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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 09-01-2015 , and ending 08-31-2016

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) | Room/suite
140 MAIN STREET

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 $ 22,461,932

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)

H(c) Group exemption number ▶

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

J Website: ▶ WWW MARYLANDEDUCATORS ORG

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

L Year of formation 1947

M State of legal domicile MD

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE MARYLAND STATE EDUCATION ASSOCIATION EMPOWERS MEMBERS TO MAKE A POSITIVE DIFFERENCE IN THEIR PROFESSIONAL LIVES IN ORDER TO ELEVATE THE QUALITY OF PUBLIC EDUCATION FOR ALL STUDENTS

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	91
6	Total number of volunteers (estimate if necessary)	**6**	233
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	68,457
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	39,252

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	20,854,075	22,013,851
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	91,310	71,452
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	658,103	376,629
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,603,488	22,461,932
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,028,178	942,422
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	13,846,582	14,950,468
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)	4,165,210	4,469,079
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	19,039,970	20,361,969
19	Revenue less expenses Subtract line 18 from line 12	2,563,518	2,099,963

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	20,696,854	22,711,107
21	Total liabilities (Part X, line 26)	13,010,247	18,821,888
22	Net assets or fund balances Subtract line 21 from line 20	7,686,607	3,889,219

Net Assets or Fund Balances

Part II Signature Block

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

Sign Here

******
Signature of officer — 2017-07-17 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 EMPOWERS MEMBERS TO MAKE A POSITIVE DIFFERENCE IN THEIR PROFESSIONAL LIVES IN ORDER TO ELEVATE THE QUALITY OF PUBLIC EDUCATION FOR ALL STUDENTS

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 $)

See Additional Data

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

See Additional Data

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

See Additional Data

See Additional Data

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)*

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**	Yes	
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	21		
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	91		
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**	17		
	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**	14		
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?				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?				No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?				No
6	Did the organization have members or stockholders?			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?			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?			Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?			Yes	
b	Each committee with authority to act on behalf of the governing body?			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*				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 ▶ SARAH WILKERSON 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			
See Additional Data Table										

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) 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			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								1,761,948	0	850,602

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 ▶ 52

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		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
THE NEW MEDIA FIRM 1730 RHODE ISLAND AVE NW WASHINGTON, DC 20036	CONSULTING, PRODUCTION & MEDIA PLANNING	284,859
ED EARLY PRINTING COMPANY 908 WINDSOR ROAD BALTIMORE, MD 21208	PRINTING AND MAILING SERVICES	204,676
RANDSTAD PO BOX 7247-6655 PHILADELPHIA, PA 191706665	STAFFING AGENCY	133,515

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 ▶ 3

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	19,644,761	19,644,761	
	b	UNISERV/NEA	900099	2,320,500	2,320,500	
	c	CONVENTION INCOME	900099	48,590	5,000	3,450	40,140
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶		22,013,851			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		63,760			63,760
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
		(i) Real / (ii) Personal				
	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: 7,692					
	b	Less cost or other basis and sales expenses: 0					
	c	Gain or (loss): 7,692					
	d	Net gain or (loss) . . . . . ▶		7,692			7,692
	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: 5,439					
	b	Less cost of goods sold . . b: 0					
	c	Net income or (loss) from sales of inventory . . ▶		5,439	5,439		
		Miscellaneous Revenue	Business Code				
	11a	DUSHANE INCOME	900099	206,954			206,954
	b	OTHER INCOME	900099	95,629			95,629
	c	MEMBER BENEFITS	900004	65,007		65,007	
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		367,590			
	12	**Total revenue.** See Instructions . . . . . ▶		22,461,932	21,975,700	68,457	417,775

