See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493180000166

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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www.IRS.gov/form990*

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 09-01-2014 , and ending 08-31-2015

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final 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 province, country, and ZIP or foreign postal code
ANNAPOLIS, MD 214012020

D Employer identification number 52-0607919

E Telephone number (410) 263-6600

G Gross receipts $ 21,633,584

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

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

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

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

J Website: ▶ WWW MARYLANDEDUCATORS ORG

H(c) Group exemption number ▶

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

L Year of formation 1947

M State of legal domicile MD

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE OTO 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

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)	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 2014 (Part V, line 2a)	5	111
6	Total number of volunteers (estimate if necessary)	6	275
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	78,029
b	Net unrelated business taxable income from Form 990-T, line 34	7b	43,552

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	0	0
	9	Program service revenue (Part VIII, line 2g)	20,357,982	20,854,075
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	94,816	91,310
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	390,768	658,103
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,843,566	21,603,488
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	965,086	1,028,178
	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)	14,705,614	13,846,582
	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–24e)	4,079,158	4,165,210
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	19,749,858	19,039,970
	19	Revenue less expenses Subtract line 18 from line 12	1,093,708	2,563,518

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	18,083,311	20,696,854
	21	Total liabilities (Part X, line 26)	7,559,496	13,010,247
	22	Net assets or fund balances Subtract line 21 from line 20	10,523,815	7,686,607

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

****** | 2016-06-28
Signature of officer | Date

ELIZABETH WELLER 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			P00369217

Firm's name ▶ RSM US LLP | Firm's EIN ▶ 42-0714325

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 or note to any line in this Part III . . . . ☑

1 Briefly describe the organization's mission

THE MARYLAND STATE EDUCATION 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 (SEE SCHEDULE O)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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 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 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? *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 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*	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
10	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 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, 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
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 and XII*	12a		No
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	Yes	
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, 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
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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 hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

				Yes	No
21		Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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 25a*	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), 501(c)(4), and 501(c)(29) 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		Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *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)			
	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, 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	Yes	
	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		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 11b 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 or note to any line in this Part V . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	25		
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	111		
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	
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" to line 3b, 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
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 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).**				
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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring 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 or note to any line 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 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 . . . (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	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				
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	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 the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 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

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

▶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 or note to any line 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 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 for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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) BETTY WELLER PRESIDENT	50 00	X		X				88,128	0	5,427
(2) CHERYL BOST VICE PRESIDENT	50 00	X		X				33,981	0	20,211
(3) WILLIAM FISHER TRESURER	5 00	X		X				20,000	0	0
(4) RICHARD BENFER MEMBER AT LARGE	4 00	X						0	0	0
(5) GARY BRENNAN NEA DIRECTOR	4 00	X						0	0	0
(6) MICHAEL DAVIS NEA DIRECTOR	4 00	X						0	0	0
(7) MAVIS ELLIS NEA DIRECTOR	4 00	X						0	0	0
(8) JOSEPH COUGHLIN MEMBER-AT-LARGE	4 00	X						0	0	0
(9) ANNNA GANNON MEMBER-AT-LARGE	4 00	X						0	0	0
(10) LORI HRINKO MEMBER-AT-LARGE	4 00	X						0	0	0
(11) TED PAYNE MEMBER-AT-LARGE	4 00	X						0	0	0
(12) DOUG PROUTY MEMBER-AT-LARGE	4 00	X						0	0	0
(13) DEBORAH SCHAEFER MEMBER-AT-LARGE	4 00	X						0	0	0
(14) DOUG LEA NEA DIRECTOR	4 00	X						0	0	0

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 for related organizations below dotted line)	(C) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(15) DAVID NICHOLSON MEMBER-AT-LARGE	4 00	X						0	0	0
(16) DAVID HELFMAN EXECUTIVE DIRECTOR	50 00			X				209,934	0	82,360
(17) JACQUELINE HARRIS ASST EXE DIRECTOR	50 00				X			170,606	0	51,651
(18) SEAN JOHNSON ASST EXE DIRECTOR	50 00				X			159,715	0	68,288
(19) KRISTY ANDERSON GENERAL COUNSEL	50 00				X			168,054	0	70,995
(20) CATHY PERRY MANAGING DIRECTOR	50 00					X		155,048	0	37,512
(21) ADAM MENDELSON MANAGING DIRECTOR	50 00					X		153,689	0	66,189
(22) PATRICIA ALEXANDER MANAGING DIRECTOR	50 00					X		142,435	0	42,838
(23) HERMAN WHITTER MANAGING DIRECTOR	50 00					X		156,880	0	67,957
(24) KATHLEEN HIATT MANAGING DIRECTOR	50 00					X		166,003	0	49,290
(25) MARK DABKOWSKI FORMER ASST EXE DIRECTOR	50 00						X	127,423	0	42,481

		(D)	(E)	(F)
1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . ▶	1,751,896	0	605,199

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶48

			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	Yes	
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		No

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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
ED EARLY PRINTING COMPANY 908 WINDSOR ROAD BALTIMORE, MD 21208	PRINTING AND MAILING SERVICES	211,557
PETEL & COMPANY 737 8TH SE SUITE 202 WASHINGTON, DC 20003	DIRECT MAIL - BROCHURE/POSTCARD PRODUCTI	145,636

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 ▶2

Part VIII **Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
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				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . ▶					
Program Service Revenue			Business Code				
	2a	DUES	900099	19,148,737	19,148,737		
	b	UNISERV/NEA	900099	1,656,628	1,656,628		
	c	CONVENTION INCOME	900099	48,710	4,950	6,575	37,185
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . ▶		20,854,075			

			(i) Real	(ii) Personal	(A) Total revenue	(B)	(C)	(D)
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . ▶			72,620			72,620
	4	Income from investment of tax-exempt bond proceeds . . ▶						
	5	Royalties . . . . ▶						
	6a	Gross rents	3,600					
	b	Less rental expenses	0					
	c	Rental income or (loss)	3,600					
	d	Net rental income or (loss) . . . . ▶			3,600			3,600
			(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	48,786					
	b	Less cost or other basis and sales expenses	30,096					
	c	Gain or (loss)	18,690					
	d	Net gain or (loss) . . . . ▶			18,690			18,690
	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	7,408				
	b	Less cost of goods sold . . .	b	0				
	c	Net income or (loss) from sales of inventory . . ▶			7,408	7,408		
		Miscellaneous Revenue		Business Code				
	11a	OTHER INCOME		900099	319,010			319,010
	b	DUSHANE INCOME		900099	256,631			256,631
	c	MEMBER BENEFITS		900004	71,454		71,454	
	d	All other revenue						
	e	**Total.** Add lines 11a–11d . . . . ▶			647,095			
	12	**Total revenue.** See Instructions . . . . . ▶			21,603,488	20,817,723	78,029	707,736

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)

Check if Schedule O contains a response or note to any line in this Part IX . . . . ☐

	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 domestic organizations and domestic governments See Part IV, line 21	1,028,178			
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,143,831			
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	7,732,726			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	83,621			
9	Other employee benefits	4,230,474			
10	Payroll taxes	655,930			
11	Fees for services (non-employees)				
a	Management				
b	Legal	128,374			
c	Accounting	79,090			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	580,132			
12	Advertising and promotion	432,528			
13	Office expenses	728,629			
14	Information technology	18,978			
15	Royalties . .				
16	Occupancy	165,482			
17	Travel	532,256			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	639,706			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	184,348			
23	Insurance	42,484			
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)				
a	INCOME TAXES	4,948			
b	PUBLIC AFFAIRS	348,046			
c	PROPERTY TAXES	111,736			
d	OTHER EXPENSES	83,423			
e	All other expenses	85,050			
25	**Total functional expenses.** Add lines 1 through 24e	19,039,970			
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

Check if Schedule O contains a response or note to any line in this Part X . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments		9,936,683	2	12,975,180
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,235,937	4	452,592
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other 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) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		500,619	7	500,864
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		458,247	9	699,816
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 5,383,526			
	b	Less accumulated depreciation	10b 3,172,076	2,418,204	10c	2,211,450
	11	Investments—publicly traded securities		2,776,252	11	2,932,281
	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		757,369	15	924,671
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		18,083,311	16	20,696,854
Liabilities	17	Accounts payable and accrued expenses		957,329	17	752,353
	18	Grants payable			18	
	19	Deferred revenue		211,677	19	651,329
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		6,390,490	25	11,606,565
	26	**Total liabilities.** Add lines 17 through 25		7,559,496	26	13,010,247
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		10,523,815	27	7,686,607
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), 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		10,523,815	33	7,686,607
	34	Total liabilities and net assets/fund balances		18,083,311	34	20,696,854

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	21,603,488
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,039,970
3	Revenue less expenses Subtract line 2 from line 1	3	2,563,518
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,523,815
5	Net unrealized gains (losses) on investments	5	-95,811
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	-5,304,915
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,686,607

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ 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 separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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		

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047
2014
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 value of contributions to (during year)		
3	Aggregate value of 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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ 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 education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the 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, and not on a historic structure listed in the National Register	2d	

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

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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included in Form 990, Part VIII, line 1 ▶ $ ______

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue 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 acquisition, 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 d ☐ Loan or exchange programs

b ☐ Scholarly research e ☐ Other

c ☐ Preservation for future generations

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

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 XIII 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, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . ☐

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	2,667,659	2,316,685	2,157,662	2,002,660	1,856,523
b	Contributions					
c	Net investment earnings, gains, and losses	-29,467	360,485	166,961	164,543	152,515
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses	10,522	9,511	7,938	9,541	6,378
g	End of year balance	2,627,670	2,667,659	2,316,685	2,157,662	2,002,660

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶ 100 000 %

b Permanent endowment ▶

c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

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 XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(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		3,928,798	2,276,034	1,652,764
c Leasehold improvements				
d Equipment		165,870	149,316	16,554
e Other		772,558	746,726	25,832
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				2,211,450

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. 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) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(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)* ▶		

Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
DEFERRED COMPENSATION LIABILITY	690,817
ACCRUED-POSTRETIREMENT	10,915,748
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	11,606,565

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	21,507,677
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-95,811		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	-95,811
3	Subtract line **2e** from line **1**			3	21,603,488
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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	21,603,488

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	19,039,970
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 XIII)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	19,039,970
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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	19,039,970

Part XIII Supplemental Information

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
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," 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
PART X, LINE 2	MSEA 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, MEMBER BENEFIT REVENUE, WHICH IS DERIVED FROM DISCOUNT PROGRAMS OFFERED TO MEMBERS, IS SUBJECT TO UNRELATED BUSINESS INCOME TAX FOR THE YEARS ENDED AUGUST 31, 2015 AND 2014, MSEA HAD $5,300 AND $5,059, RESPECTIVELY, OF TAX EXPENSE ON UNRELATED BUSINESS INCOME, WHICH IS INCLUDED IN STRATEGIC OBJECTIVE #2 IN THE ACCOMPANYING CONSOLIDATED STATEMENTS OF ACTIVITIES THE ASSOCIATION'S MANAGEMENT EVALUATED ITS TAX POSITIONS AND CONCLUDED THERE WERE NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS THE ASSOCIATION HAD NO SUCH POSITIONS RECORDED IN THE CONSOLIDATED FINANCIAL STATEMENTS AT AUGUST 31, 2015 AND 2014 GENERALLY, THE ASSOCIATION IS NO LONGER SUBJECT TO U S FEDERAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2012

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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.
▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

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 Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 32

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated 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.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	**Explanation**
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 MSEA'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

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 EDUCATIONAL SERVICES COUNCIL13201 NEW SCHOOL ROAD NW MOUNT SAVAGE,MD 21545		501(C)(5)	7,000				CAPACITY BUILDING, MEMBERSHIP
ALLEGANY COUNTY TEACHERS ASSOCIATION PO BOX 5179 CRESAPTOWN,MD 215055179	23-7442507	501(C)(5)	13,079				MEMBERSHIP, INNOVATIVE MEMBERSHIP, SUPPLEMENTAL MEMBERSHIP, AFFILIATE CAPACITY BUILDING, PROFESSIONAL DEVELOPMENT AND TRAINING, PUBLIC ADVOCACY, INNOVATIVE ENGAGEMENT AND ORGAN
CALVERT ASSOCIATION OF EDUCATIONAL SUPPORT STAFF865 MAIN STREET PRINCE FREDERICK,MD 20678	52-2058647	501(C)(5)	13,443				MEMBERSHIP, SUPPLEMENTAL MEMBERSHIP, AFFILIATE CAPACITY BUILDING, SPECIAL REQUEST

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 ASSOCIATION8221 TEAL DRIVE STE 420 EASTON,MD 21601	27-1270094	501(C)(5)	10,292				MEMBERSHIP, PROFESSIONAL DEVELOPMENT AND TRAINING
CECIL COUNTY CLASROOM TEACHERS ASSOCIATION 3135 JOSEPH BIGGS MEMORIAL HWY STE 3 NORTH EAST,MD 21901	52-0941366	501(C)(5)	7,469				MEMBERSHIP, AFFILIATE CAPACITY BUILDING, PROFESSIONAL DEVELOPMENT AND TRAINING
CALVERT EDUCATION ASSOCIATION865 MAIN STREET PRINCE FREDERICK,MD 206783343	52-1055500	501(C)(5)	19,360				MEMBERSHIP, AFFILIATE CAPACITY BUILDING, PROFESSIONAL DEVELOPMENT AND TRAINING, PUBLIC ADVOCACY, SPECIAL REQUEST

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 EDUCATION ASSOCIATION OF ST MARY'S COUNTY41680 MISS BESSIE DR SUITE 201 LEONARDTOWN,MD 20650	52-1600939	501(C)(5)	9,488				MEMBERSHIP, AFFILIATE CAPACITY BUILDING, SPECIAL REQUEST
CECIL EDUCATION SUPPORT PERSONNEL ASSOCIATION3135 JOSEPH BIGGS MEMORIAL HWY STE 3 NORTH EAST,MD 21901	52-2290415	501(C)(5)	7,800				MEMBERSHIP, SUPPLEMENTAL MEMBERSHIP, AFFILIATE CAPACITY BUILDING
DORCHESTER EDUCATORS 5A CEDAR STREET CAMBRIDGE,MD 21613	52-1050192	501(C)(5)	17,025				MEMBERSHIP, INNOVATIVE MEMBERSHIP, AFFILIATE CAPACITY BUILDING, PROFESSIONAL DEVELOPMENT AND TRAINING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 COUNTY105 CENTENNIAL ST SUITE H LA PLATA,MD 206466944	52-1048940	501(C)(5)	39,184				MEMBERSHIP, INNOVATIVE MEMBERSHIP, SUPPLEMENTAL MEMBERSHIP, AFFILIATE CAPACITY BUILDING, PUBLIC ADVOCACY, FIELD SERVICE, SPECIAL REQUEST
EDUCATION ASSOCIATION OF ST MARY'S COUNTY41680 MISS BESSIE DR SUITE 201 LEONARDTOWN,MD 20650	52-1052839	501(C)(5)	34,444				MEMBERSHIP, SUPPLEMENTAL MEMBERSHIP, AFFILIATE CAPACITY BUILDING, PROFESSIONAL DEVELOPMENT AND TRAINING, PUBLIC ADVOCACY, SPECIAL REQUEST
EDUCATION SUPPORT PROFESSIONALS OF BALTIMORE COUNTY305 E JOPPA ROAD TOWSON,MD 21286	46-4485717	501(C)(5)	7,389				MEMBERSHIP, SUPPLEMENTAL MEMBERSHIP, PROFESSIONAL DEVELOPMENT AND TRAINING, SPECIAL REQUEST

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 ASSOCIATION OF SCHOOL SUPPORT EMPLOYEES1 WORMANS MILL COURT SUITE 15 FREDERICK,MD 21701	52-1594576	501(C)(5)	8,363				MEMBERSHIP, AFFILIATE CAPACITY BUILDING
FREDERICK COUNTY TEACHERS ASSOCIATION1 WORMANS MILL COURT SUITE 16 FREDERICK,MD 21701	52-1014274	501(C)(5)	26,172				MEMBERSHIP, AFFILIATE CAPACITY BUILDING, PROFESSIONAL DEVELOPMENT AND TRAINING, PUBLIC ADVOCACY, SPECIAL REQUEST, INNOVATIVE ENGAGEMENT AND ORGAN
GARRETT COUNTY EDUCATION ASSOCIATIONP O BOX 2236 OAKLAND,MD 21550	52-2021204	501(C)(5)	14,000				MEMBERSHIP, AFFILIATE CAPACITY BUILDING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 EDUCATION ASSOCIATION5082 DORSEY HALL DRIVE STE 102 ELLICOTT CITY,MD 21042	52-0939793	501(C)(5)	37,459	2,280	BOOK VALUE	COMPUTER	MEMBERSHIP, SUPPLEMENTAL MEMBERSHIP, AFFILIATE CAPACITY BUILDING, PROFESSIONAL DEVELOPMENT AND TRAINING, FIELD SERVICE, SPECIAL REQUEST
HARFORD COUNTY EDUCATION ASSOCIATION2107 LAUREL BUSH ROAD STE 201 BEL AIR,MD 21015	52-0855686	501(C)(5)	21,154				MEMBERSHIP, AFFILIATE CAPACITY BUILDING, PROFESSIONAL DEVELOPMENT AND TRAINING, PUBLIC ADVOCACY, SPECIAL REQUEST
KENT COUNTY TEACHERS ASSOCIATION101 MORGNEE ROAD APT A304 CHESTERTOWN,MD 21620		501(C)(5)	11,938				MEMBERSHIP, AFFILIATE CAPACITY BUILDING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
KENT COUNTY EDUCATION AND SUPPORT PROFESSIONAL ASSOCIATIONHIDDEN CREEK DR ROCK HALL,MD 21661	21-1491792	501(C)(5)	5,995				MEMBERSHIP, AFFILIATE CAPACITY BUILDING, PROFESSIONAL DEVELOPMENT AND TRAINING
MONTGOMERY COUNTY EDUCATION ASSOCIATION12 TAFT COURT ROCKVILLE,MD 208505321	52-0659775	501(C)(5)	215,086				MEMBERSHIP, AFFILIATE CAPACITY BUILDING, PROFESSIONAL DEVELOPMENT AND TRAINING, PUBLIC ADVOCACY, FIELD SERVICE
PRINCE GEORGE'S COUNTY EDUCATORS' ASSOCIATION8008 MARLBORO PIKE FORESTVILLE,MD 20747	52-0658540	501(C)(5)	121,459				MEMBERSHIP, AFFILIATE CAPACITY BUILDING, PROFESSIONAL DEVELOPMENT AND TRAINING, PUBLIC ADVOCACY, FIELD SERVICE, INNOVATIVE ENGAGEMENT AND ORGAN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 ANNE ARUNDEL COUNTY2521 RIVA ROAD SUITE L7 ANNAPOLIS,MD 214017447	52-0733568	501(C)(5)	73,479				AFFILIATE CAPACITY BUILDING, PROFESSIONAL DEVELOPMENT AND TRAINING, PUBLIC ADVOCACY, FIELD SERVICE MEMBERSHIP, SUPPLEMENTAL MEMBERSHIP, FIELD SERVICE, SPECIAL REQUEST
TEACHERS ASSOCIATION OF BALTIMORE COUNTY 305 E JOPPA ROAD TOWSON,MD 212863252	52-0623933	501(C)(5)	155,833				MEMBERSHIP, AFFILIATE CAPACITY BUILDING, PROFESSIONAL DEVELOPMENT AND TRAINING, PUBLIC ADVOCACY, FIELD SERVICE, SPECIAL REQUEST
WICOMICO COUNTY EDUCATION ASSOCIATION1302 OLD OCEAN CITY ROAD SALISBURY,MD 21804	52-1050640	501(C)(5)	24,039				MEMBERSHIP, SUPPLEMENTAL MEMBERSHIP, AFFILIATE CAPACITY BUILDING, PROFESSIONAL DEVELOPMENT AND TRAINING, PUBLIC ADVOCACY,INNOVATIVE ENGAGEMENT AND ORGAN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 TEACHERS ASSOCIATION 1817 OLD VIRGINIA ROAD POCOMOKE CITY,MD 21851	52-1050642	501(C)(5)	9,135				MEMBERSHIP, SUPPLEMENTAL MEMBERSHIP, AFFILIATE CAPACITY BUILDING, PROFESSIONAL DEVELOPMENT AND TRAINING
WASHINGTON COUNTY TEACHERS ASSOCIATION 18047 OAK RIDGE DRIVE HAGERSTOWN,MD 21740	52-6059401	501(C)(5)	30,620				MEMBERSHIP, AFFILIATE CAPACITY BUILDING, PUBLIC ADVOCACY, SPECIAL REQUEST, INNOVATIVE ENGAGEMENT AND ORGAN
QUEEN ANNE'S COUNTY EDUCATION ASSOCIATION900 LOVE POINT ROAD STEVENSVILLE,MD 216662120	52-1050091	501(C)(5)	16,617				SUPPLEMENTAL MEMBERSHIP, AFFILIATE CAPACITY BUILDING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SECRETARIES AND ASSISTANTS ASSOCIATION OF ANNE ARUNDEL COUNTY2521 RIVA ROAD SUITE L-3 ANNAPOLIS,MD 21401	52-1639180	501(C)(5)	7,800				SUPPLEMENTAL MEMBERSHIP, AFFILIATE CAPACITY BUILDING
TALBOT COUNTY EDUCATION ASSOCIATION8221 TEAL DRIVE SUITE 420 EASTON,MD 21601	52-1050121	501(C)(5)	8,445				AFFILIATE CAPACITY BUILDING

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493180000166

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, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

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 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 directors, trustees, officers, including 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 ☐ 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?	**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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	**4c**		No
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations 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? If "Yes," to line 5a or 5b, describe in Part III	**5b**		
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? If "Yes," to line 6a or 6b, describe in Part III	**6b**		
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		**(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 in column(B) reported as deferred in prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table								

Part III **Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 1A	ELIZABETH WELLER RECEIVED TAXABLE HOUSING ALLOWANCE IN THE AMOUNT OF $15,215 ELIZABETH WELLER RECEIVED GROSS-UP PAYMENTS FOR TAXABLE HOUSING
FORM 990, PAGE 7, PART VII, LINE 5	ELIZABETH WELLER - PRESIDENT (88,1128) AND CHERYL BOST - VICE PRESIDENT ($33,981), ARE PAID BY KENT COUNTY AND BALTIMORE COUNTY SCHOOL SYSTEM, RESPECTIVELY, THE SCHOOL SYSTEMS WHERE THEY ARE BOTH EMPLOYED AS TEACHERS THE FILING ORGANIZATION IS BILLED BY THE KENT COUNTY AND BALTIMORE COUNTY SCHOOL SYSTEMS FOR THE TIME SPENT ON ORGANIZATION BUSINESS

Additional Data

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
DAVID HELFMAN, EXECUTIVE DIRECTOR	(i)	208,386	0	1,548	49,466	35,365	294,765	0
	(ii)	0	0	0	0	0	0	0
JACQUELINE HARRIS, ASST EXE DIRECTOR	(i)	164,742	0	5,864	39,961	14,161	224,728	0
	(ii)	0	0	0	0	0	0	0
SEAN JOHNSON, ASST EXE DIRECTOR	(i)	152,958	0	6,757	37,394	33,365	230,474	0
	(ii)	0	0	0	0	0	0	0
KRISTY ANDERSON, GENERAL COUNSEL	(i)	167,694	0	360	40,604	36,862	245,520	0
	(ii)	0	0	0	0	0	0	0
CATHY PERRY, MANAGING DIRECTOR	(i)	153,500	0	1,548	37,512	2,471	195,031	0
	(ii)	0	0	0	0	0	0	0
ADAM MENDELSON, MANAGING DIRECTOR	(i)	145,630	0	8,059	35,798	32,862	222,349	0
	(ii)	0	0	0	0	0	0	0
PATRICIA ALEXANDER, MANAGING DIRECTOR	(i)	133,224	0	9,211	33,096	12,213	187,744	0
	(ii)	0	0	0	0	0	0	0
HERMAN WHITTER, MANAGING DIRECTOR	(i)	149,340	0	7,540	36,606	33,822	227,308	0
	(ii)	0	0	0	0	0	0	0
KATHLEEN HIATT, MANAGING DIRECTOR	(i)	153,902	0	12,101	37,600	14,161	217,764	0
	(ii)	0	0	0	0	0	0	0
MARK DABKOWSKI, FORMER ASST EXE DIRECTOR	(i)	104,752	0	22,671	26,895	17,209	171,527	0
	(ii)	0	0	0	0	0	0	0

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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

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

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 MSEA STAFF ACCOUNTANT AND ASSISTANT EXECUTIVE DIRECTOR THE FORM 990 WILL BE PROVIDED TO MSEA BOARD OF DIRECTORS PRIOR TO THE FILING OF THE FORM WITH THE IRS

Return Reference	Explanation	
	FORM 990, PART VI, SECTION B, LINE 12C	EMPLOYEES A THE MSEA ASSISTANT EXECUTIVE DIRECTOR FOR BUSINESS AND POLICY OPERATIONS SHA LL SERVE AS THE CONFLICT OF INTEREST OFFICER (CI OFFICER), AND SHALL IN THAT CAPACITY BE R ESPONSIBLE FOR THE IMPLEMENTATION OF THE CI POLICY THE CI OFFICER SHALL MONITOR THE IMPLE MENTATION OF THE CI POLICY, AND RECOMMEND TO THE MSEA EXECUTIVE DIRECTOR MODIFICATIONS IN THE POLICY THE MSEA BOARD OF DIRECTORS SHALL MAKE SUCH MODIFICATIONS IN THE POLICY AS IT MAY FROM TIME TO TIME DEEM APPROPRIATE B (1) IF AN MSEA EMPLOYEE BELIEVES THAT HE/SHE MA Y 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 ATT EMPT 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 OF FICER, HE OR SHE MAY APPEAL TO THE MSEA EXECUTIVE DIRECTOR BY FILING A WRITTEN NOTICE OF A PPEAL WITH THE EXECUTIVE DIRECTOR WITHIN THIRTY (30) CALENDAR DAYS AFTER RECEIVING THE OPI NION 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 TO WHATEVER CONTRACTUAL RIGHTS THE MSEA EMPLOYEE MAY HAVE TO CHALLENGE THE MSEA EXECUTIVE DIRECTOR'S DECISION, INCLUDING, WITHOUT LIMITATION, HIS/HER RIGHT TO CHALLENGE SAID DECISI ON THROUGH THE GRIEVANCE PROCEDURE IN A COLLECTIVE BARGAINING AGREEMENT WITH MSEA IF THE MSEA EMPLOYEE DOES NOT FILE A TIMELY APPEAL, HE/SHE SHALL COMPLY WITH THE OPINION OF THE C I OFFICER IF THE MSEA EMPLOYEE IS A MEMBER OF A BARGAINING UNIT, HE/SHE MAY, AT HIS/HER O PTION, HAVE A UNION REPRESENTATIVE PARTICIPATE IN THE CONSULTATION AND APPEAL C (1) IF A N MSEA MEMBER OR EMPLOYEE BELIEVES THAT AN MSEA EMPLOYEE IS ENGAGED OR IS ABOUT TO BECOME ENGAGED IN AN ACTIVITY THAT IS PROHIBITED BY THE CI POLICY, THE MEMBER OR EMPLOYEE MAY FIL E A WRITTEN COMPLAINT WITH THE CI OFFICER THE COMPLAINANT SHALL IDENTIFY HIM/HERSELF TO T HE CI OFFICER, BUT THE CI OFFICER SHALL, IF REQUESTED TO DO SO BY THE COMPLAINANT, TREAT T HE COMPLAINT AS CONFIDENTIAL AND NOT REVEAL THE COMPLAINANT'S NAME (2) UPON RECEIVING A C OMPLAINT, THE CI OFFICER SHALL CONSULT WITH THE COMPLAINANT AND THE MSEA EMPLOYEE IN QUEST ION BASED ON THE INFORMATION RECEIVED FROM THE COMPLAINANT AND THE MSEA EMPLOYEE, AND/OR OTHER RELEVANT INFORMATION, THE CI OFFICER SHALL DECIDE WHETHER THE MSEA EMPLOYEE IS ENGAG ED OR IS ABOUT TO BECOME ENGAGED IN AN 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 MS EA EMPLOYEE AND THE COMPLAINANT A WRITTEN OPINION SETTING FORTH HIS/HER CONCLUSIONS (3) I F 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 WI TH 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 CONTRA CTUAL RIGHTS THE MSEA EMPLOYEE MAY HAVE TO CHALLENGE THE MSEA EXECUTIVE DIRECTOR'S DECISIO N, INCLUDING, WITHOUT LIMITATION, HIS/HER RIGHT TO CHALLENGE SAID DECISION THROUGH THE GRI EVANCE PROCEDURE IN A COLLECTIVE BARGAINING AGREEMENT WITH MSEA IF THE MSEA EMPLOYEE FILE S A TIMELY APPEAL, HE/SHE NEED NOT COMPLY WITH THE OPINION OF THE CI OFFICER PENDING THE O UTCOME OF THE APPEAL IF THE MSEA EMPLOYEE DOES NOT FILE A TIMELY APPEAL, HE/SHE SHALL COM PLY WITH THE OPINION OF THE CI OFFICER IF THE MSEA EMPLOYEE IS A MEMBER OF A BARGAINING U NIT, HE/SHE MAY, AT HIS/HER OPTION, HAVE A UNION REPRESENTATIVE PARTICIPATE IN THE CONSULT ATION AND APPEAL D IN IMPLEMENTING THE CI POLICY, THE CI OFFICER AND THE MSEA EXECUTIVE DIRECTOR SHALL CONSIDER ALL RELEVANT FACTORS, INCLUDING THE SPECIFIC MSEA RESPONSIBILITIES OF THE MSEA EMPLOYEE AND THE NATURE OF THE ALLEGEDLY PROHIBITED ACTIVITY, AND SHALL INTER PRET AND APPLY THE CI POLICY IN A MANNER THAT FURTHERS ITS INTENDED PURPOSE OFFICERS A T HE MSEA VICE PRESIDENT SHALL SERVE AS THE CONFLICT OF INTEREST OFFICER (CI OFFICER), AND S HALL, IN THAT CAPACITY, BE RESPONSIBLE FOR THE IMPLEMENTATION OF THE CI POLICY THE CI OFF ICER SHALL MONITOR THE IMPLEMENTATION OF THE CI POLICY, AND RECOMMEND TO THE MSEA BOARD OF DIRECTORS MODIFICATIONS IN THE POLICY THE MSEA BOARD OF DIRECTORS SHALL MAKE SUCH MODIFI CATIONS IN THE POLICY AS IT MAY FROM TIME TO TIME DEEM APPROPRIATE B (1) IF AN MSEA OFFI CIAL 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

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 OFFICI AL 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 PR ESIDENT WITHIN THIRTY (30) CALENDAR DAYS AFTER RECEIVING THE OPINION OF THE CI OFFICER TH E 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 FIL ES A TIMELY APPEAL, HE OR SHE NEED NOT COMPLY WITH THE OPINION OF THE CI OFFICER PENDING T HE OUTCOME OF THE APPEAL IF THE MSEA OFFICIAL DOES NOT FILE A TIMELY APPEAL, HE/SHE SHALL COMPLY WITH THE OPINION OF 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 PROH IBITED BY THE CI POLICY, THE MEMBER OR EMPLOYEE MAY FILE A WRITTEN COMPLAINT WITH THE CI O FFICER THE COMPLAINANT SHALL IDENTIFY HIM/HERSELF TO THE CI OFFICER, BUT THE CI OFFICER S HALL, IF REQUESTED TO DO SO BY THE COMPLAINANT, TREAT THE COMPLAINT AS CONFIDENTIAL AND NO T REVEAL THE COMPLAINANT'S NAME (2) UPON RECEIVING A COMPLAINT, THE CI OFFICER SHALL CONS ULT WITH THE COMPLAINANT AND THE MSEA OFFICIAL IN QUESTION BASED ON THE INFORMATION RECEI VED FROM THE COMPLAINANT AND THE MSEA OFFICIAL, AND/OR OTHER RELEVANT INFORMATION, THE CI OFFICER SHALL DECIDE WHETHER THE MSEA OFFICIAL IS ENGAGED OR IS ABOUT TO BECOME ENGAGED IN AN ACTIVITY THAT IS PROHIBITED BY THE CI POLICY, AND, IF SO, WHAT SHOULD BE DONE TO CORRE CT THE SITUATION THE CI OFFICER SHALL SUBMIT TO THE MSEA OFFICIAL AND THE COMPLAINANT A W RITTEN OPINION SETTING FORTH HIS/HER CONCLUSIONS (3) IF THE MSEA OFFICIAL DISAGREES, IN W HOLE OR IN PART, WITH THE CONCLUSIONS OF THE CI OFFICER, HE/SHE MAY APPEAL TO THE MSEA BOA RD 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 DIREC TORS SHALL DECIDE THE APPEAL AS EXPEDITIOUSLY AS POSSIBLE, AND THE DECISION OF THE MSEA BO ARD OF DIRECTORS SHALL BE FINAL AND BINDING IF THE MSEA OFFICIAL FILES A TIMELY APPEAL, H E/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 OPIN ION OF THE CI OFFICER D IN IMPLEMENTING THE CI POLICY, THE CI OFFICER AND THE MSEA BOARD OF DIRECTORS SHALL CONSIDER ALL RELEVANT FACTORS, INCLUDING THE SPECIFIC MSEA RESPONSIBIL ITIES OF THE MSEA OFFICIAL AND THE NATURE OF THE ALLEGEDLY PROHIBITED ACTIVITY, AND SHALL INTERPRET AND APPLY THE CI POLICY IN A MANNER THAT FURTHERS ITS INTENDED PURPOSE

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

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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	ASC 715-PENSION ADJUSTMENTS -5,304,915

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

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 (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 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 entity? Yes	No
(1) MSEA FUND FOR CHILDREN AND PUBLIC EDUCATION 140 MAIN STREET ANNAPOLIS, MD 21401 52-1369000	RECEIVE AND DISTRIBUTE FUNDS	MD	527		MARYLAND STATE EDUCATION ASSOCIATION	Yes	
(2) MSEA FOUNDATION FOR IMPROVING STUDENT ACHIEVEMENT 140 MAIN STREET ANNAPOLIS, MD 21401 52-2444058	PROVIDE GRANTS TO EDUCATORS AND EDUCATION SUPPORT PERSONNEL	MD	501(C)(3)	LINE 9	MARYLAND STATE EDUCATION ASSOCIATION	Yes	
(3) COMMITTEE FOR A STRONGER MARYLAND 140 MAIN STREET ANNAPOLIS, MD 21401 27-3639211	PROMOTE CANDIDATE SUPPORT OF PUBLIC EDUCATION	MD	527		MARYLAND STATE EDUCATION ASSOCIATION	Yes	

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	(i) Section 512 (b)(13) controlled entity? Yes	(i) No

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

			Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				
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, 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)	**1c**		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)	**1i**		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
l	Performance of services or membership or fundraising solicitations for related organization(s)	**1l**	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	**1m**		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1n**	Yes	
o	Sharing of paid employees with related organization(s)	**1o**		No
p	Reimbursement paid to related organization(s) for expenses	**1p**		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 line, including covered relationships and transaction thresholds

(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved

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) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation