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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 09-01-2010 and ending 08-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
MARYLAND STATE EDUCATION ASSOCIATION

Doing Business As

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

Room/suite

City or town, state or country, and ZIP + 4
ANNAPOLIS, MD 214012020

D Employer identification number
52-0607919

E Telephone number
(410) 263-6600

G Gross receipts $ 19,512,078

F Name and address of principal officer
DAVID E HELFMAN
140 MAIN STREET
ANNAPOLIS, MD 214012020

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

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

H(c) Group exemption number ▶

I Tax-exempt status ☐ 501(c)(3) ☑ 501(c) (5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW MARYLANDEDUCATORS ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1947

M State of legal domicile MD

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO UNIFY AND STRENGTHEN THE EDUCATION PROFESSION THROUGHOUT THE STATE OF MARYLAND,TO PRESENT A CLEAR INTERPRETATION OF THE SCHOOLS TO THE PUBLIC, TO WORK CONSISTENTLY FOR THE WELFARE OF THE TEACHERS AND PUPILS OF MARYLAND

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	102
6	Total number of volunteers (estimate if necessary)	**6**	250
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	42,284
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	27,820

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0	57,000
9	Program service revenue (Part VIII, line 2g)	18,806,283	18,917,924
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	50,481	63,462
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	450,716	449,146
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,307,480	19,487,532
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	830,980	918,841
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	13,096,401	13,786,338
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	4,689,069	4,847,673
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	18,616,450	19,552,852
19	Revenue less expenses Subtract line 18 from line 12	691,030	-65,320

Revenue / Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	14,445,481	14,768,175
21	Total liabilities (Part X, line 26)	8,289,750	9,101,429
22	Net assets or fund balances Subtract line 21 from line 20	6,155,731	5,666,746

Net Assets or Fund Balances

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** 2012-06-20
Signature of officer Date

CLARA FLOYD PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
WILLIAM E TURCO CPA	WILLIAM E TURCO CPA		☐	

Firm's name ▶ MCGLADREY LLP — Firm's EIN ▶

Firm's address ▶ 9737 WASHINGTONIAN BLVD 400
GAITHERSBURG, MD 208787340 — Phone no ▶ (301) 296-3600

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

THE MARYLAND STATE TEACHERS ASSOCIATION DEDICATES ITSELF TO ACHIEVING HIGH QUALITY UNIVERSAL FREE PUBLIC EDUCATION BUILT ON QUALITY TEACHING, HIGH STUDENT EXPECTATIONS AND A GENUINE OPPORTUNITY TO LEARN FOR EACH STUDENT, BUILDING A UNIFIED EDUCATION PROFESSION WITH A POWERFUL VOICE FOR THE RIGHTS, PROFESSIONAL INTERESTS AND WORKING CONDITIONS OF EDUCATIONAL EMPLOYEES, AND WORKING TO ENHANCE THE RIGHTS OF LABOR AND HUMAN AND CIVIL RIGHTS FOR ALL

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ including grants of $) (Revenue $)

SCHOOL QUALITY THE ASSOCIATION SHALL PROMOTE SCHOOL QUALITY BY WORKING TO ENHANCE QUALITY TEACHING, QUALITY EDUCATION SUPPORT PERSONNEL, PROFESSIONAL DEVELOPMENT AND TRAINING, AND STUDENT ACHIEVEMENT

4b (Code) (Expenses $ including grants of $) (Revenue $)

MEMBER WELL BEING THE ASSOCIATION SHALL PROMOTE MEMBER WELL BEING BY STRENGTHENING ITS ABILITY AND CAPACITY TO ATTRACT DIVERSE MEMBERSHIP AND EFFECTIVELY REPRESENT AND SERVE ALL MEMBERS THE ASSOCIATION SHALL PROMOTE, STRENGTHEN, AND ENHANCE THE CAPACITY OF ITS AFFILIATES AND MEMBERS TO IMPROVE THEIR ECONOMIC AND JOB SECURITY, TERMS AND CONDITIONS OF EMPLOYMENT, AND THE RIGHT TO COLLECTIVE BARGAINING AND OTHER COLLABORATIVE PROCESSES THE ASSOCIATION SHALL PROMOTE HUMAN AND CIVIL RIGHTS FOR ALL AND THE ELIMINATION OF DISCRIMINATION AND OTHER BARRIERS TO EQUITY AS A RESULT OF SOCIAL, ECONOMIC, AND POLITICAL CONDITIONS

4c (Code) (Expenses $ including grants of $) (Revenue $)

PUBLIC AGENDA THE ASSOCIATION SHALL PROMOTE A PUBLIC AGENDA FOCUSED ON ADVANCING HIGH QUALITY UNIVERSAL FREE PUBLIC EDUCATION THIS INCLUDES STRENGTHENING AND ENHANCING PUBLIC RELATIONS PROGRAMS, PUBLICATIONS, AND LEGISLATIVE AND POLITICAL RELATIONS THE ASSOCIATION WILL WORK WITH PARTNERS AND COALITIONS TO ACHIEVE COMMON LEGISLATIVE, PROFESSIONAL, EDUCATION AND COMMUNITY GOALS

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $

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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
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		No
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, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
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," complete Schedule D, Part I*	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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		No
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	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
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		No
c	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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	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, Parts I and IV*	14b		No
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 U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
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 U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
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		No
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		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

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**	Yes	
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**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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**	Yes	
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–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		
b	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**		No
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**		No
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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	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**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
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**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**		No
a	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* ☐ Yes ☑ No			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
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**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	40		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
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	102		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods 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		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f		
g	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 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?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	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	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b		

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	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		9		No

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	Yes	
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	Yes	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		No
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	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

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

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

DAVID E HELFMAN
140 MAIN STREET
ANNAPOLIS, MD 214012020
(410) 263-6600

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

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CLARA FLOYD PRESIDENT	50 00	X		X				154,586	0	36,701
(2) BETTY WELLER VICE PRESIDENT	50 00	X		X				117,849	0	5,363
(3) TERRANCE BORNEMAN TREASURER	5 00	X		X				20,000	0	0
(4) GARY BRENNAN NEA DIRECTOR	4 00	X						0	0	0
(5) STEVEN BROOKS NEA DIRECTOR	4 00	X						0	0	0
(6) MAVIS ELLIS NEA DIRECTOR	4 00	X						0	0	0
(7) WANDA TWIGG NEA DIRECTOR	4 00	X						0	0	0
(8) CHERYL BOST MEMBER-AT-LARGE	4 00	X						0	0	0
(9) STEVE BRAKO MEMBER-AT-LARGE	4 00	X						0	0	0
(10) BILL FISHER MEMBER-AT-LARGE	4 00	X						0	0	0
(11) SIDNEY HANKERSON MEMBER-AT-LARGE	4 00	X						0	0	0
(12) PHYLLIS ROBINSON MEMBER-AT-LARGE	4 00	X						0	0	0
(13) JANE STERN MEMBER-AT-LARGE	4 00	X						0	0	0
(14) AMY WATKINS MEMBER-AT-LARGE	4 00	X						0	0	0
(15) STEVE YEASH MEMBER-AT-LARGE	4 00	X						0	0	0
(16) DAVID HELFMAN EXECUTIVE DIRECTOR	50 00			X				194,799	0	72,905

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(17) MARK DABKOWSKI ASSISTANT EXECUTIVE DIRECTOR	50 00			X				154,573	0	57,216
(18) SUSAN RUSSELL CHIEF COUNSEL	50 00			X				179,377	0	50,882
(19) DALE TEMPLETON ASSISTANT EXECUTIVE DIRECTOR	50 00				X			157,171	0	65,057
(20) KATHIE HIATT MANAGING DIRECTOR, RESEARCH	50 00					X		142,694	0	44,761
(21) PATRICIA ALEXANDER MANAGING DIRECTOR, AFFILIATE UNISER	50 00					X		145,587	0	45,455
(22) JACQUELINE HARRIS MANAGING DIRECTOR, MEMBERS ORGANIZATION	50 00					X		140,543	0	44,255
(23) HERMAN WHITTER MANAGING DIRECTOR, COLLECTIVE BAR	50 00					X		137,438	0	60,321
(24) DAMON FELTON ASSISTANT COUNSEL	50 00					X		132,002	0	42,194
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								1,676,619	0	525,110

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 ▶ 53

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

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	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . . 1a					
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations . . . 1d					
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f	57,000				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f . . . . . ▶		57,000			
Program Service Revenue		Business Code				
	2a DUES	900099	16,936,269	16,936,269		
	b UNISERV/NEA	900099	1,928,160	1,928,160		
	c CONVENTION INCOME	900099	53,495			53,495
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		18,917,924			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		54,037			54,037
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross Rents	10,150				
	b Less rental expenses					
	c Rental income or (loss)	10,150				
	d Net rental income or (loss) . . . . . ▶		10,150			10,150
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory		33,971			
	b Less cost or other basis and sales expenses		24,546			
	c Gain or (loss)		9,425			
	d Net gain or (loss) . . . . . ▶		9,425			9,425
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from fundraising events . . ▶					
	9a Gross income from gaming activities See Part IV, line 19 . a					
	b Less direct expenses . . . . . b					
	c Net income or (loss) from gaming activities . . ▶					
	10a Gross sales of inventory, less returns and allowances . a					
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
	11a DUSHANE INCOME	900099	298,451			298,451
	b OTHER INCOME	900099	98,261			98,261
	c AFFINITY CARDS	900004	23,256		23,256	
	d All other revenue		19,028		19,028	
	e **Total.** Add lines 11a–11d . . . . . ▶		438,996			
	12 **Total revenue.** See Instructions . . . ▶		19,487,532	18,864,429	42,284	523,819

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	918,841			
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,089,276			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	7,580,401			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	53,980			
9	Other employee benefits	4,421,710			
10	Payroll taxes	640,971			
a	Fees for services (non-employees) Management				
b	Legal	100,297			
c	Accounting	54,718			
d	Lobbying				
e	Professional fundraising services *See Part IV, line 17*				
f	Investment management fees	6,378			
g	Other	215,646			
12	Advertising and promotion	278,183			
13	Office expenses	676,866			
14	Information technology	288,168			
15	Royalties				
16	Occupancy	179,292			
17	Travel	564,588			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	688,023			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	304,008			
23	Insurance	29,501			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	INCOME TAXES	56			
b	AFFILLIATES	682,784			
c	PUBLIC AFFAIRS	565,832			
d	ELECTIONS	92,370			
e	OTHER EXPENSES	65,176			
f	All other expenses	55,787			
25	**Total functional expenses.** Add lines 1 through 24f	19,552,852			
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		6,516,195	2	7,614,139
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		774,008	4	497,873
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	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) Schedule L			6	
	7	Notes and loans receivable, net		663,292	7	589,738
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		1,058,512	9	788,428
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 6,890,773			
	b	Less accumulated depreciation	10b 4,080,758	3,031,870	10c	2,810,015
	11	Investments—publicly traded securities		2,031,762	11	1,998,793
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		369,842	15	469,189
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		14,445,481	16	14,768,175
Liabilities	17	Accounts payable and accrued expenses		714,289	17	826,623
	18	Grants payable			18	
	19	Deferred revenue		63,655	19	59,122
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		7,511,806	25	8,215,684
	26	**Total liabilities.** Add lines 17 through 25		8,289,750	26	9,101,429
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		6,155,731	27	5,666,746
	28	Temporarily restricted net assets		0	28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		6,155,731	33	5,666,746
	34	Total liabilities and net assets/fund balances		14,445,481	34	14,768,175

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	19,487,532
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,552,852
3	Revenue less expenses Subtract line 2 from line 1	3	-65,320
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	6,155,731
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-423,665
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	5,666,746

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated 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?	3a		No
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 . .	3b		

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ 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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
MARYLAND STATE EDUCATION ASSOCIATION

Employer identification number
52-0607919

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	1,856,523	1,738,488	1,825,325		
b Contributions					
c Investment earnings or losses	152,515	126,308	-80,653		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	6,378	8,273	6,184		
g End of year balance	2,002,660	1,856,523	1,738,488		

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

- a Board designated or quasi-endowment ▶ 100 000 %
- b Permanent endowment ▶
- c Term endowment ▶

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		516,300		516,300
b Buildings		3,858,837	1,796,340	2,062,497
c Leasehold improvements				
d Equipment		335,177	230,707	104,470
e Other		2,180,459	2,053,711	126,748
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				2,810,015

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

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

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

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

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

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

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
DEFERRED COMPENSATION LIABILITY	469,189
ACCRUED-POSTRETIREMENT	7,746,495
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	8,215,684

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 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	19,487,532
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	19,552,852
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-65,320
4	Net unrealized gains (losses) on investments	4	181,071
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-604,736
9	Total adjustments (net) Add lines 4 - 8	9	-423,665
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-488,985

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

1	Total revenue, gains, and other support per audited financial statements			1	19,668,603
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	181,071		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	181,071
3	Subtract line **2e** from line **1**			3	19,487,532
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	19,487,532

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

1	Total expenses and losses per audited financial statements			1	19,552,852
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	19,552,852
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	19,552,852

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THIS FUND WAS ESTABLISHED IN 1974 FOR THE PURPOSE OF PROVIDING FINANCIAL ASSISTANCE THROUGH LOANS AND/OR GRANTS TO THE ASSOCIATION, LOCAL AFFILIATES AND MEMBERS AS PROVIDED FOR UNDER THE "TRUST GUIDELINES " THE GOAL IS TO SET AT $1M AND THIS FUND IS TO INCREASE EACH YEAR BY IT'S INVESTMENT INCOME, LESS OPERATING EXPENSES
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ASSOCIATION IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501 (C)(5) OF THE INTERNAL REVENUE CODE (THE CODE) UNDER CURRENT INTERNAL REVENUE SERVICE (IRS) REGULATIONS, MEMBERSHIP BENEFIT REVENUE EARNED FROM OTHER INSURANCES AND PERSONAL AND FINANCIAL SERVICES ARE SUBJECT TO UNRELATED BUSINESS INCOME TAX FOR THE YEARS ENDED AUGUST 31, 2011 AND 2010, THE ASSOCIATION HAD $56 AND $15,940 OF TAX EXPENSE, RESPECTIVELY, ON UNRELATED BUSINESS INCOME, WHICH IS INCLUDED IN STRATEGIC OBJECTIVE #2 IN THE ACCOMPANYING STATEMENTS OF ACTIVITIES THE ASSOCIATION ADOPTED THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS UNDER THIS GUIDANCE, THE ASSOCIATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE-LIKELY-THAN-NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON THE TECHNICAL MERITS OF THE POSITION THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS THE ASSOCIATION HAD NO SUCH POSITIONS RECORDED IN THE FINANCIAL STATEMENTS AT AUGUST 31, 2011 AND 2010 GENERALLY, THE ASSOCIATION IS NO LONGER SUBJECT TO U S FEDERAL INCOME TAX POSITIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2008
PART XI, LINE 8 - OTHER ADJUSTMENTS		ASC 715-PENSION ADJUSTMENTS -604,736

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
MARYLAND STATE EDUCATION ASSOCIATION

