * * / * * | ,365 |
| | 18 | | penses Add lines 13-17 (mu | | | | | | 3,819 | | ,264 |
| | 19 | | e less expenses Subtract line | | .a (7 ty, 1110 20) | , | | | 1.953 | | .948 |
| - 5 8 | | TREVENIE | | groundin and 12. | <u> </u> | • | Beginn | ing of Current | | End of Year | ,0-10 |
| Net Assets or | 20 | Total as | sets (Rart X-line 16) | | | | 209 | | 7,355 | | ,519 |
| Ass | 21 | | bilities (Part X, line 26) | | | | | | 1,040 | | ,256 |
| ž į | 22 | | ets or fund balances Subtrac | t line 21 from line 2 | n | • | \vdash | | 6,315 | | ,263 |
| | | | Inature Block | Time 21 non mie 2 | · · · | • • | · | | 0,313 | 470 | ,203 |
| | art II | | ry, I declare that I have examined this r | aturn including accompa | nuna cabadulas and s | tatomor | ate and to | the best of m | , knowlodgo | | —- |
| | | | ect, and complete Declaration of prepa | | | | | | | | |
| | U | | las | | | | <u> </u> | T | | | |
| Się | | | Sygnature of officer | · | - | | | Date | | | |
| He | | | KEILI PAINE H | ssistant Sec | rotarn | | | Donen | iber 19, | 2011 | |
| AN | 2 | | | DISTRUTT SER | sem 9 | | | Decar | 1001 11 | 7. | |
| - | 2 | Por | Type or print name and title / | Preparer's sign | atura | | Date | | | PTIN | |
| Рā | - | [" | 1 1 1 Abe biebaiei a liailie | C J In | 70 | | Lan | | Check If | | |
| LI. | iu eparei | . Tın | nothy Starinieri, CPA | - Tuilly | -Allem | | 12/ | | . — | P00776002 | |
| | > - | | n's name ► ProPrep Tax and | - | 71 | | | | 51-0529364 | | |
| Us | e Onl | у — | | | | | | | | | |
| * | - | | n's address ► 12322 Streamvale | | | | | Phone no | <u>(703)577-95</u> | | |
| М́а | y the II | RS discu | ss this return with the prepare | r shown above? (se | ee instructions) | | | | <u> </u> | X Yes | No |

| | 90 (2010) | Arlington Education Association | 54-0633921 | Page 2 |
|-----|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|
| .Pa | rt III | Statement of Program Service Accomplishments | | |
| | | Check if Schedule O contains a response to any question in this Part III | · . | |
| 1 | | describe the organization's mission. | | |
| | | | | |
| | Arlingto | n County that promotes the interests of its members and the students they serve | | |
| | | | | |
| | | | | |
| 2 | | organization undertake any significant program services during the year which were not listed on | <u> </u> | |
| | | or Form 990 or 990-EZ? | Yes | X No |
| | | describe these new services on Schedule O. | | |
| 3 | | organization cease conducting, or make significant changes in how it conducts, any program | | |
| | | s? | · · L Yes | X No |
| _ | | " describe these changes on Schedule O. | | |
| 4 | Section | be the exempt purpose achievements for each of the organization's three largest program services to 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount ons to others, the total expenses, and revenue, if any, for each program service reported. | | d |
| 4a | (Code |) (Expenses \$ 357,264 including grants of \$ 0) (Revenue | - \$ 365 | 846) |
| | • | sing the cause of education promoting professional excellence among educators and protecting | , 4 | 19.19.7 |
| | | its of educators | | |
| | | <u> </u> | | |
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| 4b | (Code: |) (Expenses \$ 0 including grants of \$ 0) (Revenue | e\$ | 0) |
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| | | | | |
| 4c | (Code |) (Expenses \$ 0 including grants of \$ 0) (Revenue | | 0) |
| | (5555) | / (Lapaness + | · • | 9./ |
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| | | | | |
| 4d | Other | program services. (Describe in Schedule O) | | |
| | (Exper | | 0) | |
| 40 | Total . | program service expenses > 357.264 | | |

Form 990 (2010) Arlington Education Association Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------|---------------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) | 2 | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | _^_ X |
| | · | - | | |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | _ |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | | 1 | |
| | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, | 5 | ļ | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have | ├ ~┤ | - | |
| Ü | 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 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | - | | |
| 7 | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | <u> </u> |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part | | | _ |
| | X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | x |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or | | - | |
| | quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | 100 7 1 | Х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable | | r i | L |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | <u> </u> | |
| b | 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 | 11b | | X |
| | 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 | 11c | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | Х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | $\neg \uparrow$ | <u> </u> |
| | Schedule D, Parts XI, XII, and XIII | 12a | \mathbf{x} | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If</i> "Yes," | - | | |
| _ | and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional. | 12b | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | $\frac{\hat{x}}{x}$ |
| 14a | | 14a | | $\frac{\hat{x}}{x}$ |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, | | $\neg \neg$ | <u> </u> |
| _ | business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV | 14b | ļ | Х |
| 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, Parts II and IV. | | | |
| 10 | | 15 | | <u> </u> |
| 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> | 16 | | Х |
| 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 (see instructions) | 17 | | Х |
| 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 | | х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | ┌╩┤ | | |
| 13 | If "Yes," complete Schedule G, Part III | 19 | | Х |
| 20a | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20a | $\neg \neg$ | X |
| | If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note . Some | | | |
| | Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions). | 20b | | |

| | |] | 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 | | Х |
| 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 | | |
| 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 | | Х |
| 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25 | 24a | | X_ |
| h | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | $\frac{\hat{x}}{x}$ |
| | 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 | | |
| ٦ | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | <u>X</u> |
| | 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 | | |
| D | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 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 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, | | | |
| | 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 | į | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | 1 |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | Х |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 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? <i>If</i> "Yes," <i>complete Schedule M</i> | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | | | |
| | Part I | 31 | | _x_ |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | X_ |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I | 33 | | x_ |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | X |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? | 35 | | X |
| а | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, | | | |
| | Part V, line 2 | | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| • | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part | 37 | | x |
| 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 | 38 | X | |
| | | Form | 220 | (2010) |

Part V Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response to any question in this Part V

| | Check if Schedule O contains a response to any question in this Part V | <u> </u> | <u>. </u> | <u> </u> | _ |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------|-----------------|------|
| 10 | Enter the number reported in Box 2 of Form 1006. Enter, 0, if not applicable | | Yes | No | 20 |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | | - | · [: 첫 | 14 |
| b | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable | 4 | | | |
| С | gaming (gambling) winnings to prize winners? | 1c | | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a | | | | |
| h | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | | 2 |
| b | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions) | 20 | l ^ | | K |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | H | X | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | 1 | 1 | |
| 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 | 1 | 1 | 1 | |
| | account)? | 4a | | X | _ |
| b | If "Yes," enter the name of the foreign country. ▶ | | | | |
| _ | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | ┼ | X | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5b | ╁ | X | _ |
| c 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | <u>5c</u> | + | ╁ | - |
| va | organization solicit any contributions that were not tax deductible? | 6a | ļ | 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). | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | | ļ |
| _ | and services provided to the payor? | 7a | + | × | _ |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | + | + | _ |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | × | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 70 | | and the same of | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X | - |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | _ |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | = |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting | | | (4) | |
| | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring | | | | Ž |
| 9 | organization, have excess business holdings at any time during the year? | 8 | | | 8 |
| э a | Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? | 9a | | | 2 |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | T | + | _ |
| 0 | Section 501(c)(7) organizations. Enter | | | | Š |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | ** | | 3/53 |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | * | | |
| 1 | Section 501(c)(12) organizations. Enter. | | | | |
| 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) | | | | |
| 2a | against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 128 | | <u> </u> | × |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | 12.6 | | | ã |
| 3 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | | _ |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | | 100 |
| þ | Enter the amount of reserves the organization is required to maintain by the states in which | | | | |
| | the organization is licensed to issue qualified health plans | | | | |
| C | Enter the amount of reserves on hand | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 148 | _ | <u> </u> | _ |
| D | THE TEST HAS ILLIEU A FORM 720 TO TEDOR WESE DAYMENTS? IT INC. DIOVIDE AN EXDIAMATION IN SCHEDUIE O | 146 | <i>,</i> i | 1 | |

Section A. Governing Body and Management

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Check if Schedule O contains a response to any question in this Part VI

| ſ | X | |
|---|---|--|

| | | | Yes | No | | | | |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------|-------------|--|--|--|--|
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 0 | | | | | | | |
| b | Enter the number of voting members included in line 1a, above, who 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 | | _X_ | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | 1 | | X | | | | |
| | supervision of officers, directors or trustees, or key employees to a management company or other person? | | | | | | | |
| 4 | σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ | | | | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х | | | | |
| 6 | Does the organization have members or stockholders? | 6 | _X_ | | | | | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members | \ _ ` | ا بر ا | | | | | |
| | of the governing body? | 7a | X | | | | | |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | X | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | | | | | |
| • | the year by the following: The governing body? | 00 | X | <u> </u> | | | | |
| a | Each committee with authority to act on behalf of the governing body? | 8a 8b | x | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached | OD | | | | | | |
| 9 | at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | х | | | | |
| Sect | ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C | | | | | | | |
| | ter but oncide (This decision brogates in a manual about pointed not required by the internal revenue of | <u> </u> | Yes | No | | | | |
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a | | X | | | | |
| | 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 | | | | | | |
| 11a | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the | | | | | | | |
| | form? | 11a | Х | | | | | |
| b | 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 | | _X_ | | | | |
| 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," | | | | | | | |
| 40 | describe in Schedule O how this is done | 12c | | | | | | |
| 13 | Does the organization have a written whistleblower policy? | 13 | | X | | | | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | X | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | | |
| • | The organization's CEO, Executive Director, or top management official | 15a | i di | X | | | | |
| a h | | 7.5 | | | | | | |
| | Officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) | 15b | | X | | | | |
| 16a | | | `` | | | | | |
| | with a taxable entity during the year? | 16a | | Х | | | | |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate | | | 10.00 | | | | |
| | its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard | | | 1,4 | | | | |
| | the organization's exempt status with respect to such arrangements? | 16b | | | | | | |
| Sect | ion C. Disclosure | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ► VA | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s or | ıly) | | | | | | |
| | available for public inspection. Indicate how you make these available. Check all that apply. | | | | | | | |
| | Own website Another's website X Upon request | | | | | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of intere | st | | | | | | |
| •• | policy, and financial statements available to the public | | | | | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the | | | | | | | |
| | organization Alysha A. Page (703) 379-1 | ວວບ | | | | | | |
| | 5691 Columbia Pike #100, Falls Church, VA 22041 | | | | | | | |

| Form 990 (2010) | Arlington Education Association | | | | | | | | | 54-06339 | 21 Page 7 |
|----------------------------|-------------------------------------------------------------------------------------|------------------------------|-----------------------------------|-----------------------|----------|--------------|---------------------------------|----------|---------------------------------|-------------------------------|------------------------------|
| Part VII | Compensation of Officers, Direct | | es, K | еу | Em | plo | yee | s, ŀ | lighest Comp | ensated | |
| | Employees, and Independent Contains a re | | / aue | estic | ו מכ | n th | is Pa | art ' | VII | | |
| Section A. | Officers, Directors, Trustees, Key E | | <u> </u> | | | | | | | <u> </u> | |
| | this table for all persons required to be | | | | | | | | | ng with or withir | the |
| organization's | s tax year. | | · | | | | | | | | |
| | of the organization's current officers, o | | | | | | | als c | or organizations) | , regardless of | amount |
| | tion. Enter -0- in columns (D), (E), and of the organization's current key empl | | | | | | | efini | tion of "kev emp | lovee " | |
| List the | organization's five current highest co | mpensated em | ploye | es (| oth | er th | nan a | ın o | fficer, director, ti | rustee, or key e | |
| | reportable compensation (Box 5 of Fo and any related organizations | rm W-2 and/or | Box 1 | 7 of | For | m 1 | 099- | MIS | SC) of more than | \$100,000 from | the |
| - | of the organization's former officers, k | ev emplovees. | and h | niah | est | con | npen | sate | ed employees wi | no received moi | re than |
| | eportable compensation from the orga | | | | | | | | | | |
| | of the organization's former directors | | | | | | | | | | e of the |
| _ | more than \$10,000 of reportable comp in the following order: individual trustee | | | _ | | | | - | _ | | |
| | l employees, and former such persons | | 115010 | 11101 | iai t | lusi | .003, | 0111 | cers, key emplo | yees, mgnest | |
| Check th | is box if neither the organization nor ar | ny related organ | nizatio | on c | om | pen | sated | d ar | y current officer | , director, or tru | stee |
| | (A) | (B) | D | | | C) | 4L -4 | 1 3 | (D) | (E) | (F) |
| | Name and Title | Average hours per | Position (c | | | | | T | Reportable compensation | Reportable compensation | Estimated amount of |
| | | week (describe | Individual trustee or director | Institutional trustee | Officer | Key employee | ghes | Former | from the | from related organizations | other compensation |
| | | hours for related | recto | ona | 뾱 | 룡 | oyee | <u>@</u> | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization |
| | | organizations in Schedule | uste | trus |] | 8 | npen | | | | and related organizations |
| | | O) | " | lee | | | Highest compensated employee | | | | |
| (1) Wanda | Perkins | | | | <u> </u> | | | | | | |
| <u>President</u> | | 40 | ļ | <u> </u> | X | Х | X | _ | 116,457 | 0 | 1,015 |
| (2) | | • | | | | | } | | | | |
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| (15) | | | | | | | | | | | |
| (16) | | | +- | | +- | | - | \vdash | | | |

| Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 1 Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) Name and business address 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | , Pa | rt VII Section A. Officers, Directors, Tr | rustees, Key Er | mplo | yees | s, a | nd ' | High | est | Compensated | Employees (co | ntinued) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------------------------------------------|----------------------------------------------------------------------|-----------------------------------|-----------------------|---------|--------------|-----------------------------------------|----------------|---------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------|
| Compensation Comp | | • • | 1 | Posit | ion (d | | k all t | | | | | |
| (17) | | rune are use | hours per week (describe hours for related organizations in Schedule | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | compensation from the organization | compensation from related organizations | arnount of other compensation from the organization and related |
| (20) (21) (22) (23) (24) (25) (25) (27) (28) (28) (27) (28) (28) (27) (28) (27) (28) (27) (28) (27) (28) (27) (28) (27) (28) (27) (28) (27) (28) (27) (28) (27) (28) (27) (28) (27) (28) (27) (28) (27) (28) (27) (28) (27) (28) (27) (28) (27) (28) (27) (28) (27) (28) (27) (28) (27) (28) (27) (28) (27) (28) (27) (28) (27) (28) (27) (28) (27) (28) (27) (28) (27) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) (28) | (17) | | | | | | | _ | | | _ | |
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| (27) (28) | (25) | | | | | | r- | | | | | |
| 1 16,457 0 1,015 | (26) | | | | | | | | | | | |
| 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 1 Total (add lines 1b and 1c). 1 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 1 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) Name and business address Description of services 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | (27) | | | | | | | | | | | |
| Total from continuation sheets to Part VII, Section A. | (28) | | | | | | | | | | | |
| Total (add lines 1b and 1c). 116,457 0 1,015 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 1 1 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | 1b | Sub-total | | | | | | ٠ | • | 116,457 | 0 | 1,015 |
| Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) (B) (C) (C) Compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | | | | | | | | | <u>_</u> | | |
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) Name and business address Description of services Compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | Total number of individuals (including but not | limited to those | listed | da t | ove | e) wl | ho re | cei | | | 1,015 |
| Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | reportable compensation from the organization | on P | | | 1_ | | | | | | Vos No |
| the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) (B) (C) (C) (Description of services 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 3 | | | | | | - | | - | - | d | T T T |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | 4 | the organization and related organizations gro | | | | | | | | | | |
| Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) (A) (B) (C) Compensation 0 0 0 0 0 | 5 | Did any person listed on line 1a receive or ac | | | | | | | | | ndividual | * 9 9 |
| Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) (B) (C) Compensation O O O O O O | Sec | | roo, comprete | 00110 | <u> </u> | | 0. 0 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 00 | | | |
| Name and business address Description of services O O O O O O O O O O O O O | | Complete this table for your five highest comp | pensated indepe | ender | nt cc | ontra | acto | ors th | at r | eceived more th | an \$100,000 of | |
| 0 0 0 0 | | | dress | | | | | | | | vices (| |
| | | | | | | | | | | | | 0 |
| | | | | | | | | | \vdash | | | 0 |
| | | | | | | | _ | | \vdash | | | |
| | | | | | | | | | - | | | |
| | 2 | Total number of independent contractors (inc | luding but not lii | mited | to t | hos | e lis | sted a | abo | ve) who receive | 1 | |

371,212

0

Total revenue. See instructions.

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, | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
|--------|---------------------------------------------------------------------------------------------------|--------------------|---------------------|--------------------|--------------------|
| 70, | 8b, 9b, and 10b of Part VIII. | | expenses | general expenses | expenses |
| 1 | Grants and other assistance to governments and | | | | |
| | organizations in the U.S. See Part IV, line 21 . | 0 | <u>-</u> | | |
| 2 | Grants and other assistance to individuals in | | | | *** |
| | the U S. See Part IV, line 22 . | 0 | | | |
| 3 | Grants and other assistance to governments, | | i | , | |
| | organizations, and individuals outside the | | | | |
| | U S See Part IV, lines 15 and 16 | 0 | | | |
| 4 | Benefits paid to or for members | 0 | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 116,457 | _116,457 | | |
| 6 | Compensation not included above, to disqualified | 1 | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | 78,476 | | | |
| 7 | Other salaries and wages | 0 | | | |
| 8 | Pension plan contributions (include section 401(k) | l | | | |
| | and section 403(b) employer contributions) | 0 | | | |
| 9 | Other employee benefits | 17,415 | | | |
| 10 | Payroll taxes | 6,551 | 6,551 | | |
| 11 | Fees for services (non-employees). |] | | | |
| а | Management | 0 | | | |
| b | Legal | 0 | | | |
| С | Accounting | 1,800 | | | |
| d | Lobbying | 0 | | | · |
| е | Professional fundraising services See Part IV, line 17 | 0 | <u></u> | . <u>*</u> | |
| f | Investment management fees | 0 | | | |
| g | Other | 0 | | | |
| 12 | Advertising and promotion | 0 | | | |
| 13 | Office expenses | 6,541 | | | |
| 14 | Information technology . | 2,607 | 2,607 | | |
| 15 | Royalties | 0 | | | - |
| 16 | Occupancy | 35,948 | | | |
| 17 | Travel | 51 | 51 | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | 0 | | | |
| 19 | Conferences, conventions, and meetings | 56,134 | | | |
| 20 | Interest | 0 | | | |
| 21 | Payments to affiliates | 0 | | | |
| 22 | Depreciation, depletion, and amortization . | 0 | <u>~</u> | 0 | 0 |
| 23 | Insurance | 0 | | | |
| 24 | Other expenses. Itemize expenses not covered | | | | |
| | above (List miscellaneous expenses in line 24f. If | * * * | | e a | a. # |
| | line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) | 3 | | | ** |
| | Environment Language | 21 105 | 31,105 | <u> </u> | |
| a b | Equipment Leasing Member Functions | 31,105 3,365 | | | |
| _ | Panava and Maintanana | 814 | | | |
| C | | 0 | | | _ |
| d | | - 0 | | | |
| e f | All other expenses | 0 | | | |
| 25 | | 357,264 | | 0 | |
| 25 | Total functional expenses. Add lines 1 through 24f. | 331,204 | 301,204 | 0 | |
| 26 | Joint costs. Check here ► if following | | | | |
| | SOP 98-2 (ASC 958-720). Complete this line | | ļ | H | |
| | only if the organization reported in column | | | | |
| | (B) joint costs from a combined educational | | | | |
| | campaign and fundraising solicitation | <u> </u> | <u> </u> | | l |

Part X **Balance Sheet** (A) (B) Beginning of year End of year 20 1 20 2 234.625 2 153,812 Savings and temporary cash investments . . . 3 Pledges and grants receivable, net 3 4 Accounts receivable, net . 2.601 0 . . . Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Notes and loans receivable, net . 0 7 7 8 Inventories for sale or use . 8 Prepaid expenses and deferred charges . . . 0 9 4.578 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less. accumulated depreciation 10b 350,109 **10c** 350,109 b 11 Investments—publicly traded securities 0 11 0 12 Investments—other securities. See Part IV, line 11. . . O 12 0 13 Investments—program-related. See Part IV, line 11..... 0 13 0 ol 14 Intangible assets 14 0 15 Other assets See Part IV, line 11 O 15 0 16 Total assets. Add lines 1 through 15 (must equal line 34) 587,355 16 508,519 17 Accounts payable and accrued expenses . . . 131,040 17 38,256 18 18 Grants payable . . . 19 Deferred revenue 19 20 Tax-exempt bond liabilities . 20 . . Escrow or custodial account liability Complete Part IV of Schedule D. . . 21 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties OÌ 23 0 0 24 Unsecured notes and loans payable to unrelated third parties 0 24 Other liabilities. Complete Part X of Schedule D . 0 25 25 0 Total liabilities. Add lines 17 through 25 131.040 **26** 38.256 Organizations that follow SFAS 117, check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets. 27 . . 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets. Organizations that do not follow SFAS 117, check here ► X and complete lines 30 through 34. Capital stock or trust principal, or current funds . . . 30 Paid-in or capital surplus, or land, building, or equipment fund. 31 31 456,315 32 470,263 32 Retained earnings, endowment, accumulated income, or other funds. 33 Total net assets or fund balances 456,315 33 470,263 587,355 Total liabilities and net assets/fund balances 508,519

| Oun a | 90 (2010) Arington Education Association | 54-063392 | 1 Pag | ge 72 |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------|---------------|
| Part | XI Reconciliation of Net Assets | | | |
| | Check if Schedule O contains a response to any question in this Part XI | <u> </u> | · [| <u> </u> |
| | Tatal recenses (except agent) (III), polymor (A), line 40) | t | 274 | 040 |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | | | ,212 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | | | ,264 |
| 3 | | -+ | | 3,948 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Other changes in net assets or fund balances (explain in Schedule O) | | 456 | <u>3,315</u> |
| 5 | | | | |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | ; | 470 |),263 |
| Part | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | . | \Box |
| | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2 a | X | |
| b | Were the organization's financial statements audited by an independent accountant? | 21: | , | X |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | | $\overline{}$ |
| | the audit, review, or compilation of its financial statements and selection of an independent accountant? | 20 | : x | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were | 4 | | |
| | issued on a separate basis, consolidated basis, or both: | | | |
| | X Separate basis | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | | | |
| | the Single Audit Act and OMB Circular A-133? | <u>3</u> a | <u>. _ </u> | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | 3Ł | , | <u> </u> |
| | | For | m 990 | (2010) |

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

iswered "Yes," to Form 990,

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

► Attach to Form 990. ► See separate instructions.

Open to Public

OMB No 1545-0047

Name of the organization **Employer identification number** Arlington Education Association 54-0633921 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year. 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . Yes Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements. 2a а Total acreage restricted by conservation easements 2b b Number of conservation easements on a certified historic structure included in (a) . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register. 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? . . . Yes 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X . . . 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII, line 1 . . . \$ Assets included in Form 990, Part X

| Sched | ule D (Form 990) 2010 | _ | | | | 0.00 | .00021 | Page 2 | |
|--------|------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------|---------------|--------------------------|------------|--------------------------|--------------------------------------------------|--|
| Part | III Organizations Maintaining C | Collections of Ar | t, Histori | ical Trea | sures, or C | Other Si | milar Assets | | |
| 3 | Using the organization's acquisition, ac | | er records, | , check a | ny of the follo | wing tha | t are a signific | ant | |
| | use of its collection items (check all the | at apply): | _ | | | | | | |
| а | Public exhibition | | q 🖳 | Loan | or exchange | program | S | | |
| þ | Scholarly research | | е 🔙 | Other | | | | | |
| С | Preservation for future generation | ons | | | | | | | |
| 4 | Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV | | | | | | | | |
| 5 | During the year, did the organization s | olicit or receive do | nations of | f art. histo | orical treasure | es, or oth | ner sımilar | | |
| | assets to be sold to raise funds rather | | | | | | | Yes No | |
| Pari | IV Escrow and Custodial Arra | ngements. Com | plete if th | ne organ | zation ansv | vered "Y | es" to Form 9 | 990, Part | |
| | IV, line 9, or reported an amo | unt on Form 990 | , Part X, | line 21. | | | | | |
| 1a | Is the organization an agent, trustee, o | custodian or other | intermedia | ary for co | ntributions or | other as | sets not | | |
| | included on Form 990, Part X? | | • | · | | | | Yes No | |
| b | If "Yes," explain the arrangement in Pa | art XIV and comple | ete the foll | owing tab | ole: | | · | ······ | |
| | | | | | | <u> </u> | | Amount | |
| С | Beginning balance | | • | | | 1c | | 0 | |
| d | Additions during the year | | | | | 1d | | | |
| e | Distributions during the year | | • | • | | 1e | | | |
| f | Ending balance | • | • • | | | 1f | <u> </u> | 0 | |
| 2a | Did the organization include an amour | | art X, line : | 217 . | | | • | Yes X No | |
| b | If "Yes," explain the arrangement in Pa | | | | | 200 5 | | | |
| Part | V Endowment Funds. Comple | | | | | | | | |
| 4. | Designation of wear halones | (a) Current year | (b) Pno | $\dot{-}$ | (c) Two years | Dack (| d) Three years back | (e) Four years back | |
| 1a | Beginning of year balance | | | 0 | | | | | |
| b | Net investment earnings, gains, | | | | | | 78 AV | | |
| С | and losses | | | | • | | | | |
| d | Grants or scholarships | | <u> </u> | | | | | | |
| e | Other expenditures for facilities | | | | | | | | |
| | and programs | | | | | | | | |
| f | Administrative expenses | | | | | | j. | | |
| g | End of year balance . | 0 | | 0 | | 0 | <i></i> | | |
| 2 | Provide the estimated percentage of the | he year end balan | ce held as | | | | | | |
| а | Board designated or quasi-endowmen | t ▶ | % | | | | | | |
| b | Permanent endowment | <u>%</u> | | | | | | | |
| С | | %_ | | | | | | | |
| 3a | Are there endowment funds not in the | possession of the | organizat | ion that a | re held and a | administe | ered for the | [12] A | |
| | organization by | | | | | | | Yes No | |
| | (i) unrelated organizations | | • • | | • • • | | | 3a(i) | |
| L | (ii) related organizations . | | | - Cabadii | | • | • • | 3a(ii) | |
| b 4 | If "Yes" to 3a(ii), are the related organ | | • | | | | | 3b | |
| Pari | Describe in Part XIV the intended use: VI Land, Buildings, and Equip | | | | | | | | |
| r all | | | | | | (2) A | | (d) Park value | |
| | Description of investment | (a) Cost or of | | | st or other s (other) | | ccumulated preciation | (d) Book value | |
| 1a | Land | , | 0 | | 0 | | \$ * | | |
| b | Buildings | | 0 | | 350,109 | | 0 | 350,109 | |
| c | Leasehold improvements | · | 0 | | 000,100 | | ol ol | 000,100 | |
| d | Equipment | | o | | 0 | | o | 0 | |
| e | Other | | 0 | | 0 | | 0 | 0 | |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)

350,109

| Part VII | Investments—Other Securities | es. 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 |
| • | ıl derivatives | 0 | |
| | held equity interests | 0 | |
| (3) Other | | 0 | |
| | | 0 | |
| (c) | | 0 | |
| (D) | | | |
| (E) | | 0 | |
| (F) | | 0 | |
| (0) | | 0 | |
| (H) | | 0 | |
| (l) | 15 000 T 4V 11 (D) 1 10 1 | 0 | |
| Part VIII | b) must equal Form 990, Part X, col (B) line 12) Investments—Program Relat | ted Soc Form 000 Port V | / line 12 |
| Part VIII | (a) Description of investment type | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
| (1) | | 0 | |
| (2) | | 0 | |
| (3) | | 0 | |
| _(4) | | 0 | |
| (5) | | 0 | |
| (6) | | 0 | f · |
| | | 0 | |
| <u>(8)</u> <u>(9)</u> | | 0 | |
| (10) | | 0 | |
| | b) must equal Form 990, Part X, col (B) line 13) | 0 | |
| Part IX | Other Assets. See Form 990, | Part X, line 15. | |
| | | (a) Description | (b) Book value |
| (1) | | | 0 |
| (2) | | | 0 |
| _(3) | | | 0 |
| (4) | | | 0 |
| <u>(5)</u> (6) | | <u> </u> | 0 |
| (7) | | | 0 |
| (8) | | | 0 |
| (9) | | | 0 |
| (10) | | | 0 |
| | umn (b) must equal Form 990, Part X, | | 0 |
| Part X | Other Liabilities. See Form 9 | T | . 4.8 |
| 1. (1) Fodor | (a) Description of liability | (b) Amount | (A) (-) |
| (2) | al income taxes | 0 | - |
| (3) | · | 0 | - |
| (4) | | 0 | - 1 |
| (5) | | | |
| (6) | | | |
| | | 0 | -1 ; ∴' |
| | _ - | 0 | -1 · · · · · · · · · · · · · · · · · · · |
| (9) | | <u> </u> | -1 |
| <u>(10)</u> (11) | | 0 | = |
| | (b) must equal Form 990, Part X, col (B) line 25) | 1 0 | -1 |

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

| Sched | ule D (Form 990) 2010 | | | Page 4 |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------|---------------|
| Par | Reconciliation of Change in Net Assets from Form 990 to A | Audited Financia | I Statements | |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | | 1 | 371,212 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | 2 | 357,264 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | | 3 | 13,948 |
| 4 | Net unrealized gains (losses) on investments | | 4 | |
| 5 | Donated services and use of facilities | | 5 | |
| 6 | Investment expenses | | 6 | |
| 7 | Prior period adjustments | | 7 | |
| 8 | Other (Describe in Part XIV.) | | 8 | |
| 9 | Total adjustments (net). Add lines 4 through 8 | | 9 | 0 |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines | 3 and 9 | 10 | 13,948 |
| Par | Reconciliation of Revenue per Audited Financial Statemen | nts With Revenue | per Return | |
| 1 | | | . 1 | 371,212 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| а | Net unrealized gains on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| С | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIV.) | 2d | | |
| е | Add lines 2a through 2d | | 2e | C |
| 3 | Subtract line 2e from line 1 | | . 3 | 371,212 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | 1 1 | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b. | 4a | | |
| b | Other (Describe in Part XIV.) | 4b | | |
| С | Add lines 4a and 4b . | | . 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) |) | . 5 | 371,212 |
| Par | t XIII Reconciliation of Expenses per Audited Financial Stateme | ents With Expens | es per Return | 1 |
| 1 | Total expenses and losses per audited financial statements | | 1 | 357,264 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | A Company | |
| а | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| С | Other losses | 2c | | |
| d | Other (Describe in Part XIV) | 2d | | |
| е | Add lines 2a through 2d | | . 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | 357,264 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1 } | 4 | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIV.) | 4b | | |
| С | Add lines 4a and 4b | | 4c | |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 | 3) | 5 | 357,264 |
| Pai | t XIV Supplemental Information | | | |
| and | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, F 2b; Part V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Papart to provide any additional information. | | | |
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| | Arlington Education Association | 54-0633921 | |
|------------------|--------------------------------------|------------|--------|
| Schedule D (Form | | | Page 5 |
| Part XIV | Supplemental Information (continued) | | |
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SCHEDULE O

· (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Inspection 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 | e | | | |
| independent accounting firm. The return is reviewed by the controller and president for | | | | |
| accuracy and completeness prior to signing and submitting | | | | |
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| Schedule O (Form 990 or 990-EZ) (2010) | Page 2 |
|----------------------------------------|-----------------------------------------|
| Name of the organization | Employer identification number |
| Arlington Education Association | 54-0633921 |
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8868 Fpm

(Rev January 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ [X]

▶ File a separate application for each return.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box .

| • | re filing for an Additional (Not Automatic) mplete Part II unless you have already be | | | | | - | 8868. |
|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------|---------------------------------|--------------------------|
| a corporation 8868 to rec Return for | filing (e-file). You can electronically file Food required to file Form 990-T), or an additiquest an extension of time to file any of the Transfers Associated With Certain Personals). For more details on the electronic filing of | onal (not a forms liste il Benefit C | utomatic) 3-month extension of time d in Part I or Part II with the exception contracts, which must be sent to the | e You can e on of Form & IRS in pape | electro 8870, er forr | onically Informa nat (see | file Form ation e |
| Part I | Automatic 3-Month Extension of 1 | ime. Onl | y submit original (no copies need | led). | | | |
| A corporati | on required to file Form 990-T and request | ing an auto | matic 6-month extension—check th | is box and | comp | ete | |
| Part I only | | | | | | | . ▶ 🔲 |
| | orporations (including 1120-C filers), partne income tax retums. | rships, RE | MICs, and trusts must use Form 700 | 04 to reques | st an e | extensio | on of |
| Type or | Name of exempt organization | | | Employer identification number | | | |
| print | Arlington Education Association | | | 54-0633921 | | | |
| File by the | Number, street, and room or suite no. If a P.C. | box, see ir | | | | | |
| due date for | 5691 Columbia Pike, Room No. 100 | | | | | | |
| filing your return See | City, town or post office, state, and ZIP code | For a foreig | n address, see instructions | | | | |
| nstructions | Falls Church | | | _ VA | 220 | 041 | |
| | Return code for the return that this application | · | | turn) . | • | | 01 |
| Application | on | Return | Application | | | | Return |
| Is For | | Code | is For | | | | Code |
| Form 990 | | 01 | Form 990-T (corporation) | _ | | | 07 |
| Form 990- | | 02 | Form 1041-A | | | | 08 |
| Form 990- | | 03 | Form 4720 | | | | 09 |
| Form 990- | | 04 | Form 5227 | | | | 10 |
| | T (sec 401(a) or 408(a) trust) | 05 | Form 6069 | | | | 11 |
| Form 990- | -T (trust other than above) | 06 | Form 8870 | | | | 12 |
| Telepho If the or If this is for the who list with the Until Is fo | r the organization's return for: calendar year or | 's four digit If it is for public is for corporation exempt or 2010 | e Group Exemption Number (GEN) 3 part of the group, check this box. In required to file Form 990-T) extending anization return for the organization, and ending | ox 3108 sion of time n named ab | ove 1 | The ext | his is d attach a ension |
| | Change in accounting period s application is for Form 990-BL, 990-PF, 9 | <u>-</u> | | | | | |
| | refundable credits. See instructions | | ., c. coco, cinci dio tentanyo tax, ic. | oo ang | 3a | \$ | |
| | s application is for Form 990-PF, 990-T, 47 | 20, or 606 | 9, enter any refundable credits and | | <u> </u> | | |
| | mated tax payments made Include any price | | _ | | 3ь | \$ | |
| c Bala | ance due. Subtract line 3b from line 3a. Inc | lude your p | payment with this form, if required, b | y using | | | |
| | PS (Electronic Federal Tax Payment Syste | | | | 3c | \$ | 0 |
| | f you are going to make an electronic fund | withdrawal | with this Form 8868, see Form 8453 | 3-EO and F | orm 8 | 879-EC | |
| for paymer | nt instructions. | | | | | | |