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DLN: 93493195002464

Form 990

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service A For the 2012 calendar year, or tax year beginning 09-01-2012 2012, and ending 08-31-2013 D Employer identification number B Check if applicable MARYLAND STATE EDUCATION ASSOCIATION Address change 52-0607919 Doing Business As Name change Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number 140 MAIN STREET Terminated (410) 263-6600 Amended return City or town, state or country, and ZIP $+\ 4$ ANNAPOLIS, MD 214012020 Application pending **G** Gross receipts \$ 19,876,824 Name and address of principal officer H(a) Is this a group return for DAVID E HELFMAN ┌ Yes 🗸 No affiliates? 140 MAIN STREET ANNAPOLIS, MD 214012020 **H(b)** Are all affiliates included? ✓ Yes ✓ No If "No," attach a list (see instructions) Tax-exempt status **H(c)** Group exemption number ► Website: ► WWW MARYLANDEDUCATORS ORG K Form of organization Corporation Trust Association Other L Year of formation 1947 **M** State of legal domicile Part I Summary 1 Briefly describe the organization's mission or most significant activities TO UNIFY AND STRENGTHEN THE TEACHING 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 Activities & Governance 2 Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . . . 4 Number of independent voting members of the governing body (Part VI, line 1b) . . . 11 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) . 103 **6** Total number of volunteers (estimate if necessary) 250 6 **7a** Total unrelated business revenue from Part VIII, column (C), line 12 . . 7a 34,336 **b** Net unrelated business taxable income from Form 990-T, line 34 . . 23,205 **Current Year** Contributions and grants (Part VIII, line 1h) . . . 0 19,316,488 Program service revenue (Part VIII, line 2g) 18,853,598 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 82,775 97,110 10 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 393,467 385,287 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 19,329,840 19,798,885 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 942,419 13 919,192 14 0 Benefits paid to or for members (Part IX, column (A), line 4) . . Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 14,032,194 14,569,289 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . 0 Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 0$ **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,966,050 3,830,567 18,917,436 19,342,275 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . . 412,404 456,610 Assets or d Balances **Beginning of Current End of Year** 15,535,176 Total assets (Part X, line 16) 16,597,999 20 8,661,980 21 Total liabilities (Part X, line 26) 12,789,197 22 Net assets or fund balances Subtract line 21 from line 20 . 2,745,979 7,936,019 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 2014-07-14 Signature of officer Date Sign Here ELIZABETH WELLER PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature PTIN Check | WILLIAM E TURCO CPA P00369217 self-employed **Paid**

Firm's name

Preparer

Use Only

► MCGLADREY LLP

Firm's address > 9737 WASHINGTONIAN BLVD 400

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

GAITHERSBURG, MD 208787340

Firm's EIN F 42-0714325

Phone no (301) 296-3600

✓ Yes ☐ No

Part IV	Checl	dist 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	163	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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? <i>If</i> "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 for which 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 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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
L O	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
1	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	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
С	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	
.2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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 and XII is optional	12b		No
.3	Is the organization a school described in section 170 (b)(1)(A)(II)? If "Yes," complete Schedule E	13		Νo
.4a	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
.5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
. 6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
.7	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
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
.9	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		N o
!0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		N o
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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 through 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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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)			
а	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
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		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, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "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 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
_		F	orm 99 0	(2012)

Pell	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 29		1 65	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	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
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		14.0
С	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 as charitable contributions?	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).			
а	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?			
А	If "Yes," indicate the number of Forms 8282 filed during the year	7c		
u	These, indicate the number of Forms 6262 med during the year			
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.			
	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		
0	Section 501(c)(7) organizations. Enter			
	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			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	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			
3	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			
С	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

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				

Se	ection A. Governing Body and Management								
			Yes	No					
1 a	Enter the number of voting members of the governing body at the end of the tax year								
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O								
b	Enter the number of voting members included in line 1a, above, who are independent								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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		N o					
6	Did the organization have members or stockholders?	6	Yes						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	The governing body?	8a	Yes						
b	b Each committee with authority to act on behalf of the governing body?								
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					
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)					
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing		, 55						
	the form?	11a	103	No					
b			103	No					
	the form?		Yes	No					
12a	the form?	11a		No					
12a b	the form?	11a 12a	Yes	N o					
12a b	the form?	11a 12a 12b	Yes	No					
12a b c	the form?	11a 12a 12b	Yes Yes Yes	No					
12a b c	the form?	11a 12a 12b 12c 13	Yes Yes Yes	No					
12a b c 13 14 15	the form?	11a 12a 12b 12c 13	Yes Yes Yes	No					
12a b c 13 14 15	the form?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No					
12a b c 13 14 15	the form?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No					
12a b c 13 14 15 a b	the form?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No					
12a b c 13 14 15 a b	the form?	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes						

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 made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 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 (410)263-6600

<u>Part VII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, 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, or 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 (list any hours	more pers	than on is	one bot	not box h ar or/tr	offic	ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations	
(1) CLARA FLOYD	50 00	х		х				30,421	0	(
PRESIDENT (2) ELIZABETH WELLER	50 00	×		Х				58,340	0		
PRESIDENT/VICE PRESIDENT								,-			
(3) CHERYL BOST VICE PRESIDENT	50 00	×		х				12,748	0	C	
(4) WILLIAM FISHER	5 00	х		х				20,000	0	(
TREASURER (5) GARY BRENNAN	4 00										
NEA DIRECTOR		х						0	0	C	
(6) MAVIS ELLIS	4 00										
NEA DIRECTOR		X						0	0	C	
(7) MICHAEL DAVIS	4 00	х						0	0	(
NEA DIRECTOR (8) STEVE BROOKS	4 00										
	4 00	×						0	0	C	
NEA DIRECTOR (9) RICHARD BENFER	4 00										
MEMBER-AT-LARGE		х						0	0	(
(10) ANNA GANNON	4 00										
MEMBER-AT-LARGE		X						0	0	(
(11) TED PAYNE	4 00	V							0	,	
MEMBER-AT-LARGE		X						0	0	(
(12) DOUG PROUTY	4 00	x						0	0	C	
MEMBER-AT-LARGE		ļ									
(13) JOSEPH COUGHLIN	4 00	x						0	0	C	
MEMBER-AT-LARGE (14) LORI HRINKO	4 00			_	-						
` '	4 00	x						0	0	C	
MEMBER-AT-LARGE (15) DEBORAH SCHAEFER	4 00										
MEMBER-AT-LARGE		x						0	0	C	
(16) DAVID HELFMAN	50 00										
EXECUTIVE DIRECTOR				Х				203,682	0	86,646	
(17) MARK DABKOWSKI	50 00			l ,				165 351		CE 046	
	I	I	ı	X	1	I	i l	165,251	0	65,948	

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

(A) Name and Title	(B) Average hours per week (list any hours	more pers	than on is	one bot	not bo: th ar	chec k, unle n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations		(F Estim imount o compen from	ated of other sation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)		organiz	lated
(18) SUSAN RUSSELL	50 00			x				178,799		0		58,622
CHIEF COUNSEL (19) DALE TEMPLETON	50 00			 						+		
ASSISTANT EXECUTIVE DIRECTOR	30 00				X			160,480		0		73,490
(20) KATHLEEN HIATT	50 00					.,				+		
MANAGING DIRECTOR RESEARCH						X		157,828				53,340
(21) PATRICIA ALEXANDER	50 00					x		156,385		0		53,288
MANAGING DIR, COLLECTIVE BARGANING				<u> </u>	_	<u> </u>		130,303				
(22) HERMAN WHITTER	50 00					х		152,035		0		70,207
MANAGING DIR, COLLECTIVE BARGANING (23) JACQUELINE HARRIS	50 00				+					+		
MANAGING DIRECTOR ORGANIZING						x		150,625		0		52,563
(24) SEAN JOHNSON	50 00					.,		450 000		1		
MANAGING DIR POL & LEG AFFAIRS						Х		150,399		0		69,085
										T		
										+		
										+		
										4		
1b Sub-Total			•			<u> </u>	<u> </u>					
c Total from continuation sheets to Pa	art VII, Section A					▶□						
d Total (add lines 1b and 1c)		•				▶ _		1,596,993	0			583,189
2 Total number of individuals (including				ed a	bove	e) who	rec	eived more than				
\$100,000 of reportable compensatio	n from the organiz	zation F	- 54									
											Yes	No
3 Did the organization list any former of			e, ke	y en	nplo	yee, o	r hıç	ghest compensate	d employee			
on line 1a? If "Yes," complete Schedul			•	•		• .			<u> </u>	3		No
4 For any individual listed on line 1a, is organization and related organization individual	•							•		4	Yes	
5 Did any person listed on line 1a rece	ive or accrue com	pensat	ion f	rom	any	unrel	ated	d organization or i	ndıvıdual for	_		
services rendered to the organization	n? If "Yes," comple	te Sche	dule	J for	suc	h pers	on			5		No
Section B. Independent Contract Complete this table for your five high		ındene	nder	nt co	ntra	ctors	tha	t received more t	32 p ¢ 1 0 0 0 0 0	f		
compensation from the organization	•										ax year	
Name an	(A) d business address							Descripti	(B) on of services	(C) Compensation		
								2 000.1941		\downarrow	pon	
										+		
										丰		
								I		1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization $\blacktriangleright 0$

Part V	4++1	Statement o Check if Schedu	f Revenue ule O contains a respo	nse to any question	in this Part VIII . (A) Total revenue	(B) Related or	(C) Unrelated business	(D) Revenue excluded from
						exempt function revenue	revenue	tax under sections 512,513,or 514
s ts	1a	Federated cam	paigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership du	es 1b					
Gr imo	c	Fundraising eve	ents 1c					
iffs, ar A	d	Related organiz	rations 1d					
, Gi	e	Government grants	s (contributions) 1e	-				
ons Sir	_ ا							
utir 1er	"	similar amounts no						
trib O#	g	Noncash contribute 1a-1f \$	ons included in lines					
Cont and	h		s 1a-1f					
C				Business Code				
ппе	2a	DUES		900099	17,466,524	17,466,524		
e ve	ь	UNISERV/NEA		900099	1,795,452	1,795,452		
ъ Д	, c	CONVENTION INCO		900099	54,512	54,512		
rwc	d			300033	54,512	34,312		
33	e							
Program Serwce Revenue	f		am service revenue					
н_	g		s 2a – 2f		19,316,488			
	3		ome (including dividen ar amounts)		69,258			69,258
	4		stment of tax-exempt bond					
	5	Royalties	<u> </u>	►				
			(ı) Real	(II) Personal				
	6a	Gross rents Less rental	7,487					
	Ь	expenses						
	C	Rental income or (loss)	7,487					
	d	Net rental inco	me or (loss)		7,487			7,487
		Cross amount	(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory		105,791				
	ь	Less cost or other basis and		77,939				
	_	sales expenses Gain or (loss)		27,852				
	d		<u> </u> :s)		27,852			27,852
	8a	Gross income f			,			·
Other Revenue		events (not inc \$ of contributions	luding s reported on line 1c)					
ъ		See Part IV, lin	ie 18 a					
1er	ь	less directex	penses b					
o t l	c		(loss) from fundraising	events 🛌				
	9a		rom gaming activities ie 19					
	ь	Lace direct an	a penses b					
	C		penses b (loss) from gaming acti	vities				
		Gross sales of returns and allo	inventory, less owances	·				
	 	Loop coat if	a and sold b	1,258				
			oods sold b (loss) from sales of inv	entory	1,258	1,258		
	Ť	Miscellaneous		Business Code	_,	-,		
	11a	DUSHANE INC		900099	278,514			278,514
	ь	OTHER INCOM		900099	63,692			63,692
	С	AFFINITY CAR		900004	18,885		18,885	
	d	All other reven			15,451		15,451	
	e	Total. Add lines	s 11a-11d		376,542			
	12	Total revenue.	See Instructions .		19,798,885	19,317,746	34,336	446,803
	ı				12,730,005	17,01/,/40	34,336	1 440,803

Form	990 (2012)				Page 10
	IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organizati	ons must comp	lete column (A)	
	Check if Schedule O contains a response to any question in this Pa	rt IX			<u> </u>
	ot include amounts reported on lines 6b, o, 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 United States See Part IV, line 21	942,419			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	,			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and	906,273			
6	key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons	900,273			
_	described in section 4958(c)(3)(B)				
7	Other salaries and wages	7,731,036			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	20,434			
9	Other employee benefits	5,269,364			
10	Payroll taxes	642,182			
11	Fees for services (non-employees)				
а	Management				
ь	Legal	156,686			
c	Accounting	56,891			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	7,939			
g g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on	,,,,,,			
	Schedule O)	235,483			
12	Advertising and promotion	117,714			
13	Office expenses	648,804			
14	Information technology	284,976			
15	Royalties				
16	Occupancy	178,237			
17	Travel	543,214			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	541,877			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	201,556			
23	Insurance	29,707			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	INCOME TAXES	7,899			
b	PUBLIC AFFAIRS	611,245			
c	AFFILLIATES	98,069			
d	OTHER EXPENSES	57,185			
e	All other expenses	53,085			
25	Total functional expenses. Add lines 1 through 24e	19,342,275			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Par	τX	Check if Schedule O contains a response to any question in this	s Part	×			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			7,101,089	2	9,083,794
	3	Pledges and grants receivable, net				3	_
	4	Accounts receivable, net			813,008	4	1,225,982
	5	Loans and other receivables from current and former officers, demployees, and highest compensated employees. Complete Paschedule L	art II o	f		5	
Assets	6	Loans and other receivables from other disqualified persons (a $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary eorganizations (see instructions) Complete Part II of Schedule	contrib mploye	utıng employers		6	
χ. 9	7	Notes and loans receivable, net			499,267	7	412,210
₹	8	Inventories for sale or use			400,207	8	412,210
	9				1,659,103	<u> </u>	275,118
	10a	Prepaid expenses and deferred charges	1		1,039,103	9	275,116
	104	Part VI of Schedule D	10a	7,028,784			
	Ь	Less accumulated depreciation	10b	4,431,754	' '	\vdash	2,597,030
	11	Investments—publicly traded securities			1,499,586	11	2,367,153
	12	Investments—other securities See Part IV, line 11			770,451	12	
	13	Investments—program-related See Part IV, line 11		•		13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			548,033	15	636,712
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			15,535,176	16	16,597,999
	17	Accounts payable and accrued expenses			914,590	17	1,295,400
	18	Grants payable				18	_
	19	Deferred revenue			30,345	19	49,108
	20	Tax-exempt bond liabilities				20	
ø.	21	Escrow or custodial account liability Complete Part IV of Sch	edule D			21	
Liabilitie	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disquali		ıstees,			
æ		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third partie	s.			23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa					
		D			11,844,262		7,317,472
	26	Total liabilities. Add lines 17 through 25			12,789,197	26	8,661,980
ě		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	✓ and	complete			
Ĕ	27	Unrestricted net assets			2,745,979	27	7,936,019
<u> </u>	28	Temporarily restricted net assets				28	
=	29	Permanently restricted net assets				29	
Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check h					
or F		complete lines 30 through 34.		'			
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
AS	32	Retained earnings, endowment, accumulated income, or other f	unds			32	
Net Set	33	Total net assets or fund balances			2,745,979	33	7,936,019
Z	34	Total liabilities and net assets/fund balances			15,535,176	34	16,597,999
	I	,			, ,		,

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				৮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		19,7	798,885
2	Total expenses (must equal Part IX, column (A), line 25)	2		19,3	342,275
3	Revenue less expenses Subtract line 2 from line 1	3			156,610
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			745,979
5	Net unrealized gains (losses) on investments	5			17,958
6	Donated services and use of facilities	6			•
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		4,6	515,472
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		7,9	36,019
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. $ abla$
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ewed or	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
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?	ne	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	require	d 3b		

DLN: 93493195002464

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Supplemental Financial Statements

Open to Public

Interna	l Revenue Service	► Attach to For	m 990. ► See separate instructions.	Inspection
	me of the organ	nization JCATION ASSOCIATION		Employer identification number
I I I A	KIDAND STATE EDO	CALIDA ASSOCIATION		52-0607919
Pa				inds or Accounts. Complete if the
	organı	ization answered "Yes" to Form 990	, Part IV, line 6. (a) Donor advised funds	(b) Funds and other accounts
1	Total number a	at and of year	(a) Dollor advised fullds	(b) Fullus and other accounts
2		at end of year htributions to (during year)		
3		nts from (during year)		
4		ue at end of year		
5				l ar advisad
5	funds are the	ization inform all donors and donor advisor organization's property, subject to the or	ganization's exclusive legal control?	☐ Yes ☐ No
6	used only for o conferring imp	ization inform all grantees, donors, and d charitable purposes and not for the benef permissible private benefit?	it of the donor or donor advisor, or for an	y other purpose Yes No
Pa	rt III Conse	ervation Easements. Complete If	the organization answered "Yes" to	Form 990, Part IV, line 7.
1	Preservati	conservation easements held by the org ion of land for public use (e g , recreation i of natural habitat ion of open space	or education) Preservation of an	historically important land area ertified historic structure
2		s 2a through 2d if the organization held a the last day of the tax year	a qualified conservation contribution in tl F	
_	Total number	of conservation easements	-	Held at the End of the Year
a		restricted by conservation easements	-	24
Ь		nservation easements on a certified histo	oric structure included in (a)	2b
c d		nservation easements included in (c) acc	· · ·	2c
a		ture listed in the National Register	fulled after 8/17/00, and not on a	2d
3	Number of cor	nservation easements modified, transferr	ed, released, extinguished, or terminate	d by the organization during
	the tax year 🕨	-		
4	Number of sta	ites where property subject to conservat	ion easement is located 🕨	
5	Does the orga	inization have a written policy regarding to of the conservation easements it holds?		— Iling of violations, and
6	Staff and volu	nteer hours devoted to monitoring, inspe	cting, and enforcing conservation easem	nents during the year
	A mount of our	——— penses incurred in monitoring, inspecting	, and onforming concernation accomments	dumna the year
7	•	penses incurred in monitoring, inspecting	, and emorcing conservation easements	during the year
8	Does each co	nservation easement reported on line 2(o 70(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	tion 170(h)(4)(B)(i)
9	In Part XIII, o balance sheet	describe how the organization reports coi t, and include, if applicable, the text of th on's accounting for conservation easeme	e footnote to the organization's financial	
Par		nizations Maintaining Collection lete if the organization answered "Y		or Other Similar Assets.
1a	works of art, h	ation elected, as permitted under SFAS 1 nistorical treasures, or other similar asse de, in Part XIII, the text of the footnote t	ts held for public exhibition, education, o	or research in furtherance of public
b	works of art, h	ation elected, as permitted under SFAS 1 historical treasures, or other similar asse de the following amounts relating to thes	ts held for public exhibition, education, o	
	(i) Revenues	included in Form 990, Part VIII, line 1		► \$
	(ii) Assets inc	cluded in Form 990, Part X		<u></u>
2	If the organiza	ation received or held works of art, histor unts required to be reported under SFAS		' <u> </u>
а	_	luded in Form 990, Part VIII, line 1	· • • • • • • • • • • • • • • • • • • •	▶ \$

b Assets included in Form 990, Part X

►\$

Part	TIT Organizations Maintaining Co	<u>llections of Ar</u>	<u>t, His</u>	torical	<u> reas</u>	sures, or O	<u>the</u>	<u>r Similar As</u>	sets (c	ontinued)		
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, cl	heck any o	f the fo	ollowing that a	re a	significant use	e of its			
а	Public exhibition		d	┌ Loa	norex	change progr	ams					
b	Scholarly research		e	┌ Oth	er							
С	Preservation for future generations											
4	Provide a description of the organization's c Part XIII	ollections and expl	aın ho	w they furt	her the	e organızatıon	's ex	empt purpose	ın			
5	During the year, did the organization solicit								_	_		
	assets to be sold to raise funds rather than								┌ Yes	☐ No		
Par	Part IV, line 9, or reported an ar					on answered	J "Y	es" to Form 9	990,			
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?				outions	s or other ass	ets r		┌ Yes	┌ No		
b	If "Yes," explain the arrangement in Part XI	II and complete the	e follov	wing table		Г		A				
_	Danis and Indiana					-	1.	An	nount			
C C	Beginning balance					-	1c					
d	Additions during the year					<u> </u>	1d					
e	Distributions during the year					-	1e					
f	Ending balance					L	1f					
2a	Did the organization include an amount on F								│ Yes	□ No		
b	If "Yes," explain the arrangement in Part XII								<u></u>	<u> </u>		
Pa	rt V Endowment Funds. Complete	If the organization (a)Current year		swered "Y Prior year				t IV, line 10. Three years back	(e)Four v	ears back		
1a	Beginning of year balance	2,157,662	(5)	2,002,66		1,856,523	_	1,738,488	(C) our y	1,825,325		
Ь	Contributions											
c	Net investment earnings, gains, and losses				_							
	Cyanta ay a shalayahan	166,961		164,54	3	152,515		126,308		-80,653		
d e	Grants or scholarships Other expenditures for facilities											
-	and programs											
f	Administrative expenses	7,938		9,54	1	6,378		8,273		6,184		
g	End of year balance	2,316,685		2,157,66	2	2,002,660		1,856,523		1,738,488		
2	Provide the estimated percentage of the cur	rent year end balar	nce (lır	ne 1g, colu	mn (a)) held as						
а	Board designated or quasi-endowment 🕨	100 000 %										
b	Permanent endowment 🕨											
c	Temporarily restricted endowment ►											
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%										
За	Are there endowment funds not in the posse	ssion of the organiz	zatıon	that are he	eld and	l admınıstered	l for	the				
	organization by (i) unrelated organizations							3a	(i) Yes	No No		
	(ii) related organizations							3a(No		
b	If "Yes" to 3a(II), are the related organization						٠. '	3				
4	Describe in Part XIII the intended uses of t	ne organization's ei	ndowm	ent funds					•			
Par	t VI Land, Buildings, and Equipme	ent. See Form 9	90, Pa			T						
	Description of property			(a) Cost basıs (ınv				(c) Accumulated depreciation	d (d) Bo	ook value		
1a	Land					516	,300	· · · · · · · · · · · · · · · · · · ·		516,300		
b	Buildings		•			3,966	,206	2,051,23	36	1,914,970		
C	Leasehold improvements		•									
d I	Equipment		•			304	,162	252,74	43	51,419		
	Other					2,242		2,127,7	75	114,341		
Tota	I. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, colu	ımn (B), lın	e 10(c,).)		🕨		2,597,030		

Part VIII Investments—Other Securities. S	ee Form 990, Part X, line 12.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	▶	
Part VIII Investments—Program Related.	See Form 990, Part X, line 13	3.
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
-		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	F	
Part IX Other Assets. See Form 990, Part X		
(a) Des	cription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line		
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Pa	rt X, line 25.	
Part X Other Liabilities. See Form 990, Pa 1 (a) Description of liability	rt X, line 25.	
Part X Other Liabilities. See Form 990, Pa 1 (a) Description of liability Federal income taxes	rt X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Pa 1 (a) Description of liability Federal income taxes DEFERRED COMPENSATION LIABILITY	(b) Book value 636,712	
Part X Other Liabilities. See Form 990, Pa 1 (a) Description of liability Federal income taxes	rt X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Pa 1 (a) Description of liability Federal income taxes DEFERRED COMPENSATION LIABILITY	(b) Book value 636,712	
Part X Other Liabilities. See Form 990, Pa 1 (a) Description of liability Federal income taxes DEFERRED COMPENSATION LIABILITY	(b) Book value 636,712	
Part X Other Liabilities. See Form 990, Pa 1 (a) Description of liability Federal income taxes DEFERRED COMPENSATION LIABILITY	(b) Book value 636,712	
Part X Other Liabilities. See Form 990, Pa 1 (a) Description of liability Federal income taxes DEFERRED COMPENSATION LIABILITY	(b) Book value 636,712	
Part X Other Liabilities. See Form 990, Pa 1 (a) Description of liability Federal income taxes DEFERRED COMPENSATION LIABILITY	(b) Book value 636,712	
Part X Other Liabilities. See Form 990, Pa 1 (a) Description of liability Federal income taxes DEFERRED COMPENSATION LIABILITY	(b) Book value 636,712	
Part X Other Liabilities. See Form 990, Pa 1 (a) Description of liability Federal income taxes DEFERRED COMPENSATION LIABILITY	(b) Book value 636,712	
Part X Other Liabilities. See Form 990, Pa 1 (a) Description of liability Federal income taxes DEFERRED COMPENSATION LIABILITY	(b) Book value 636,712	
Part X Other Liabilities. See Form 990, Pa 1 (a) Description of liability Federal income taxes DEFERRED COMPENSATION LIABILITY	(b) Book value 636,712	
Part X Other Liabilities. See Form 990, Pa 1 (a) Description of liability Federal income taxes DEFERRED COMPENSATION LIABILITY	(b) Book value 636,712	
Part X Other Liabilities. See Form 990, Pa 1 (a) Description of liability Federal income taxes DEFERRED COMPENSATION LIABILITY	(b) Book value 636,712	
Part X Other Liabilities. See Form 990, Pa 1 (a) Description of liability Federal income taxes DEFERRED COMPENSATION LIABILITY ACCRUED-POSTRETIREMENT	636,712 6,680,760	
Part X Other Liabilities. See Form 990, Pa 1 (a) Description of liability Federal income taxes DEFERRED COMPENSATION LIABILITY	(b) Book value 636,712	