Employer identification number
52-0607919

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 0

3 Enter total number of other organizations . . . ▶ 31

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

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

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

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

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 52-0607919
Name: MARYLAND STATE EDUCATION ASSOCIATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALLEGANY COUNTY TEACHERS ASSOCIATION PO BOX 5179 CRESAPTOWN,MD 215055179	23-7442507	501(C)(5)	15,846				CAPACITY BUILDING, MEMBERSHIP, TRAINING, ADVOCACY, AND SPECIAL REQUESTS
TEACHERS ASSOCIATION OF ANNE ARUNDEL COUNTY2521 RIVA ROAD SUITE L7 ANNAPOLIS,MD 21401	52-0733568	501(C)(5)	60,654	2,400	BOOK VALUE	VIDEO (PUBLIC ADVOCACY)	CAPACITY BUILDING, MEMBERSHIP, TRAINING, AND FIELD SERVICE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TEACHERS ASSOCIATION OF BALTIMORE COUNTY 305 EAST JOPPA ROAD TOWSON,MD 212863252	52-0623933	501(C)(5)	118,747				CAPACITY BUILDING, MEMBERSHIP, TRAINING, SPECIAL REQUESTS AND FIELD SERVICE
EDUCATION SUPPORT PROFESSIONALS OF BALTIMORE COUNTY 1940G GREENSPRING DRIVE TIMONIUM,MD 21093		501(C)(5)	7,135	717	BOOK VALUE	COMPUTER MEMORY UPGRADE AND DESIGN FOR LOGO	CAPACITY BUILDING, MEMBERSHIP, TRAINING, ADVOCACY, SPECIAL REQUESTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CALVERT EDUCATION ASSOCIATION865 MAIN STREET PRINCE FREDERICK, MD 20678	52-1055500	501(C)(5)	42,015				CAPACITY BUILDING, MEMBERSHIP, TRAINING, ADVOCACY, SPECIAL REQUESTS, AND RELEASES
CALVERT ASSOCIATION OF EDUCATIONAL SUPPORT STAFF865 MAIN STREET PRINCE FREDERICK, MD 20678	52-2058647	501(C)(5)	10,513	1,180	BOOK VALUE	COMPUTER	CAPACITY BUILDING, MEMBERSHIP, TRAINING, ADVOCACY, AND SPECIAL REQUESTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CAROLINE COUNTY EDUCATORS ASSOCIATION255 MAIN STREET PRESTON,MD 216552215	27-1270094	501(C)(5)	5,765	1,735	BOOK VALUE	LAPTOP COMPUTER AND CASE	MEMBERSHIP
CARROLL ASSOCIATION OF SCHOOL EMPLOYEES70 MONROE STREET WESTMINSTER,MD 21157	52-1357374	501(C)(5)	6,103				MEMBERSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CECIL COUNTY CLASROOM TEACHERS ASSOCIATION222 SOUTH BRIDGE STREET SUITE 6 ELKTON,MD 21921	52-0941366	501(C)(5)	10,290				CAPACITY BUILDING, MEMBERSHIP, ADVOCACY, AND SPECIAL REQUESTS
CECIL EDUCATION SUPPORT PERSONNEL ASSOCIATION222 SOUTH BRIDGE STREET SUITE 2 ELKTON,MD 21921		501(C)(5)	9,000				CAPACITY BUILDING, MEMBERSHIP, DEVELOPMENT, AND SPECIAL REQUESTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EDUCATION ASSOCIATION OF CHARLES COUNTYPO BOX 877 LA PLATA,MD 20646	52-1048940	501(C)(5)	32,395	223	BOOK VALUE	SUBSTITUTE COSTS FOR MEMBERS TO ATTEND TRAINING	CAPACITY BUILDING, MEMBERSHIP, SPECIAL REQUESTS, AND FIELD SERVICE
DORCHESTER EDUCATORS 5A CEDAR STREET CAMBRIDGE,MD 21613	52-1050192	501(C)(5)	14,795	1,296	BOOK VALUE	COPIER USAGE	CAPACITY BUILDING, MEMBERSHIP, TRAINING, ADVOCACY, SPECIAL REQUESTS AND FIELD SERVICE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FREDERICK COUNTY TEACHERS ASSOCIATION 1 WORMANS MILL COURT SUITE 16 FREDERICK,MD 21701	52-1014274	501(C)(5)	21,709	1,136	BOOK VALUE	COMPUTER	CAPACITY BUILDING, MEMBERSHIP, TRAINING, ADVOCACY, AND SPECIAL REQUESTS
FREDERICK ASSOCIATION OF SCHOOL SUPPORT EMPLOYEES1 WORMANS MILL COURT SUITE 15 FREDERICK,MD 21701	52-1594576	501(C)(5)	10,466				CAPACITY BUILDING, MEMBERSHIP, ADVOCACY, SPECIAL REQUESTS, AND RELEASES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GARRETT COUNTY EDUCATION ASSOCIATIONP O BOX 2236 OAKLAND,MD 21550	52-2021204	501(C)(5)	20,117				CAPACITY BUILDING, MEMBERSHIP, TRAINING, AND ADVOCACY