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	907,285			
2 Grants and other assistance to domestic individuals See Part IV, line 22	35,137			
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	1,288,525			
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	8,391,942			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	97,197			
9 Other employee benefits	4,481,681			
10 Payroll taxes	691,123			
11 Fees for services (non-employees)				
a Management				
b Legal	199,857			
c Accounting	65,600			
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)	740,813			
12 Advertising and promotion	639,939			
13 Office expenses	651,886			
14 Information technology	193,642			
15 Royalties				
16 Occupancy	261,219			
17 Travel	1,134,755			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	100,949			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	169,478			
23 Insurance	52,939			
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 TAXES	16,288			
b PRM EXPENSES	141,616			
c GIFTS	49,796			
d DUES & SUBSCRIPTIONS	17,216			
e All other expenses	33,086			
25 **Total functional expenses.** Add lines 1 through 24e	20,361,969			
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		12,975,180	2	15,269,323
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		452,592	4	306,855
	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		500,864	7	393,087
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		699,816	9	267,478
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 5,404,501			
	b	Less accumulated depreciation	10b 3,314,120	2,211,450	10c	2,090,381
	11	Investments—publicly traded securities		2,932,281	11	3,385,636
	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		924,671	15	998,347
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		20,696,854	16	22,711,107
Liabilities	17	Accounts payable and accrued expenses		752,353	17	817,559
	18	Grants payable			18	
	19	Deferred revenue		651,329	19	389,451
	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		11,606,565	25	17,614,878
	26	**Total liabilities.** Add lines 17 through 25		13,010,247	26	18,821,888
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		7,686,607	27	3,889,219
	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		7,686,607	33	3,889,219
	34	Total liabilities and net assets/fund balances		20,696,854	34	22,711,107

Part XI Reconcilliation 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	22,461,932
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,361,969
3	Revenue less expenses Subtract line 2 from line 1	3	2,099,963
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,686,607
5	Net unrealized gains (losses) on investments	5	182,304
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	-6,079,655
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,889,219

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		

Additional Data

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

Form 990, Part III, Line 4a

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

CORE OPERATIONAL SERVICES MSEA WILL PROMOTE AN ENVIRONMENT TO SERVE AND SUPPORT MEMBERSHIP IN AN EFFICIENT AND EFFECTIVE MANNER BY HIRING, TRAINING, EDUCATING AND RETAINING QUALIFIED STAFF AND LEADERSHIP, IMPLEMENTING POLICY AND PROCEDURES, SAFEGUARDING ASSETS, ACCURATELY COLLECT AND PROCESS MEMBER CONTRIBUTIONS, COMPLYING WITH REGULATORY REQUIREMENTS IN A TIMELY MANNER AND ENCOURAGING TECHNOLOGICAL ADVANCEMENTS

Form 990, Part III, Line 4b

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

STRONG LOCALS MSEA SHALL PROMOTE STRONG LOCALS BY ENSURING THAT MEMBERS ARE INFORMED, ENGAGED AND EMPOWERED AND THAT A LOCAL POSSESSES AND IS ABLE TO EXECUTE PLANS TO ORGANIZE, BARGAIN FOR, GROW AND REPRESENT IS MEMBERSHIP SUCCESSFULLY

Form 990, Part III, Line 4c

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

LEADING THE PROFESSION MSEA SHALL PROMOTE AN ENVIRONMENT OF LEADING THE PROFESSION BY PROACTIVELY DRIVING AND IMPROVING PUBLIC POLICY, PROFESSIONAL PRACTICE AND POLITICAL DISCUSSIONS AT THE LOCAL, STATE, AND FEDERAL LEVELS

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

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

CULTURE OR ORGANIZING MSEA SHALL PROMOTE A CULTURE OF ORGANIZING BY CREATING DELIBERATE PROCESSES AND OUTREACH TO CONTINUALLY ENGAGE MEMBERS, DEVELOP STRONG RELATIONSHIPS WITH AND AMONG MEMBERS AND EFFECTIVELY REFLECT AND MOBILIZE MEMBERSHIP

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
BETTY WELLER PRESIDENT	50 00	X		X				91,011	0	5,975
CHERYL BOST VICE PRESIDENT	50 00	X		X				30,884	0	21,824
BILL FISHER TREASURER	50 00	X		X				20,000	0	0
RICHARD BENFER MEMBER-AT-LARGE	4 00	X						0	0	0
JOSEPH COUGHLIN MEMBER-AT-LARGE	4 00	X						0	0	0
ANNA GANNON MEMBER-AT-LARGE	4 00	X						0	0	0
LORI HRINKO MEMBER-AT-LARGE	4 00	X						0	0	0
TED PAYNE MEMBER-AT-LARGE	4 00	X						0	0	0
DOUG PROUTY MEMBER-AT-LARGE	4 00	X						0	0	0
DEBORAH SCHAEFER MEMBER-AT-LARGE	4 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
GARY BRENNAN NEA DIRECTOR	4 00	X						0	0	0
JASON FAHIE MEMBER-AT-LARGE	4 00	X						0	0	0
MAVIS ELLIS NEA DIRECTOR	4 00	X						0	0	0
DOUG LEA NEA DIRECTOR	4 00	X						0	0	0
DAVID NICHOLSON MEMBER-AT-LARGE	4 00	X						0	0	0
ROWENA SHURN MEMBER-AT-LARGE	4 00	X						0	0	0
RUSSELL C LEONE NEA DIRECTOR	4 00	X						0	0	0
DAVID HELFMAN EXECUTIVE DIRECTOR	50 00			X				216,338	0	110,077
JACQUELINE HARRIS ASST EXECUTIVE DIRECTOR	50 00				X			170,686	0	71,808
SEAN JOHNSON ASST EXECUTIVE DIRECTOR	50 00				X			164,719	0	90,249

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
KRISTY ANDERSON GENERAL COUNSEL	50 00				X			171,333	0	94,125
LINDA MORROW ASST EXECUTIVE DIRECTOR	50 00				X			162,588	0	83,188
ADAM MENDELSON MANAGING DIRECTOR	50 00					X		161,877	0	80,853
CATHY PERRY MANAGING DIRECTOR	50 00					X		161,377	0	67,439
DAMON FELTON ASSOC GEN COUNSEL	50 00					X		143,122	0	64,383
SAURABH GUPTA ASST COUNSEL	50 00					X		135,756	0	81,322
ROBERT RANKIN ORG SPECIALIST	50 00					X		132,257	0	79,359

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on 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

2015

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" on 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" on 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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on 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
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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" on 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	2,627,670	2,667,659	2,316,685	2,157,662	2,002,660
b Contributions					
c Net investment earnings, gains, and losses	191,499	-29,467	360,485	166,961	164,543
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	12,512	10,522	9,511	7,938	9,541
g End of year balance	2,806,657	2,627,670	2,667,659	2,316,685	2,157,662

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 on 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" on 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)	Accumulated (c)depreciation	(d)Book value
1a Land		516,300		516,300
b Buildings		3,928,797	2,405,727	1,523,070
c Leasehold improvements				
d Equipment		138,437	135,562	2,875
e Other		820,967	772,831	48,136
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				2,090,381

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on 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		
(3) 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' on 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' on 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' on 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	508,697
ACCRUED-POSTRETIREMENT	17,106,181
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	17,614,878

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' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	22,644,236
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	182,304		
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	182,304
3	Subtract line **2e** from line **1**			3	22,461,932
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	22,461,932

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	0
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	0
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	0

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THIS FUND WAS ESTABLISHED IN 1974 FOR THE PURPOSE OF PROVIDING FINANCIAL ASSISTANCE THROUG H LOANS AND/OR GRANTS TO THE ASSOCIATION, LOCAL AFFILIATES, AND MEMBERS, AS PROVIDED FOR U NDER THE "TRUST GUIDELINES," AS ADOPTED BY THE MSEA REPRESENTATIVE ASSEMBLY IN 1974 AND AM ENDED IN 2004 IN 1984, THE TRUSTEES LIFTED THE LIMIT OF $350,000 AND SET A GOAL OF AT LEA ST $1,000,000 FOR THE CRISIS TRUST ACTIVITIES' NET ASSETS THE TRUST IS TO BE INCREASED EA CH YEAR BY ITS INVESTMENT INCOME, LESS OPERATING EXPENSES

Supplemental Information

Return Reference	Explanation
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) R EGULATIONS, MEMBER BENEFIT REVENUE, WHICH IS DERIVED FROM DISCOUNT PROGRAMS OFFERED TO MEM BERS, IS SUBJECT TO UNRELATED BUSINESS INCOME TAX FOR THE YEAR ENDED AUGUST 31, 2016, MSE A HAD $16,288 OF TAX EXPENSE ON UNRELATED BUSINESS INCOME, WHICH IS INCLUDED IN CORE OPERA TIONAL SERVICES IN THE ACCOMPANYING CONSOLIDATED STATEMENT OF ACTIVITIES THE ASSOCIATION' S MANAGEMENT EVALUATED ITS TAX POSITIONS AND CONCLUDED THERE WERE NO UNCERTAIN TAX POSITIO NS THAT WOULD REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS THE ASSOCIATION HAD NO SUCH POSITIONS RECORDED IN THE CONSOLIDATED FINANCIAL STATEMENTS AT AUGUST 31, 201 6

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on 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

2015

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" on 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 . . . . . ▶ 2

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 35

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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
ANNIVERSARY COMMUNITY MICRO (1) GRANT	72	35,137			

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 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 EDUCATION ASSOCIATION PO BOX 5179 CRESAPTOWN,MD 215055179	23-7442507	501(C)(5)	16,843				MEMBERSHIP, AFFILITE CAPACITY BUILDING, PROFESSIONAL, DEVELOPMENT & TRAINING, PUBLIC ADVOCACY,
CALVERT ASSOCIATION OF EDUCATIONAL SUPPORT STAFF 865 MAIN STREET PRINCE FREDERICK,MD 20678	52-2058647	501(C)(5)	8,200				MEMBERSHIP, AFFILITE CAPACITY BUILDING, SUPPLEMENTAL MEMBERSHIP
CAROLINE COUNTY EDUCATORS ASSOCIATION 255 MAIN STREET PRESTON,MD 216552215	27-1270094	501(C)(5)	2,390				MEMBERSHIP

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 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
CARROLL ASSOCIATION OF SCHOOL EMPLOYEES 1501 CARRIAGE HILL DRIVE WESTMINSTER,MD 21157	52-1697043	501(C)(5)	1,000				MEMBERSHIP
CARROLL COUNTY EDUCATION ASSOCIATION 60 AILERON COURT SUITE 6 WESTMINSTER,MD 21157	51-0159565	501(C)(5)	22,773				MEMBERSHIP, AFFILITE CAPACITY BUILDING, SUPPLEMENTAL MEMBERSHIP, PROFESSIONAL, DEVELOPMENT & TRAINING, PUBLIC ADVOCACY, SPECIAL REQUEST, INNOVATIVE ENGAGE & ORG
CECIL COUNTY CLASROOM TEACHERS ASSOCIATION 222 SOUTH BRIDGE STREET SUITE 6 ELKTON,MD 21921	52-0941366	501(C)(5)	8,594				MEMBERSHIP, AFFILITE CAPACITY BUILDING, PROFESSIONAL, DEVELOPMENT & TRAINING, PUBLIC ADVOCACY,

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 section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CALVERT EDUCATION ASSOCIATION 865 MAIN STREET PRINCE FREDERICK,MD 206783343	52-1055500	501(C)(5)	11,456				MEMBERSHIP, AFFILITE CAPACITY BUILDING, PUBLIC ADVOCACY, SUPPLEMENTAL MEMBERSHIP, PROFESSIONAL DEVELOPMENT & TRAINING
COLLECTIVE EDUCATION ASSOCIATION OF ST MARY'S COUNTY 41680 MISS BESSIE DR SUITE 201 LEONARDTOWN,MD 20650	52-1600939	501(C)(5)	10,806				MEMBERSHIP, AFFILITE CAPACITY BUILDING, SPECIAL REQUEST, SUPPLEMENTAL MEMBERSHIP
CECIL EDUCATION SUPPORT PERSONNEL ASSOCIATION 3135 JOSEPH BIGGS MEMORIAL HWY STE 3 NORTH EAST,MD 21901	52-2290415	501(C)(5)	8,000				MEMBERSHIP, AFFILITE CAPACITY BUILDING, PROFESSIONAL DEVELOPMENT & 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 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
DORCHESTER EDUCATORS 5A CEDAR STREET CAMBRIDGE,MD 21613	52-1050192	501(C)(5)	2,900				MEMBERSHIP
EDUCATION ASSOCIATION OF CHARLES COUNTY 105 CENTENNIAL ST SUITE H LA PLATA,MD 206466944	52-1048940	501(C)(5)	36,095				MEMBERSHIP, AFFILITE CAPACITY BUILDING, PROFESSIONAL DEVELOPMENT & TRAINING, PUBLIC ADVOCACY, FIELD SERVICE
EDUCATION ASSOCIATION OF ST MARY'S COUNTY 41680 MISS BESSIE DR SUITE 201 LEONARDTOWN,MD 20650	52-1052839	501(C)(5)	13,069	196	FMV	CANNON DIGITAL CAMERA	MEMBERSHIP, AFFILITE CAPACITY BUILDING, PROFESSIONAL DEVELOPMENT & TRAINING, PUBLIC ADVOCACY, INNOVATIVE ENGAGE & ORG

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 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 SUPPORT PROFESSIONALS OF BALTIMORE COUNTY 305 E JOPPA ROAD TOWSON,MD 21286	46-4485717	501(C)(5)	2,000				MEMBERSHIP, PROFESSIONAL DEVELOPMENT & TRAINING
FREDERICK ASSOCIATION OF SCHOOL SUPPORT EMPLOYEES 1 WORMANS MILL COURT SUITE 15 FREDERICK,MD 21701	52-1594576	501(C)(5)	7,410				MEMBERSHIP, AFFILITE CAPACITY BUILDING
FREDERICK COUNTY TEACHERS ASSOCIATION 1 WORMANS MILL COURT SUITE 16 FREDERICK,MD 21701	52-1014274	501(C)(5)	19,485				MEMBERSHIP, AFFILITE CAPACITY BUILDING, PUBLIC ADVOCACY, SUPPLEMENTAL MEMBERSHIP, PROFESSIONAL DEVELOPMENT & 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 section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GARRETT COUNTY EDUCATION ASSOCIATION P O BOX 2236 OAKLAND,MD 21550	52-2021204	501(C)(5)	14,760				MEMBERSHIP, AFFILITE CAPACITY BUILDING, PROFESSIONAL DEVELOPMENT & TRAINING
HOWARD COUNTY EDUCATION ASSOCIATION 5082 DORSEY HALL DRIVE STE 102 ELLICOTT CITY,MD 21042	52-0855686	501(C)(5)	37,778				MEMBERSHIP, AFFILITE CAPACITY BUILDING, PROFESSIONAL, DEVELOPMENT & TRAINING, PUBLIC ADVOCACY, INNOVATIVE ENGAGE & ORG
HARFORD COUNTY EDUCATION ASSOCIATION 211 PYLESVILLE ROAD PYLESVILLE,MD 21132	27-1270679	501(C)(5)	17,311				MEMBERSHIP, AFFILITE CAPACITY BUILDING, PROFESSIONAL DEVELOPMENT & TRAINING, SPECIAL REQUEST, FIELD SERVICE

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 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
HARFORD COUNTY EDUCATIONAL SERVICES COUNCIL 2616 DUBLIN ROAD STREET,MD 21154	52-0738784	501(C)(5)	1,000				MEMBERSHIP
KENT COUNTY EDUCATION AND SUPPORT PROFESSIONAL ASSOCIATION 21601 HIDDEN CREEK DRIVE ROCK HALL,MD 216610281	21-1491792	501(C)(5)	1,560				MEMBERSHIP, SPECIAL REQUEST
MONTGOMERY COUNTY EDUCATION ASSOCIATION 12 TAFT COURT ROCKVILLE,MD 208505321	52-0659775	501(C)(5)	225,360				MEMBERSHIP, AFFILITE CAPACITY BUILDING, PROFESSIONAL DEVELOPMENT & TRAINING, SPECIAL REQUEST, FIELD SERVICE, INNOVATIVE ENGAGE & ORG, PUBLIC ADVOCACY

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 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
PRINCE GEORGE'S COUNTY EDUCATORS' ASSOCIATION 8008 MARLBORO PIKE FORESTVILLE,MD 20747	52-0658540	501(C)(5)	125,255				MEMBERSHIP, AFFILITE CAPACITY BUILDING, PROFESSIONAL DEVELOPMENT & TRAINING, FIELD SERVICE
TEACHERS ASSOCIATION OF BALTIMORE COUNTY 305 E JOPPA ROAD TOWSON,MD 212863252	52-0623933	501(C)(5)	142,795				MEMBERSHIP, AFFILITE CAPACITY BUILDING, PROFESSIONAL DEVELOPMENT & TRAINING, FIELD SERVICE
WICOMICO COUNTY EDUCATION ASSOCIATION 1302 OLD OCEAN CITY ROAD SALISBURY,MD 21804	52-1050640	501(C)(5)	17,237				MEMBERSHIP, AFFILITE CAPACITY BUILDING, PROFESSIONAL DEVELOPMENT & TRAINING, INNOVATIVE ENGAGE & ORG, PUBLIC ADVOCACY

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 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)	6,926	2,052	FMV	DELL COMPUTER	MEMBERSHIP
WORCESTER COUNTY EDUCATION SUPPORT PERSONNEL ASSOCIATION 308 GREEMBRIER DRIVE SNOW HILL,MD 218631260	91-2120836	501(C)(5)	3,022				MEMBERSHIP
WASHINGTON COUNTY TEACHERS ASSOCIATION 18047 OAK RIDGE DRIVE HAGERSTOWN,MD 21740	52-6059401	501(C)(5)	11,325	500	FMV	SAFARI - PROJECT 3D	PROFESSIONAL DEVELOPMENT & 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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON COUNTY EDUCATIONAL SUPPORT PERSONNEL 42 SOUTH MULBERRY STREET HAGERSTOWN,MD 21740		501(C)(5)	1,030				MEMBERSHIP
QUEEN ANNE'S COUNTY EDUCATION ASSOCIATION 900 LOVE POINT ROAD STEVENSVILLE,MD 216662120	52-1050091	501(C)(5)	2,000	1,055	FMV	DELL COMPUTER	MEMBERSHIP
SECRETARIES AND ASSISTANTS ASSOCIATION OF ANNE ARUNDEL COUNTY 2521 RIVA ROAD SUITE L-3 ANNAPOLIS,MD 21401	52-1639180	501(C)(5)	12,240				MEMBERSHIP, AFFILIATE CAPACITY BUILDING, SUPPLEMENTAL MEMBERSHIP

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 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
SOMERSET EDUCATION ASSOCIATION 206 PACIFIC AVENUE SALISBURY,MD 218044722	51-0176849	501(C)(5)	5,610				MEMBERSHIP, AFFILIATE CAPACITY BUILDING, SUPPLEMENTAL MEMBERSHIP
ST MARY'S ASSOCIATION OF SUPERVISORS AND ADMINISTRATORS PO BOX 641 LEONARDTOWN,MD 20650	45-5172047	501(C)(5)	1,000				PROFESSIONAL DEVELOPMENT & TRAINING
TALBOT COUNTY EDUCATION ASSOCIATION 8221 TEAL DRIVE SUITE 420 EASTON,MD 21601	52-1050121	501(C)(5)	5,600				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 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 COUNTY 2521 RIVA ROAD SUITE L7 ANNAPOLIS,MD 214017447	52-0733568	501(C)(5)	52,210				MEMBERSHIP, PROFESSIONAL DEVELOPMENT & TRAINING, FIELD SERVICE, PUBLIC ADVOCACY
MARYLAND DEPARTMENT OF EDUCATION 200 WEST BALTIMORE STREET BALTIMORE,MD 212012595	52-6002033	GOV'T	10,300				MARYLAND TEACHER OF THE YEAR GOLD SPONSORSHIP & TICKETS, MARYLAND TEACHERS OF PROMISE INSTITUTE GOLD SPONSORSHIP
NEO PHILANTHROPY ACTION FUND INC 45 WEST 36TH STREET 6TH FLOOR NEW YORK,NY 10018	80-0444461	501(C)(4)	20,000				SUPPORT OF MD LEADS DONOR COLLABORATIVE

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 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
THE NEA FOUNDATION 1201 16TH STREET NW WASHINGTON,DC 20036	23-7035089	501(C)(3)	6,000				GALA TICKETS, LOUISIANA FLOOD DONATION

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on 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

2015

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 appropriate box(es) if the organization provided any of the following to or for a person listed on 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 on 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?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		
b	Any related organization?	**5b**		
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		
b	Any related organization?	**6b**		
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on 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 on 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" on 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 on 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 on 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 $20,735 ELIZABETH WELLER RECEIVED GROSS-UP PAYMENTS FOR TAXABLE HOUSING
FORM 990, PAGE 7, PART VII, LINE 5	ELIZABETH WELLER - PRESIDENT ($91,011) AND CHERYL BOST - VICE PRESIDENT ($30,884), 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			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1DAVID HELFMAN EXECUTIVE DIRECTOR	(I)	213,962	0	2,376	76,177	36,446	328,961	0
	(II)	0	0	0	0	0	0	0
1JACQUELINE HARRIS ASST EXECUTIVE DIRECTOR	(I)	164,927	0	5,759	59,751	14,604	245,041	0
	(II)	0	0	0	0	0	0	0
2SEAN JOHNSON ASST EXECUTIVE DIRECTOR	(I)	159,405	0	5,314	57,901	34,895	257,515	0
	(II)	0	0	0	0	0	0	0
3KRISTY ANDERSON GENERAL COUNSEL	(I)	170,973	0	360	61,776	38,896	272,005	0
	(II)	0	0	0	0	0	0	0
4LINDA MORROW ASST EXECUTIVE DIRECTOR	(I)	161,040	0	1,548	58,449	27,286	248,323	0
	(II)	0	0	0	0	0	0	0
5ADAM MENDELSON MANAGING DIRECTOR	(I)	154,707	0	7,170	56,327	27,073	245,277	0
	(II)	0	0	0	0	0	0	0
6CATHY PERRY MANAGING DIRECTOR	(I)	159,829	0	1,548	58,043	11,943	231,363	0
	(II)	0	0	0	0	0	0	0
7DAMON FELTON ASSOC GEN COUNSEL	(I)	142,762	0	360	52,325	14,604	210,051	0
	(II)	0	0	0	0	0	0	0
8SAURABH GUPTA ASST COUNSEL	(I)	135,445	0	311	49,874	36,494	222,124	0
	(II)	0	0	0	0	0	0	0
9ROBERT RANKIN ORG SPECIALIST	(I)	129,881	0	2,376	48,010	33,896	214,163	0
	(II)	0	0	0	0	0	0	0

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

2015

Open to Public Inspection

Name of the organization
MARYLAND STATE EDUCATION ASSOCIATION

Employer identification number
52-0607919

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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 CHIEF FINANCIAL OFFICER THE FORM 990 WILL BE PROVIDED TO THE MSEA BOARD OF DIRECTORS PRIOR TO THE FILING OF THE FORM WITH THE IRS

990 Schedule O, Supplemental Information

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,

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	IN WHOLE OR IN PART, WITH THE CONCLUSIONS OF THE CI OFFICER, HE/SHE MAY APPEAL TO THE MSE A EXECUTIVE DIRECTOR BY FILING A WRITTEN NOTICE OF APPEAL WITH HIM/HER WITHIN THIRTY (30) CALENDAR DAYS AFTER RECEIVING THE OPINION OF THE CI OFFICER THE MSEA EXECUTIVE DIRECTOR S HALL DECIDE THE APPEAL AS EXPEDITIOUSLY AS POSSIBLE, AND THE DECISION OF THE EXECUTIVE DIR ECTOR 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 LIMITATI ON, HIS/HER RIGHT TO CHALLENGE SAID DECISION THROUGH THE GRIEVANCE PROCEDURE IN A COLLECTI VE BARGAINING AGREEMENT WITH MSEA IF THE MSEA EMPLOYEE FILES A TIMELY APPEAL, HE/SHE NEED NOT COMPLY WITH THE OPINION OF THE CI OFFICER PENDING THE OUTCOME OF THE APPEAL IF THE M SEA EMPLOYEE DOES NOT FILE A TIMELY APPEAL, HE/SHE SHALL COMPLY WITH THE OPINION OF THE CI OFFICER IF THE MSEA EMPLOYEE IS A MEMBER OF A BARGAINING UNIT, HE/SHE MAY, AT HIS/HER OP TION, HAVE A UNION REPRESENTATIVE PARTICIPATE IN THE CONSULTATION AND APPEAL D IN IMPLEM ENTING THE CI POLICY, THE CI OFFICER AND THE MSEA EXECUTIVE DIRECTOR SHALL CONSIDER ALL RE LEVANT FACTORS, INCLUDING THE SPECIFIC MSEA RESPONSIBILITIES OF THE MSEA EMPLOYEE AND THE NATURE OF THE ALLEGEDLY PROHIBITED ACTIVITY, AND SHALL INTERPRET AND APPLY THE CI POLICY I N A MANNER THAT FURTHERS ITS INTENDED PURPOSE. OFFICERS A THE MSEA VICE PRESIDENT SHALL S ERVE AS THE CONFLICT OF INTEREST OFFICER (CI OFFICER), AND SHALL, IN THAT CAPACITY, BE RES PONSIBLE FOR THE IMPLEMENTATION OF THE CI POLICY THE CI OFFICER SHALL MONITOR THE IMPLEME NTATION OF THE CI POLICY, AND RECOMMEND TO THE MSEA BOARD OF DIRECTORS MODIFICATIONS IN TH E POLICY THE MSEA BOARD OF DIRECTORS SHALL MAKE SUCH MODIFICATIONS IN THE POLICY AS IT MA Y FROM TIME TO TIME DEEM APPROPRIATE. B (1) IF AN MSEA OFFICIAL BELIEVES THAT HE/SHE MAY BE ENGAGED OR ABOUT TO BECOME ENGAGED IN AN ACTIVITY THAT IS PROHIBITED BY THE CI POLICY, HE/SHE SHALL CONSULT WITH THE CI OFFICER THE MSEA OFFICIAL AND THE CI OFFICER SHALL ATTEM PT TO DEAL WITH THE MATTER INFORMALLY IF THEY ARE UNABLE TO DO SO, THE CI OFFICER SHALL S UBMIT TO THE MSEA OFFICIAL A WRITTEN OPINION INDICATING WHETHER THE ACTIVITY IN QUESTION I S PROHIBITED BY THE CI POLICY AND, IF SO, WHAT SHOULD BE DONE TO CORRECT THE SITUATION (2) IF THE MSEA OFFICIAL DISAGREES, IN WHOLE OR IN PART, WITH THE CONCLUSIONS OF THE CI OFFI CER, HE OR SHE MAY APPEAL TO THE MSEA BOARD OF DIRECTORS BY FILING A WRITTEN NOTICE OF APP EAL WITH THE MSEA PRESIDENT WITHIN THIRTY (30) CALENDAR DAYS AFTER RECEIVING THE OPINION O F THE CI OFFICER THE MSEA BOARD OF DIRECTORS SHALL DECIDE THE APPEAL AS EXPEDITIOUSLY AS POSSIBLE, AND THE DECISION OF THE MSEA BOARD OF DIRECTORS SHALL BE FINAL AND BINDING IF T HE MSEA OFFICIAL FILES A TIMELY APPEAL, HE OR SHE NEED NOT COMPLY WITH THE OPINION OF THE CI OFFICER PENDING THE OUTCOME OF THE APPEAL IF THE MSEA OFFICIAL DOES NOT FILE A TIMELY APPEAL, HE/SHE SHALL COMPLY WI

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	TH THE OPINION OF THE CI OFFICER C (1) IF AN MSEA MEMBER OR EMPLOYEE BELIEVES THAT AN MS EA OFFICIAL IS ENGAGED OR IS ABOUT TO BECOME ENGAGED IN AN ACTIVITY THAT IS PROHIBITED BY THE CI POLICY, THE MEMBER OR EMPLOYEE MAY FILE A WRITTEN COMPLAINT WITH THE CI OFFICER TH E COMPLAINANT SHALL IDENTIFY HIM/HERSELF TO THE CI OFFICER, BUT THE CI OFFICER SHALL, IF R EQUESTED TO DO SO BY THE COMPLAINANT, TREAT THE COMPLAINT AS CONFIDENTIAL AND NOT REVEAL T HE COMPLAINANT'S NAME. (2) UPON RECEIVING A COMPLAINT, THE CI OFFICER SHALL CONSULT WITH T HE COMPLAINANT AND THE MSEA OFFICIAL IN QUESTION BASED ON THE INFORMATION RECEIVED FROM T HE COMPLAINANT AND THE MSEA OFFICIAL, AND/OR OTHER RELEVANT INFORMATION, THE CI OFFICER SH ALL DECIDE WHETHER THE MSEA OFFICIAL IS ENGAGED OR IS ABOUT TO BECOME ENGAGED IN AN ACTIVI TY THAT IS PROHIBITED BY THE CI POLICY, AND, IF SO, WHAT SHOULD BE DONE TO CORRECT THE SIT UATION THE CI OFFICER SHALL SUBMIT TO THE MSEA OFFICIAL AND THE COMPLAINANT A WRITTEN OPI NION SETTING FORTH HIS/HER CONCLUSIONS (3) IF THE MSEA OFFICIAL DISAGREES, IN WHOLE OR IN PART, WITH THE CONCLUSIONS OF THE CI OFFICER, HE/SHE MAY APPEAL TO THE MSEA BOARD OF DIRE CTORS BY FILING A WRITTEN NOTICE OF APPEAL WITH THE MSEA PRESIDENT WITHIN THIRTY (30) CALE NDAR DAYS AFTER RECEIVING THE OPINION OF THE CI OFFICER THE MSEA BOARD OF DIRECTORS SHALL DECIDE THE APPEAL AS EXPEDITIOUSLY AS POSSIBLE, AND THE DECISION OF THE MSEA BOARD OF DIR ECTORS SHALL BE FINAL AND BINDING IF THE MSEA OFFICIAL FILES A TIMELY APPEAL, HE/SHE NEED NOT COMPLY WITH THE OPINION OF THE CI OFFICER PENDING THE OUTCOME OF THE APPEAL IF THE M SEA OFFICIAL DOES NOT FILE A TIMELY APPEAL, HE OR SHE SHALL COMPLY WITH THE OPINION OF THE CI OFFICER D IN IMPLEMENTING THE CI POLICY, THE CI OFFICER AND THE MSEA BOARD OF DIRECT ORS SHALL CONSIDER ALL RELEVANT FACTORS, INCLUDING THE SPECIFIC MSEA RESPONSIBILITIES OF T HE 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.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	ASC 715-PENSION ADJUSTMENTS -6,079,655

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" 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

2015

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	(g) 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	

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?		(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	

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	No

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

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

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest, **(ii)**annuities, **(iii)**royalties, 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