<u>n</u>	<u>er Ret</u>	<u>s With Revenue p</u>	<u>nents</u>	State	Reconciliation of Revenue per Audited Financi	ar
19,916,843	1			ents	Total revenue, gains, and other support per audited financial state	
					Amounts included on line 1 but not on Form 990, Part VIII, line 1	
		117,958	2a	. [Net unrealized gains on investments	a
			2b	. [Donated services and use of facilities	b
			2c	. [Recoveries of prior year grants	C
			2d	[Other (Describe in Part XIII)	d
117,958	2e	[Add lines 2a through 2d	e
19,798,885	3	[Subtract line 2e from line 1	
					A mounts included on Form 990, Part VIII, line 12, but not on line	
			4a	. [Investment expenses not included on Form 990, Part VIII, line 7	a
			4b	. [Other (Describe in Part XIII)	b
0	4c				Add lines 4a and 4b	c
19,798,885	5		!) .	, line	Total revenue Add lines 3 and 4c. (This must equal Form 990, Pa	
:urn	per R	ts With Expenses	ment	l Sta	XII Reconciliation of Expenses per Audited Finance	art
19,342,275	1	[Total expenses and losses per audited financial statements .	
					A mounts included on line 1 but not on Form 990, Part IX, line 25	
			2a		Donated services and use of facilities	а
			2b		Prior year adjustments	b
			2c		Other losses	c
			2d		Other (Describe in Part XIII)	d
0	2e				Add lines 2a through 2d	e
19,342,275	3	[Subtract line 2e from line 1	
					Amounts included on Form 990, Part IX, line 25, but not on line 1:	
			4a		Investment expenses not included on Form 990, Part VIII, line 7	a
			4b		Other (Describe in Part XIII)	b
0	4c				Add lines 4a and 4b	c
19,342,275	5	[.8)	I, line	Total expenses Add lines 3 and 4c. (This must equal Form 990, P	
					XIII Supplemental Information	

Identifier	Return Reference	Explanation				
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THIS FUND WAS ESTABLISHED IN 1974 FOR THE PURPOSIOF PROVIDING FINANCIAL ASSISTANCE THROUGH LOAN AND/OR GRANTS TO THE ASSOCIATION, LOCAL AFFILIATES, AND MEMBERS, AS PROVIDED FOR UNDER THE "TRUST GUIDELINES," AS ADOPTED BY THE MSEA REPRESENTATIVE ASSEMBLY IN 1974 AND AMENDED IN 2004 IN 1984, THE TRUSTEES LIFTED THE LIMIT OF \$350,000 AND SET A GOAL OF AT LEAST \$1,000,000 FOR THE CRISIS TRUST ACTIVITIES' NET ASSETS THE TRUST IS TO BE INCREASED EACH YEAR BY ITS INVESTMENT INCOME, LESS OPERATING EXPENSES				
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE ASSOCIATION IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 503 (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, 2013 AND 2012, THE ASSOCIATION HAD \$7,899 AND \$19,299 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% 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 POSITION S RECORDED IN THE FINANCIAL STATEMENTS AT AUGUST 31, 2013 AND 2012 GENERALLY, THE ASSOCIATION IS NO LONGER SUBJECT TO US FEDERAL INCOME TAX EXAMINATIONS BY TAX				

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

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.

OMB No 1545-0047

DLN: 93493195002464

Open to Public

Schedule I

(Form 990)

nternal Revenue Service			Attach to Form 990				Inspection
lame of the organization 1ARYLAND STATE EDUCATION A	SSOCIATION					Employer identification	on number
Part I General Informati	on on Grants and	d Assistance				32-0007919	
Does the organization maintain the selection criteria used to a Describe in Part IV the organiz	n records to substanti ward the grants or as	ate the amount of the sistance?					√ Yes
Form 990, Part IV, III				United States. Con rt II can be duplicate			es" to
(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							
Enter total number of section 5Enter total number of other org							34
or Paperwork Reduction Act Notice, se				Cat No 50055P			le I (Form 990) 2012

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Pa	art IV, line 22.
	Part III can be duplicated if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount 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, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	,	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

Software ID:

Software Version:

EIN: 52-0607919

Name: MARYLAND STATE EDUCATION ASSOCIATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount 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)	16,301				CAPACITY BUILDING, MEMBERSHIP, TRAINING, ADVOCACY, AND SPECIAL REQUESTS
ALLEGANY COUNTY EDUCATIONAL SERVICES COUNCIL13201 NEW SCHOOL ROAD NW MOUNT SAVAGE,MD 21545		501(C)(5)	16,356				CAPACITY BUILDING, MEMBERSHIP, TRAINING, ADVOCACY, AND SPECIAL REQUESTS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 ANNE ARUNDEL COUNTY2521 RIVA ROAD SUITE L7 ANNAPOLIS,MD 21401	52-0733568	501(C)(5)	60,317				CAPACITY BUILDING, MEMBERSHIP, TRAINING, AND FIELD SERVICE
SECRETARIES AND ASSISTANTS ASSOCIATION OF ANNE ARUNDEL COUNTY2521 RIVA ROAD SUITE L3 ANNAPOLIS, MD 21401		501(C)(5)	9,000				CAPACITY BUILDING, MEMBERSHIP, TRAINING, AND FIELD SERVICE

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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)	97,558				CAPACITY BUILDING, MEMBERSHIP, TRAINING, SPECIAL REQUESTS AND FIELD SERVICE
EDUCATION SUPPORT PROFESSIONALS OF BALTIMORE COUNTY1940G GREENSPRING DRIVE TIMONIUM,MD 21093		501(C)(5)	11,866				CAPACITY BUILDING, MEMBERSHIP, TRAINING, ADVOCACY, SPECIAL REQUESTS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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)	18,095				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)	12,865				CAPACITY BUILDING, MEMBERSHIP, TRAINING, ADVOCACY, AND SPECIAL REOUESTS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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)	7,182	3,750	BOOK VALUE	COMPUTER	MEMBERSHIP
CARROLL COUNTY EDUCATION ASSOCIATION532 BALTIMORE BOULEVARD SUITE 307 WESTMINSTER, MD 21157	51-0159565	501(C)(5)	13,731				MEMBERSHIP

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARROLL ASSOCIATION OF SCHOOL EMPLOYEES 1501 CARRIAGE HILL DRIVE WESTMINSTER,MD 21157		501(C)(5)	3,599				MEMBERSHIP
CECIL COUNTY CLASROOM TEACHERS ASSOCIATION 222 SOUTH BRIDGE STREET SUITE 6 ELKTON, MD 21921	52-0941366	501(C)(5)	13,101				CAPACITY BUILDING, MEMBERSHIP, ADVOCACY, AND SPECIAL REQUESTS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 EDUCATION SUPPORT PERSONNEL ASSOCIATION222 SOUTH BRIDGE STREET SUITE 2 ELKTON,MD 21921		501(C)(5)	12,069				CAPACITY BUILDING, MEMBERSHIP, DEVELOPMENT, AND SPECIAL REQUESTS
EDUCATION ASSOCIATION OF CHARLES COUNTYPO BOX 877 LA PLATA,MD 20646	52-1048940	501(C)(5)	32,219	250	BOOK VALUE		CAPACITY BUILDING, MEMBERSHIP, SPECIAL REQUESTS, AND FIELD SERVICE

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DORCHESTER EDUCATORS 5A CEDAR STREET CAMBRIDGE, MD 21613	52-1050192	501(C)(5)	19,104				CAPACITY BUILDING, MEMBERSHIP, TRAINING, ADVOCACY, SPECIAL REQUESTS AND FIELD SERVICE
FREDERICK COUNTY TEACHERS ASSOCIATION1 WORMANS MILL COURT SUITE 16 FREDERICK,MD 21701	52-1014274	501(C)(5)	20,552				CAPACITY BUILDING, MEMBERSHIP, TRAINING, ADVOCACY, AND SPECIAL REQUESTS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREDERICK ASSOCIATION OF SCHOOL SUPPORT EMPLOYEES1 WORMANS MILL COURT SUITE 15 FREDERICK, MD 21701	52-1594576	501(C)(5)	13,124	858	BOOK VALUE		CAPACITY BUILDING, MEMBERSHIP, ADVOCACY, SPECIAL REQUESTS, AND RELEASES
GARRETT COUNTY EDUCATION ASSOCIATIONP O BOX 2236 OAKLAND,MD 21550	52-2021204	501(C)(5)	17,356				CAPACITY BUILDING, MEMBERSHIP, TRAINING, AND ADVOCACY

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARFORD COUNTY EDUCATION ASSOCIATION42 NORTH MAIN ST SUITE 200 BEL AIR, MD 21014	52-0939793	501(C)(5)	15,260				CAPACITY BUILDING, MEMBERSHIP, TRAINING, ADVOCACY, AND FIELD SERVICE
HARFORD COUNTY EDUCATIONAL SERVICES 211 PYLESVILLE ROAD PYLESVILLE,MD 21132		501(C)(5)	11,609				CAPACITY BUILDING, MEMBERSHIP, TRAINING, ADVOCACY, AND SPECIAL REQUESTS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 EDUCATION ASSOCIATION5082 DORSEY HALL DRIVE STE 102 ELLICOTT CITY, MD 21042	52-0855686	501(C)(5)	40,128				CAPACITY BUILDING, MEMBERSHIP, TRAINING, ADVOCACY, SPECIAL REQUESTS AND FIELD SERVICE
KENT COUNTY TEACHERS ASSOCIATION 25301 LAMBS MEADOW ROAD WORTON, MD 21678	52-1020950	501(C)(5)	7,298				CAPACITY BUILDING, MEMBERSHIP, TRAINING, ADVOCACY, SPECIAL REQUESTS AND FIELD SERVICE

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENT COUNTY EDUCATION SUPPORT PROFESSIONAL ASSOCIATION21601 HIDDEN CREED DRIVE ROCK HALL, MD 216610281	26-1491792	501(C)(5)	8,933	1,060	BOOK VALUE		CAPACITY BUILDING, MEMBERSHIP, TRAINING, ADVOCACY, SPECIAL REQUESTS AND FIELD SERVICE
MONTGOMERY COUNTY EDUCATION ASSOCIATION12 TAFT COURT ROCKVILLE, MD 208505321	52-0659775	501(C)(5)	209,226				CAPACITY BUILDING, MEMBERSHIP, TRAINING, ADVOCACY, SPECIAL REQUESTS AND FIELD SERVICE

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRINCE GEORGE'S COUNTY EDUCATORS' ASSOCIATION8008 MARLBORO PIKE FORESTVILLE, MD 20747	52-0658540	501(C)(5)	97,980				CAPACITY BUILDING, MEMBERSHIP, TRAINING, ADVOCACY, AND FIELD SERVICE
QUEEN ANNE'S COUNTY EDUCATION ASSOCIATION900 LOVE POINT ROAD STEVENSVILLE, MD 216662120	52-1050091	501(C)(5)	14,719				CAPACITY BUILDING AND MEMBERSHIP

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 ST MARY'S COUNTY44219 AIRPORT ROAD CALIFORNIA,MD 20619	52-1052839	501(C)(5)	25,411	1,546			CAPACITY BUILDING, MEMBERSHIP, TRAINING, ADVOCACY, AND SPECIAL REQUESTS
COLLECTIVE EMPLOYEES ASSOCIATION OF ST MARY'S COUNTY44219 AIRPORT ROAD ROOM 138 CALIFORNIA.MD 20619	52-1600939	501(C)(5)	12,014				CAPACITY BUILDING, MEMBERSHIP, ADVOCACY, AND SPECIAL REOUESTS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOMERSET EDUCATION ASSOCIATION27323 CRISFIELD MARION ROAD WESTOVER, MD 21871	51-0176849	501(C)(5)	17,871				MEMBERSHIP
TALBOT COUNTY EDUCATION ASSOCIATION8221 TEAL DRIVE SUITE 420 EASTON,MD 21601	52-1050121	501(C)(5)	10,432				CAPACITY BUILDING AND MEMBERSHIP

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 TEACHERS ASSOCIATION 42 SOUTH MULBERRY STREET HAGERSTOWN,MD 21740	52-6059401	501(C)(5)	17,910	2,203	BOOK VALUE		CAPACITY BUILDING, MEMBERSHIP, ADVOCACY, AND SPECIAL REQUESTS
WICOMICO COUNTY EDUCATION ASSOCIATION1302 OLD OCEAN CITY ROAD SALISBURY, MD 21804	52-1050640	501(C)(5)	20,191	1,329	BOOK VALUE		CAPACITY BUILDING, ADVOCACY, AND SPECIAL REQUESTS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 TEACHERS ASSOCIATION 1817 OLD VIRGINIA ROAD POCOMOKE CITY, MD 21851	52-1050642	501(C)(5)	15,848				CAPACITY BUILDING, MEMBERSHIPS, ADVOCACY, AND SPECIAL REQUESTS
WORCESTER COUNTY EDUCATION SUPPORT PERSONNEL ASSOCIATION 308 SOUTH CHURCH STREET SNOWHILL, MD 21863		501(C)(5)	10,931				CAPACITY BUILDING, MEMBERSHIPS, ADVOCACY, AND SPECIAL REQUESTS

DLN: 93493195002464

OMB No 1545-0047

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.

Open to Public Inspection

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

Pa	Questions Regarding Compensation				
			Yes	No	
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form				
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use				
	Travel for companions Payments for business use of personal residence				
	✓ Tax idemnification and gross-up payments				
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)				
Ь	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	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 filing organization used to establish the compensation of the				
	organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III				
	✓ Compensation committee				
	☐ 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				
•	Receive a severance payment or change-of-control payment?	4a		No	
a 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	-70		INO	
	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				
а	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			
Ь	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 Regulations 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title				(C) Retirement and		(E) Total of columns		
		(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
(1)DAVID HELFMAN EXECUTIVE DIRECTOR	(i) (ii)	199,551	0 0	4,131 0	56,156 0	31,748 0	291,586 0	C
(2)MARK DABKOWSKI ASSISTANT EXECUTIVE DIRECTOR	(i) (ii)	133,526	0 0	31,725 0	44,34 0 0	22,866 0	232,457	C
(3)SUSAN RUSSELL CHIEF COUNSEL	(i) (ii)	150,713	0	28,086 0	47,818 0	12,062 0	238,679 0	C
(4)DALE TEMPLETON ASSISTANT EXECUTIVE DIRECTOR	(i) (ii)	154,419	0	6,061 0	43,899	30,849 0	235,228	C
(5)KATHLEEN HIATT MANAGING DIRECTOR RESEARCH	(i) (ii)	147,609	0	10,219 0	42,032 0	12,566 0	212,426	C
(6)PATRICIA ALEXANDER MANAGING DIR, COLLECTIVE BARGANING	(i) (ii)	146,147 0	0	10,238 0	41,484 0	13,062 0	210,931	C
(7)HERMAN WHITTER MANAGING DIR, COLLECTIVE BARGANING	(i) (ii)	146,064	0	5,971 0	41,517 0	29,948 0	223,500	C
(8)JACQUELINE HARRIS MANAGING DIRECTOR ORGANIZING	(i) (ii)	146,612	0	4,013	41,759	12,062	204,446	C
(9)SEAN JOHNSON MANAGING DIR POL & LEG AFFAIRS	(i) (ii)	143,827	o 0	6,572 0	40,995	29,348 0	220,742	C

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Also complete this part for any additional information				
Identifier	Return Reference	Explanation		
	1 '	CLARA FLOYD RECEIVED TAXABLE HOUSING ALLOWANCE IN THE AMOUNT OF \$15,732 ELIZABETH WELLER RECEIVED TAXABLE HOUSING ALLOWANCE IN THE AMOUNT OF \$3,328 CLARA FLOYD AND ELIZABETH WELLER RECEIVED GROSS-UP PAYMENTS		
SUPPLEMENTAL INFORMATION		FORM 990, PAGE 7, PART VII, LINE 5 - CLARA FLOYD - PRESIDENT (\$75,936) AND BETTY WELLER - VICE PRESIDENT (\$87,296), 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 MONTGOMERY COUNTY AND KENT COUNTY SCHOOL SYSTEMS FOR THE TIME SPENT ON ORGANIZATION BUSINESS		

Schedule J (Form 990) 2012

Software ID: Software Version:

EIN: 52-0607919

Name: MARYLAND STATE EDUCATION ASSOCIATION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

				1 - 111 11 1 1 1 1 1 1 1				•
(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
DAVID HELFMAN	(1) (11)	1	0	4,131	56,156 0	31,748 0	291,586	0
MARK DABKOWSKI	(I) (II)		0	31,725 0	44,340 0	22,866 0	232,457	0
SUSAN RUSSELL	(I) (II)	·	0	28,086 0	47,818 0	12,062 0	238,679	0 0
DALE TEMPLETON	(1) (11)	0	0	6,061 0	43,899 0	30,849 0	235,228	0
KATHLEEN HIATT	(1) (11)		0	10,219 0	42,032 0	12,566 0	212,426	0
PATRICIA ALEXANDER	(1) (11)	1	0	10,238 0	41,484 0	13,062	210,931	0
HERMAN WHITTER	(I) (II)	,	0	5,971 0	41,517 0	29,948 0	223,500	0
JACQUELINE HARRIS	(1) (11)	1	0	4,013 0	41,759 0	12,062 0	204,446	0
SEAN JOHNSON	(1) (11)		0	6,572 0	40,995 0	29,348 0	220,742	0

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SCHEDULE O

As Filed Data -

DLN: 93493195002464

OMB No 1545-0047

2012

Open to Public
Inspection

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.

Name of the organization MARYLAND STATE EDUCATION ASSOCIATION

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

52-0607919

[i	dentifier	Return Reference	Explanation
		, , ,	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
	PART VI,	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
	VI, SECTION A,	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 BY LAWS

Identifier	Return Reference	Explanation
		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 MISEA ASSISTANT EXECUTIVE DIRECTOR FOR BUSINESS AND POLICY OPERATIONS SHALL SERVEAS THE CONNECT OF INTEREST OFFICER (IG OFFICER), AND SHALL IN THAT CAPACITY BE RESPONSIBLE FOR THE MEMBATATION OF THE CIP POLICY. THE CI OFFICER, AND SHALL IN THAT CAPACITY BE RESPONSIBLE FOR THE MEMBATATION OF THE CIP POLICY. AND RECOMMEND TO THE MISEA EXECUTIVE DIRECTOR CODIFICATIONS IN THE POLICY. THE MISEA BUOVED, AND RECOMMEND TO THE MISEA EXECUTIVE DIRECTOR CODIFICATIONS IN THE POLICY. THE MISEA BUOVED, AND RECOMMEND TO THE MISEA EXECUTIVE DIRECTOR CODIFICATIONS IN THE POLICY. THE MISEA BUOVED AND AND ACTIVITY THAT IS BROCHETED BY THE CIPOLICY. HE'SHE SHALL CONSULT WITH THE CIPOLICY AND THE MISEA BUNDED BY THE CIPOLICY. HE'SHE SHALL CONSULT WITH THE CIPOLICY AND AND ACTIVITY AND EXECUTIVE AND THE CIPOLICY. HE'SHE SHALL CONSULT WITH THE CIPOLICY AND THE MISEA BUNDED BY THE CIPOLICY AND THE MISTER INFORMALLY IF THEY ARE UNABLE TO DO SO, THE CIPOCHET AND THE MISEA BUNDED SHALL SUBMIT TO THE MISEA BUNDOVER A WITHTEN OFFINAL HE AND THE MISTER INFORMALLY IF THEY ARE UNABLE TO DO SO, THE CIPOCHET AND THE MISEA BUNDOVER A WITHTEN OFFINAL HE AND THE MISTER INFORMALLY IF THEY ARE UNABLE TO DO SO, THE CIPOCHET AND THE MISEA BUNDOVER AND THE AND THE MISTER THE AND THE MISEA BUNDOVER AND THE A
	Ī	<u>'</u>

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	WITH THE CI OFFICER THE MSEA OFFICIAL AND THE CI OFFICER SHALL ATTEMPT TO DEAL WITH THE MATTER INFORMALLY. IF THEY ARE UNABLE TO DO SO, THE CI OFFICER SHALL SUBMIT TO THE MSEA OF FICIAL 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 A PPEAL TO THE MSEA BOARD OF DIRECTORS BY FILING A WRITTEN NOTICE OF APPEAL WITH THE MSEA PRESIDENT WITHIN THIRTY (30) CALBNDAR DAYS AFTER RECEIVING THE OPINION OF THE CI OFFICER THE MSEA BOARD OF DIRECTORS SHALL DECIDE THE APPEAL AS EXPEDITIOUSLY AS POSSIBLE, AND THE DE CISION 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 PRIDING THE OUTCOME OF THE APPEAL IF THE MSEA OFFICIAL DOES NOT FILE AND THE CI OFFICER C (1) IF AN MSEA MEMBER OR EMPLOYEE BELIEVES THAT AN MSEA OFFICIAL IS ENGAGED OR IS ABOUT TO BECOME ENGAGED IN AN ACTIVITY THAT IS RROH BITED BY THE CI POLICY, THE MEMBER OR EMPLOYEE MAY FILE A WRITTEN COMPLAINT WITH THE CI OFFICER THE COMPLAINANT SHALL IDENTIFY HIMHERSELF TO THE CI OFFICER, BUT THE CI OFFICER SHALL, IF REQUESTED TO DO SO BY THE COMPLAINANT, TREAT THE COMPLAINT AS CONFIDENTIAL AND NO T REVEAL THE COMPLAINANT SHAME (2) UPON RECEIVING A COMPLAINT, THE CI OFFICER, BUT THE CI OFFICER SHALL CONSULT WITH THE COMPLAINANT AND THE MSEA OFFICIAL IN QUESTION BASED ON THE INFORMATION, THE CI OFFICER SHALL DECIDE WHETHER THE MSEA OFFICIAL IN QUESTION BASED ON THE INFORMATION RECEIVED FROM THE COMPLAINANT AND THE MSEA OFFICIAL IN QUESTION BASED ON THE INFORMATION RECEIVED FROM THE COMPLAINANT AND THE MSEA OFFICIAL IN GUESTION BASED ON THE INFORMATION RECEIVED FROM THE COMPLAINANT AND THE MSEA OFFICIAL IN GUESTION BASED ON THE INFORMATION FOR EXPONENTIAL FOR THE COMPLAINANT AND THE MSEA OFFICIAL IN GUESTION BASED ON THE COMPLAINANT AND THE MSEA OFFIC

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION IS REVIEWED EVERY THREE YEARS ACCORDING TO MSEA POLICY THE COMPENSATION IS FORMULA DRIVEN THE COMPENSATION COMMITTEE MEMBERS ARE BOD MEMBERS AND EVERY THREE YEARS THIS COMMITTEE REVIEWS THE FORMULA AND DOES COMPARISONS IN THE PROCESS, THE ASSOCIATION'S CONSIDERS THE FINANCIAL CONDITION, BUDGET AND STAFF CONTRACTS THE BOARD OF DIRECTORS THROUGH THE PRESIDENT CONSIDERS RECOMMENDATION FROM APPROPRIATE STAFF IN ADDITION, COMPENSATION IS COMPARED TO OFFICERS IN OTHER STATES COMPENSATION FORMULA AND AMOUNTS ARE REVIEWED AND APPROVED BY THE BOARD

Identifier	Return Reference	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	

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	ASC 715-PENSION ADJUSTMENTS 4,615,472

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DLN: 93493195002464

2012

Open to Public Inspection

Employer identification number

52-0607919

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Department of the Treasury Internal Revenue Service

Name of the organization

MARYLAND STATE EDUCATION ASSOCIATION

(Form 990)

SCHEDULE R

► Attach to Form 990. ► See separate instructions.

(a) Name, address, and EIN (If applicable) 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 Organiz or more related tax-exempt organizations during the	ations (Complete If le tax year.)	the organization a	answered "Yes" t	to Form 990, Pa	art IV, line 34 because it	had or	ne
(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 star (if section 501(c))	tus Direct controlling entity	Section (13) co	g) 512(b introlled tity?
						Yes	No
	RECEIVE AND DISTRIBUTE FUNDS	MD	527		MARYLAND STATE EDUCATION ASSOCIATION		No
ANNAPOLIS, MD 21401 52-1369000							
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		<u> </u> Cat No 501	1 35Y		Schedule R (Form	990) 2	012

(a) Name, address, and EIN o related organization	f	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-yea assets	(h Disprop r allocat	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or	(k) Percentae ownersh
					514)			Yes	No		Yes	No	
V Identification of Related Or line 34 because it had one or r	ganizations Taxa nore related organi	ble as a Corpo zations treated a	ration s a cor	or Trust (poration or	Complete if t	he organı the tax ye	zatıon ar ar.)	swere	ed "Ye	s" to Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domıcıle (state or foreign country)		(d) Direct controlli entity	(e) Type of enti (C corp, S corp, or trust)	(f) Share of to income	total Share e of	(g) e of end- year ssets		(h) ercentage wnership	Section (b) conti	(13)	
		,,			,						Yes		No

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related	ed organizations lis	sted in Parts II-IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No
b	Gift, grant, or capital contribution to related organization(s)				1b		No
C	Gift, grant, or capital contribution from related organization(s)				1 c		No
d	Loans or loan guarantees to or for related organization(s)				1d		No
e	Loans or loan guarantees by related organization(s)				1e		No
f	Dividends from related organization(s)				1f		No
g	Sale of assets to related organization(s)				1g		No
h	Purchase of assets from related organization(s)				1h		No
i	Exchange of assets with related organization(s)				1 i		No
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		No
I Performance of services or membership or fundraising solicitations for related organization(s)							No
m Performance of services or membership or fundraising solicitations by related organization(s)							
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							
0	Sharing of paid employees with related organization(s)				10		No
р	Reimbursement paid to related organization(s) for expenses				1 p		No
q	Reimbursement paid by related organization(s) for expenses				1q	Yes	
r	Other transfer of cash or property to related organization(s)				1r		No
s	Other transfer of cash or property from related organization(s)				1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this (a)	(b)	(c)	(d)			
	Name of other organization	Transaction type (a-s)	Amount involved	Method of determining amo	ount ir	nvolved	
	_						

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

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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 re	garding exclu	sion for ce		nent	partnerships				•	,		Ī	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	,	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

Additional Data Return to Form

Software ID:

Software Version:

EIN: 52-0607919

Name: MARYLAND STATE EDUCATION ASSOCIATION

Schedule R (Form 990) 2012

Page **5**

Part VII Supplemental Information

Identifier Return Reference Explanation	Complete this part to pr	ovide additional information for response	es to questions on Schedule R (see instructions)	
		return kererence	Explanation	