HARFORD COUNTY EDUCATION ASSOCIATION42 NORTH MAIN ST SUITE 200 BEL AIR,MD 21014	52-0939793	501(C)(5)	20,199	1,246	BOOK VALUE	COMPUTER AND SOFTWARE	CAPACITY BUILDING, MEMBERSHIP, TRAINING, ADVOCACY, AND FIELD SERVICE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HOWARD COUNTY EDUCATIONAL SERVICES COUNCIL211 PYLESVILLE ROAD PYLESVILLE,MD 21132		501(C)(5)	15,653				CAPACITY BUILDING, MEMBERSHIP, TRAINING, ADVOCACY, AND SPECIAL REQUESTS
HARFORD COUNTY EDUCATION ASSOCIATION42 N MAIN STREET STE 200 BEL AIR,MD 21014	52-0855686	501(C)(5)	43,087				CAPACITY BUILDING, MEMBERSHIP, TRAINING, ADVOCACY, SPECIAL REQUESTS AND FIELD SERVICE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MONTGOMERY COUNTY EDUCATION ASSOCIATION12 TAFT COURT ROCKVILLE,MD 208505321	52-0659775	501(C)(5)	204,621				CAPACITY BUILDING, MEMBERSHIP, TRAINING, ADVOCACY, SPECIAL REQUESTS AND FIELD SERVICE
PRINCE GEORGE'S COUNTY EDUCATORS' ASSOCIATION8008 MARLBORO PIKE FORESTVILLE,MD 20747	52-0658540	501(C)(5)	108,923				CAPACITY BUILDING, MEMBERSHIP, TRAINING, ADVOCACY, AND FIELD SERVICE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
QUEEN ANNE'S COUNTY EDUCATION ASSOCIATION900 LOVE POINT ROAD STEVENSVILLE,MD 216662120	52-1050091	501(C)(5)	7,019	2,518	BOOK VALUE	LAPTOP COMPUTER AND CASE	CAPACITY BUILDING AND MEMBERSHIP
EDUCATION ASSOCIATION OF ST MARY'S COUNTY44219 AIRPORT ROAD CALIFORNIA,MD 20619	52-1052839	501(C)(5)	16,920				CAPACITY BUILDING, MEMBERSHIP, TRAINING, ADVOCACY, AND SPECIAL REQUESTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COLLECTIVE EMPLOYEES ASSOCIATION OF ST MARY'S COUNTY44219 AIRPORT ROAD ROOM 138 CALIFORNIA,MD 20619	52-1600939	501(C)(5)	9,853	116	BOOK VALUE	COMCAST FOR ADVERTISING, VIDEO SERVICES, DELL COMPUTER, LCD PROJECTOR, QUICK	CAPACITY BUILDING, MEMBERSHIP, ADVOCACY, AND SPECIAL REQUESTS
SOMERSET EDUCATION ASSOCIATION27323 CRISFIELD MARION ROAD WESTOVER,MD 21871	51-0176849	501(C)(5)	12,700				MEMBERSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TALBOT COUNTY EDUCATION ASSOCIATION8221 TEAL DRIVE SUITE 420 EASTON,MD 21601	52-1050121	501(C)(5)	8,830	20	BOOK VALUE	COMPUTER AND SOFTWARE	CAPACITY BUILDING AND MEMBERSHIP
WASHINGTON COUNTY TEACHERS ASSOCIATION 42 SOUTH MULBERRY STREET HAGERSTOWN,MD 21740	52-6059401	501(C)(5)	12,966				CAPACITY BUILDING, MEMBERSHIP, ADVOCACY, AND SPECIAL REQUESTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WASHINGTON COUNTY EDUCATIONAL SUPPORT PERSONNEL42 SOUTH MULBERRY STREET HAGERSTOWN,MD 21740	51-0562118	501(C)(5)	12,131				CAPACITY BUILDING, MEMBERSHIP, AND ADVOCACY
WICOMICO COUNTY EDUCATION ASSOCIATION1302 OLD OCEAN CITY ROAD SALISBURY,MD 21804	52-1050640	501(C)(5)	13,712				CAPACITY BUILDING, ADVOCACY, AND SPECIAL REQUESTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WICOMICO EDUCATION SUPPORT PERSONNEL ASSOCIATION210 W MAIN STREET SALISBURY,MD 21801		501(C)(5)	8,500				CAPACITY BUILDING, MEMBERSHIPS, ADVOCACY, AND SPECIAL REQUESTS
WORCESTER COUNTY TEACHERS ASSOCIATION 1817 OLD VIRGINIA ROAD POCOMOKE CITY,MD 21851	52-1050642	501(C)(5)	14,489				CAPACITY BUILDING, MEMBERSHIPS, ADVOCACY, AND SPECIAL REQUESTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WORCESTER COUNTY EDUCATION SUPPORT PERSONNEL ASSOCIATION308 SOUTH CHURCH STREET SNOW HILL, MD 21863		501(C)(5)	8,450				CAPACITY BUILDING, MEMBERSHIPS, ADVOCACY, AND SPECIAL REQUESTS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
MARYLAND STATE EDUCATION ASSOCIATION

Employer identification number
52-0607919

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☑ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		
b	Any related organization?	**5b**		
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		
b	Any related organization?	**6b**		
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CLARA FLOYD	(i)	138,854	0	15,732	18,436	18,545	191,567	0
	(ii)	0	0	0	0	0	0	0
(2) BETTY WELLER	(i)	117,849	0	0	0	5,415	123,264	0
	(ii)	0	0	0	0	0	0	0
(3) DAVID HELFMAN	(i)	194,799	0	0	46,752	27,410	268,961	0
	(ii)	0	0	0	0	0	0	0
(4) MARK DABKOWSKI	(i)	154,573	0	0	37,098	20,118	211,789	0
	(ii)	0	0	0	0	0	0	0
(5) SUSAN RUSSELL	(i)	179,377	0	0	43,050	9,089	231,516	0
	(ii)	0	0	0	0	0	0	0
(6) DALE TEMPLETON	(i)	157,171	0	0	37,721	27,336	222,228	0
	(ii)	0	0	0	0	0	0	0
(7) KATHIE HIATT	(i)	142,694	0	0	34,247	10,514	187,455	0
	(ii)	0	0	0	0	0	0	0
(8) PATRICIA ALEXANDER	(i)	145,587	0	0	34,941	10,514	191,042	0
	(ii)	0	0	0	0	0	0	0
(9) JACQUELINE HARRIS	(i)	140,543	0	0	33,741	10,514	184,798	0
	(ii)	0	0	0	0	0	0	0
(10) HERMAN WHITTER	(i)	137,438	0	0	32,985	27,336	197,759	0
	(ii)	0	0	0	0	0	0	0
(11) DAMON FELTON	(i)	132,002	0	0	31,680	10,514	174,196	0
	(ii)	0	0	0	0	0	0	0
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	CLARA FLOYD RECEIVED TAXABLE HOUSING ALLOWANCE IN THE AMOUNT OF $15,732
SUPPLEMENTAL INFORMATION	PART III	FORM 990, PAGE 8, PART VII, LINE 5 - CLARA FLOYD - PRESIDENT ($87,903) AND BETTY WELLER - VICE PRESIDENT ($76,414), ARE PAID BY MONTGOMERY COUNTY SCHOOL SYSTEM AND KENT COUNTY SCHOOL SYSTEM, RESPECTIVELY, THE SCHOOL SYSTEMS WHERE THEY ARE BOTH EMPLOYED AS TEACHERS THE FILING ORGANIZATION IS BILLED BY THE MOUNTGOMERY COUNTY AND KENT COUNTY SCHOOL SYSTEMS FOR THE TIME SPENT ON ORGANIZATION BUSINESS

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
MARYLAND STATE EDUCATION ASSOCIATION

Employer identification number
52-0607919

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

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

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		THE MSTA REPRESENTATIVE ASSEMBLY, WHICH INCLUDES MEMBERS FROM EVERY LOCAL AFFILIATE IN PROPORTION TO MEMBERSHIP, IS MSTA'S PRIMARY POLICY-MAKING BODY THE REPRESENTATIVE ASSEMBLY MEETS ANNUALLY TO APPROVE MSTA'S LEGISLATIVE PROGRAM AND ESTABLISH MSTA POLICY THROUGH RESOLUTIONS THE BODY ALSO HAS THE POWER TO AMEND MSTA BYLAWS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE FORM 990 IS PREPARED BY THE INDEPENDENT ACCOUNTING FIRM (TAX ACCOUNTANTS) ENGAGED BY THE ASSOCIATION THE PREPARATION IS BASED ON INFORMATION PROVIDED BY THE ASSOCIATION'S FINANCIAL STAFF THE INFORMATION IS OBTAINED FROM THE ASSOCIATION'S DOCUMENTS, RECORDS AND AUDITED FINANCIAL STATEMENTS THE COMPLETED FORM 990 IS REVIEWED BY BOTH THE MSTA STAFF ACCOUNTANT AND ASSISTANT EXECUTIVE DIRECTOR PRIOR TO FILING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	EMPLOYEES A THE MSEA ASSISTANT EXECUTIVE DIRECTOR FOR BUSINESS AND POLICY OPERATIONS SHAL L SERVE AS THE CONFLICT OF INTEREST OFFICER (CI OFFICER), AND SHALL IN THAT CAPACITY BE RE SPONSIBLE FOR THE IMPLEMENTATION OF THE CI POLICY THE CI OFFICER SHALL MONITOR THE IMPLEM ENTATION OF THE CI POLICY, AND RECOMMEND TO THE MSEA EXECUTIVE DIRECTOR CODIFICATIONS IN T HE POLICY THE MSEA BOARD OF DIRECTORS SHALL MAKE SUCH MODIFICATIONS IN THE POLICY AS IT M AY FROM TIME TO TIME DEEM APPROPRIATE B (1) IF AN MSEA EMPLOYEE BELIEVES THAT HE/SHE MAY BE ENGAGED OR ABOUT TO BECOME ENGAGED IN AN ACTIVITY THAT IS PROHIBITED BY THE CI POLICY, HE/SHE SHALL CONSULT WITH THE CI OFFICER THE MSEA EMPLOYEE AND THE CI OFFICER SHALL ATTE MPT TO DEAL WITH THE MATTER INFORMALLY IF THEY ARE UNABLE TO DO SO, THE CI OFFICER SHALL SUBMIT TO THE MSEA EMPLOYEE A WRITTEN OPINION INDICATING WHETHER THE ACTIVITY IN QUESTION IS PROHIBITED BY THE CI POLICY AND, IF SO, WHAT SHOULD BE DONE TO CORRECT THE SITUATION (2) IF THE MSEA EMPLOYEE DISAGREES, IN WHOLE OR IN PART, WITH THE CONCLUSIONS OF THE CI OFF ICER, HE OR SHE MAY APPEAL TO THE MSEA EXECUTIVE DIRECTOR BY FILING A WRITTEN NOTICE OF AP PEAL WITH THE EXECUTIVE DIRECTOR WITHIN THIRTY (30) CALENDAR DAYS AFTER RECEIVING THE OPIN ION OF THE CI OFFICER THE EXECUTIVE DIRECTOR SHALL DECIDE THE APPEAL AS EXPEDITIOUSLY AS POSSIBLE, AND THE DECISION OF THE EXECUTIVE DIRECTOR SHALL BE FINAL AND BINDING, SUBJECT T O WHATEVER CONTRACTUAL RIGHTS THE MSEA EMPLOYEE MAY HAVE TO CHALLENGE THE MSEA EXECUTIVE D IRECTOR'S DECISION, INCLUDING, WITHOUT LIMITATION, HIS/HER RIGHT TO CHALLENGE SAID DECISIO N THROUGH THE GRIEVANCE PROCEDURE IN A COLLECTIVE BARGAINING AGREEMENT WITH MSEA IF THE M SEA EMPLOYEE DOES NOT FILE A TIMELY APPEAL, HE/SHE SHALL COMPLY WITH THE OPINION OF THE CI OFFICER IF THE MSEA EMPLOYEE IS A MEMBER OF A BARGAINING UNIT, HE/SHE MAY, AT HIS/HER OP TION, HAVE A UNION REPRESENTATIVE PARTICIPATE IN THE CONSULTATION AND APPEAL C (1) IF AN MSEA MEMBER OR EMPLOYEE BELIEVES THAT AN MSEA EMPLOYEE IS ENGAGED OR IS ABOUT TO BECOME E NGAGED IN AN ACTIVITY THAT IS PROHIBITED BY THE CI POLICY, THE MEMBER OR EMPLOYEE MAY FILE A WRITTEN COMPLAINT WITH THE CI OFFICER THE COMPLAINANT SHALL IDENTIFY HIM/HERSELF TO TH E CI OFFICER, BUT THE CI OFFICER SHALL, IF REQUESTED TO DO SO BY THE COMPLAINANT, TREAT TH E COMPLAINT AS CONFIDENTIAL AND NOT REVEAL THE COMPLAINANT'S NAME (2) UPON RECEIVING A CO MPLAINT, THE CI OFFICER SHALL CONSULT WITH THE COMPLAINANT AND THE MSEA EMPLOYEE IN QUESTI ON BASED ON THE INFORMATION RECEIVED FROM THE COMPLAINANT AND THE MSEA EMPLOYEE, AND/OR O THER RELEVANT INFORMATION, THE CI OFFICER SHALL DECIDE WHETHER THE MSEA EMPLOYEE IS ENGAGE D OR IS ABOUT TO BECOME ENGAGED IN AN ACTIVITY THAT IS PROHIBITED BY THE CI POLICY, AND, I F SO, WHAT SHOULD BE DONE TO CORRECT THE SITUATION THE CI OFFICER SHALL SUBMIT TO THE MSE A EMPLOYEE AND THE COMPLAINANT A WRITTEN OPINION SETTING FORTH HIS/HER CONCLUSIONS (3) IF THE MSEA EMPLOYEE DISAGREES, IN WHOLE OR IN PART, WITH THE CONCLUSIONS OF THE CI OFFICER, HE/SHE MAY APPEAL TO THE MSEA EXECUTIVE DIRECTOR BY FILING A WRITTEN NOTICE OF APPEAL WIT H HIM/HER WITHIN THIRTY (30) CALENDAR DAYS AFTER RECEIVING THE OPINION OF THE CI OFFICER THE MSEA EXECUTIVE DIRECTOR SHALL DECIDE THE APPEAL AS EXPEDITIOUSLY AS POSSIBLE, AND THE DECISION OF THE EXECUTIVE DIRECTOR SHALL BE FINAL AND BINDING, SUBJECT TO WHATEVER CONTRAC TUAL RIGHTS THE MSEA EMPLOYEE MAY HAVE TO CHALLENGE THE MSEA EXECUTIVE DIRECTOR'S DECISION , INCLUDING, WITHOUT LIMITATION, HIS/HER RIGHT TO CHALLENGE SAID DECISION THROUGH THE GRIE VANCE PROCEDURE IN A COLLECTIVE BARGAINING AGREEMENT WITH MSEA IF THE MSEA EMPLOYEE FILES A TIMELY APPEAL, HE/SHE NEED NOT COMPLY WITH THE OPINION OF THE CI OFFICER PENDING THE OU TCOME OF THE APPEAL IF THE MSEA EMPLOYEE DOES NOT FILE A TIMELY APPEAL, HE/SHE SHALL COMP LY WITH THE OPINION OF THE CI OFFICER IF THE MSEA EMPLOYEE IS A MEMBER OF A BARGAINING UN IT, HE/SHE MAY, AT HIS/HER OPTION, HAVE A UNION REPRESENTATIVE PARTICIPATE IN THE CONSULTA TION AND APPEAL D IN IMPLEMENTING THE CI POLICY, THE CI OFFICER AND THE MSEA EXECUTIVE D IRECTOR SHALL CONSIDER ALL RELEVANT FACTORS, INCLUDING THE SPECIFIC MSEA RESPONSIBILITIES OF THE MSEA EMPLOYEE AND THE NATURE OF THE ALLEGEDLY PROHIBITED ACTIVITY, AND SHALL INTERP RET AND APPLY THE CI POLICY IN A MANNER THAT FURTHERS ITS INTENDED PURPOSE OFFICERS A THE MSEA VICE PRESIDENT SHALL SERVE AS THE CONFLICT OF INTEREST OFFICER (CI OFFICER), AND SHA LL, IN THAT CAPACITY, BE RESPONSIBLE FOR THE IMPLEMENTATION OF THE CI POLICY THE CI OFFIC ER SHALL MONITOR THE IMPLEMENTATION OF THE CI POLICY, AND RECOMMEND TO THE MSEA BOARD OF D IRECTORS MODIFICATIONS IN THE POLICY THE MSEA BOARD OF DIRECTORS SHALL MAKE SUCH MODIFICA TIONS IN THE POLICY AS IT MAY FROM TIME TO TIME DEEM APPROPRIATE B (1) IF AN MSEA OFFICI AL BELIEVES THAT HE/SHE MAY BE ENGAGED OR ABOUT TO BECOME ENGAGED IN AN ACTIVITY THAT IS P ROHIBITED BY THE CI POLICY, HE/SHE SHALL CONSULT W

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ITH THE CI OFFICER THE MSEA OFFICIAL AND THE CI OFFICER SHALL ATTEMPT TO DEAL WITH THE MA TTER INFORMALLY IF THEY ARE UNABLE TO DO SO, THE CI OFFICER SHALL SUBMIT TO THE MSEA OFFI CIAL A WRITTEN OPINION INDICATING WHETHER THE ACTIVITY IN QUESTION IS PROHIBITED BY THE CI POLICY AND, IF SO, WHAT SHOULD BE DONE TO CORRECT THE SITUATION (2) IF THE MSEA OFFICIAL DISAGREES, IN WHOLE OR IN PART, WITH THE CONCLUSIONS OF THE CI OFFICER, HE OR SHE MAY APP EAL TO THE MSEA BOARD OF DIRECTORS BY FILING A WRITTEN NOTICE OF APPEAL WITH THE MSEA PRES IDENT WITHIN THIRTY (30) CALENDAR DAYS AFTER RECEIVING THE OPINION OF THE CI OFFICER THE MSEA BOARD OF DIRECTORS SHALL DECIDE THE APPEAL AS EXPEDITIOUSLY AS POSSIBLE, AND THE DECI SION OF THE MSEA BOARD OF DIRECTORS SHALL BE FINAL AND BINDING IF THE MSEA OFFICIAL FILES A TIMELY APPEAL, HE OR SHE NEED NOT COMPLY WITH THE OPINION OF THE CI OFFICER PENDING THE OUTCOME OF THE APPEAL IF THE MSEA OFFICIAL DOES NOT FILE A TIMELY APPEAL, HE/SHE SHALL C OMPLY WITH THE OPINION OF THE CI OFFICER C (1) IF AN MSEA MEMBER OR EMPLOYEE BELIEVES TH AT AN MSEA OFFICIAL IS ENGAGED OR IS ABOUT TO BECOME ENGAGED IN AN ACTIVITY THAT IS PROHIB ITED BY THE CI POLICY, THE MEMBER OR EMPLOYEE MAY FILE A WRITTEN COMPLAINT WITH THE CI OFF ICER THE COMPLAINANT SHALL IDENTIFY HIM/HERSELF TO THE CI OFFICER, BUT THE CI OFFICER SHA LL, IF REQUESTED TO DO SO BY THE COMPLAINANT, TREAT THE COMPLAINT AS CONFIDENTIAL AND NOT REVEAL THE COMPLAINANT'S NAME (2) UPON RECEIVING A COMPLAINT, THE CI OFFICER SHALL CONSUL T WITH THE COMPLAINANT AND THE MSEA OFFICIAL IN QUESTION BASED ON THE INFORMATION RECEIVE D FROM THE COMPLAINANT AND THE MSEA OFFICIAL, AND/OR OTHER RELEVANT INFORMATION, THE CI OF FICER SHALL DECIDE WHETHER THE MSEA OFFICIAL IS ENGAGED OR IS ABOUT TO BECOME ENGAGED IN A N ACTIVITY THAT IS PROHIBITED BY THE CI POLICY, AND, IF SO, WHAT SHOULD BE DONE TO CORRECT THE SITUATION THE CI OFFICER SHALL SUBMIT TO THE MSEA OFFICIAL AND THE COMPLAINANT A WRI TTEN OPINION SETTING FORTH HIS/HER CONCLUSIONS (3) IF THE MSEA OFFICIAL DISAGREES, IN WHO LE OR IN PART, WITH THE CONCLUSIONS OF THE CI OFFICER, HE/SHE MAY APPEAL TO THE MSEA BOARD OF DIRECTORS BY FILING A WRITTEN NOTICE OF APPEAL WITH THE MSEA PRESIDENT WITHIN THIRTY (30) CALENDAR DAYS AFTER RECEIVING THE OPINION OF THE CI OFFICER THE MSEA BOARD OF DIRECTO RS SHALL DECIDE THE APPEAL AS EXPEDITIOUSLY AS POSSIBLE, AND THE DECISION OF THE MSEA BOAR D OF DIRECTORS SHALL BE FINAL AND BINDING IF THE MSEA OFFICIAL FILES A TIMELY APPEAL, HE/ SHE NEED NOT COMPLY WITH THE OPINION OF THE CI OFFICER PENDING THE OUTCOME OF THE APPEAL IF THE MSEA OFFICIAL DOES NOT FILE A TIMELY APPEAL, HE OR SHE SHALL COMPLY WITH THE OPINIO N OF THE CI OFFICER D IN IMPLEMENTING THE CI POLICY, THE CI OFFICER AND THE MSEA BOARD O F DIRECTORS SHALL CONSIDER ALL RELEVANT FACTORS, INCLUDING THE SPECIFIC MSEA RESPONSIBILIT IES OF THE MSEA OFFICIAL AND THE NATURE OF THE ALLEGEDLY PROHIBITED ACTIVITY, AND SHALL IN TERPRET AND APPLY THE CI POLICY IN A MANNER THAT FURTHERS ITS INTENDED PURPOSE.

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL INFORMATION AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 181,071 ASC 715-PENSION ADJUSTMENTS -604,736 TOTAL TO FORM 990, PART XI, LINE 5 -423,665

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
MARYLAND STATE EDUCATION ASSOCIATION

Employer identification number
52-0607919

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) MSTA FUND FOR CHILDREN AND PUBLIC EDUCATION 140 MAIN STREET ANNAPOLIS, MD 21401 52-1369000	RECEIVE AND DISTRIBUTE FUNDS	MD	527		MARYLAND STATE EDUCATION ASSOCIATION		No

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

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

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation