Form **990**

Return of Organization Exempt From Income Tax

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

DLN: 93493053006328 OMB No 1545-0047

Department of the Treasury

► Do not enter social security numbers on this form as it may be made public

• Information about Form 990 and its instructions is at your IRS gov/form990.

| nterna | l Reve | enue Service | TOTAL 990 and its matractions is | 3 ac <u>//////</u> | r IND GO | <u> </u> | <u> </u> | | Inspection | |
|--------------------------------|--|--|------------------------------------|--------------------|-------------|-----------|---------------------------------------|------------|------------------------|--|
| \ F | or th | e 2016 calendar year, or tax year beginn | ing 09-01-2016 , and endir | ng 08-31 | L-2017 | | | | | |
| C he | ck ıf a | applicable C Name of organization Teachers Association of Anne | | | | | D Employer | ıdentıfı | cation number | |
| | | change ARUNDEL COUNTY | | | | | 52-07335 | 68 | | |
| | me ch tıal re | David business and | | | | | | | | |
| Fin | nal | | | | | ŀ | | | | |
| | Deturn/terminated Number and street (or P O box if mail is not delivered to street address) Amended return Application pending City or town, state or province, country, and ZIP or foreign postal code E Telephone num (410) 224-33 | | | | | | | | | |
| | | on pending | | | | | (410) 224 | 1-3330 | | |
| · | | City or town, state or province, counting Annapolis, MD 21401 | ry, and ZIP or foreign postal code | | | | | | | |
| | | | | | | | G Gross rece | | 872,051 | |
| | | F Name and address of principal RICHARD BENFER | officer | | H(a) | Is this | a group retu | rn for | | |
| | | 2521 RIVA ROAD | | | U/L\ | | inates? subordinates | | □Yes ☑No | |
| · T- | | Annapolis, MD 21401 | | _ | | include | | • | ☐ Yes ☐No | |
| , Id. | x-exer | mpt status | nsert no) | 527 | | | " attach a list | | • | |
| W | ebsit | te: ► taaaconline org | | | H(c) | Group | exemption n | umber | > | |
| | | | | | l Year o | of format | ion 1958 N | A State | of legal domicile | |
| (Forr | n of o | rganization 🗹 Corporation 🔲 Trust 🔲 Associ | ation ☐ Other ► | | L rear c | n ioiilla | | 1D | or legal dofflictie | |
| Pa | rt I | Summary | | l | | | | | | |
| | | Briefly describe the organization's mission or | most significant activities | | | | | | | |
| | | TEACHERS ASSOCIATION OF ANNE ARUNDEL | | | | | | | | |
| 2 | | PROFESSIONAL LIVES IN ORDER TO PROVIDI | E, PROTECT, AND PROMOTE QU | IALITY PO | JBLIC E | DUCAT | ION FOR EVE | RY SIC | IDENT | |
| = | | | | | | | | | | |
| 2 | - | | | | | | | | | |
| 5 | | Check this box ▶ ☐ if the organization disc Number of voting members of the governing | | | | | of its net ass | ets 3 | 13 | |
| ACUVIUES & GOVERNANCE | | Number of independent voting members of t | | | | | | 4 | 12 | |
| É | 1 | 5 | 8 | | | | | | | |
| | 1 | Total number of individuals employed in cale | | • | | • | 1 | 6 | | |
| ž | | Total number of volunteers (estimate if nece Total unrelated business revenue from Part V | | | | | • | 7a | 12 0 | |
| | 1 | Net unrelated business taxable income from | , ,,, | | | | | 7a 7b | 0 | |
| | b | Net unrelated business taxable income from | rorm 990-1, line 34 | | | n . | r Year | / b | Current Year | |
| | | Contributions and grants (Part VIII, line 1h) | | | | PIIC | 83,22 | 6 | 100,756 | |
| ĕ | 9 | Program service revenue (Part VIII, line 2g) | | | | | 1,683,94 | | 1,610,951 | |
| Ravenua | - | Investment income (Part VIII, column (A), li | | | | | 51,01 | | 110,764 | |
| æ | | Other revenue (Part VIII, column (A), lines 5 | • | • | | | 32,99 | | 46,088 | |
| | 1 | Total revenue—add lines 8 through 11 (must | | 20 12) | | | 1,851,18 | 1 | 1,868,559 | |
| | _ | Grants and similar amounts paid (Part IX, co | | | | | | 0 | 1,000,333 | |
| | 1 | Benefits paid to or for members (Part IX, col | , ,, | | | | | 0 | | |
| | 1 | Salaries, other compensation, employee ben | , ,, , | | | | 843,07 | | 829,491 | |
| Expenses | | Professional fundraising fees (Part IX, colum | | | | | · · · · · · · · · · · · · · · · · · · | 0 | 029,491 | |
| ર્ક | l . | | | • | | | | 4 | | |
| ă | | Total fundraising expenses (Part IX, column (D), line Other expenses (Part IX, column (A), lines 1 | | | | | 551 51 | 7 | 565,618 | |
| | | Total expenses Add lines 13–17 (must equa | · | • | | | 551,51 | | • | |
| | 1 | · | | | | | 1,394,59 | | 1,395,109 | |
| | 19 | Revenue less expenses Subtract line 18 from | 11 III 12 | • | Regi | innına c | 456,58 of Current Yea | | 473,450 End of Year | |
| Net Assets of Fund Balances | | | | | J. Deg. | ig c | or current rec | " | Liid of Tear | |
| SS e | 20 | Total assets (Part X, line 16) | | | | | 3,499,68 | 0 | 3,874,867 | |
| 2 2 | 21 | Total liabilities (Part X, line 26) | | | | | 214,44 | 2 | 23,543 | |
| ΣΞ | 22 | Net assets or fund balances Subtract line 21 | . from line 20 | | | | 3,285,23 | 8 | 3,851,324 | |
| Pai | rt II | Signature Block | | | | | | | | |
| | | alties of perjury, I declare that I have examin | | | | | | | | |
| | nowle | e and belief, it is true, correct, and complete edge | Secial acion of prepa | | | | | | | |
| | | 11 | | | | | | | | |
| | | Signature of officer | | | | | | | | |
| Sign | | y signature of officer | | | | | | | | |
| lere | • | RICHARD BENFER PRESIDENT Type or print name and title | | | | | | | | |
| | | 7 . /pe or print name and add | | | | | | | | |

Paid Preparer **Use Only**

Preparer's signature C Eva Webb Print/Type preparer's name C Eva Webb Firm's name Linton Shafer Warfield & Garrett PA Firm's address ► 1803 Research Blvd Suite 404 Rockville, MD 20850

May the IRS discuss this return with the preparer shown above? (see instru For Paperwork Reduction Act Notice, see the separate instructions.

| Form | 990 (2 | 016) | | | | Page 2 |
|------|---------|----------------------|-----------------------------|---|---|------------------------|
| Par | t III | Statement of | Program Service Ac | complishments | | |
| | | Check if Schedule | O contains a response o | r note to any line in this Part | III | 🗆 |
| 1 | Briefly | describe the orga | nızatıon's mıssıon | | | |
| | | | | UPPORTS, ORGANIZES, AND QUALITY PUBLIC EDUCATION | EMPOWERS MEMBERS TO IMPROVI ON FOR EVERY STUDENT | ETHEIR PROFESSIONAL |
| | | | | | | |
| 2 | Dıd th | e organization und | lertake any significant pro | gram services during the yea | r which were not listed on | |
| | the pr | or Form 990 or 99 | 90-EZ? | | | 🗌 Yes 🗹 No |
| | If "Ye | s," describe these i | new services on Schedule | 0 | | |
| 3 | Dıd th | e organization cea | se conducting, or make si | gnificant changes in how it co | onducts, any program | |
| | servic | es [?] | | | | 🗌 Yes 🗹 No |
| | If "Ye | s," describe these o | changes on Schedule O | | | |
| 4 | Sectio | n 501(c)(3) and 5 | | required to report the amou | ree largest program services, as me int of grants and allocations to other | |
| | (Code | |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | • | ldıtıonal Data | , (= | | , (| , |
| | | | | | | |
| 4b | (Code | |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | See Ac | ldıtıonal Data | | | | |
| | | | | | | |
| 4c | (Code | |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 4d | Other | program services | (Describe in Schedule O) | | | |
| | | nses \$ | ` | grants of \$ |) (Revenue \$ |) |
| 4e | Total | program service | expenses > | | | |
| | | | | | | Form 990 (2016) |

or X as applicable

Section 501(c)(3) organizations.

Page 3

No

Nο

No

Nο

Νo

Nο

Νo

Νo

Nο

Nο

Nο

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Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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 🛸 🔒 . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🛸

b Was the organization included in consolidated, independent audited financial statements for the tax year?

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

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🔧

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🛸

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "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

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX,

for public office? If "Yes," complete Schedule C, Part I 📆

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

assessments, or similar amounts as defined in Revenue Procedure 98-19?

4 5 Yes Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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11a

11b

11c

11d

11e

11f

12a

12b

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14a

14h

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17

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19

Yes

Yes

Yes

3

29

Yes

22

23

24a

24b

24c

24d

25a

25b

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28a

28b

28c

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33

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35a

35h

36

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Yes

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Nο

| Part IV | Checklist of Required Schedules (continued) | | |
|---------|---|-----|----|
| | | Yes | 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 Nο 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

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

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

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

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,

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year **d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

| 21111 | 990 (2016) | | | Page |
|-------|--|----------|-----|------|
| Par | t 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 | | | Ц_ |
| 1. | Fateu the acceptance agreement in Park 2 of Farms 1006 Fateu Out and applicable | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a Content the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Content the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Content the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Content the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Content the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Content the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Content the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Content the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Content the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Content the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Content the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Content the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Content the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Content the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Content the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Content the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Content the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Content the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Content the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Content the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Content the number of Port -0- if not applicable 1b Content the number of Port -0- if not applicable 1b Content the number of Port -0- if not applicable 1b Content the number of Port -0- if not applicable 1b Content the number of Port -0- if not applicable 1b Content the number of P | _ | | |
| | | <u>'</u> | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | | |
| | 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 | | | |
| | | 2b | V | |
| 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) | | Yes | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | No |
| 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 | | |
| 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)? | | | |
| | interioral account in a foreign country (Sacrifus a Saint account, Securities account, or other interioral 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 |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | |
| | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service provided to the payor? | 7a | | No |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | |
| _ | | 7e | | |
| | 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 ⁷ | 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 | | |
| ۵2 | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| | Section 501(c)(7) organizations. Enter | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | 1 | | |
| | Section 501(c)(12) organizations. Enter | - | | |
| | Gross income from members or shareholders | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources | 1 | | |
| | against amounts due or received from them) | | | |
| 2a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 3 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| _ | | | | |
| а | 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 | | |
| | 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 | | | |
| b | | | | I |
| | | 1 | | |
| С | | 14a | | No |

| Par | t VI | Governance, Management, and DisclosureFor each "Yes" response to lines 2 to 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedu | | | " respo | nse to li | ines |
|-----|------------------|---|-------------------|---------------------------------|-------------|-----------|----------|
| | | Check if Schedule O contains a response or note to any line in this Part VI | | | | | ✓ |
| Se | ction | 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 | 13 | | | |
| | body, | re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or r committee, explain in Schedule O | | | | | |
| b | Enter | the number of voting members included in line 1a, above, who are independent | 1b | 12 | | | |
| 2 | Did ar office | ny officer, director, trustee, or key employee have a family relationship or a busines r, director, trustee, or key employee? | s rela | tionship with any other | 2 | | No |
| 3 | | e organization delegate control over management duties customarily performed by cers, directors or trustees, or key employees to a management company or other p | | | 3 | | No |
| 4 | Did th | e organization make any significant changes to its governing documents since the i | orior F | orm 990 was filed? | 4 | | No |
| 5 | Did th | e organization become aware during the year of a significant diversion of the organ | ıızatıoı | n's assets? . | 5 | | No |
| 6 | Did th | e organization have members or stockholders? | | | 6 | Yes | |
| 7a | | e organization have members, stockholders, or other persons who had the power toers of the governing body? | o elect | or appoint one or more | 7a | | No |
| b | Are ar | ny governance decisions of the organization reserved to (or subject to approval by) ns other than the governing body? | memb | pers, stockholders, or | 7 b | | No |
| 8 | Did th | e organization contemporaneously document the meetings held or written actions t llowing | | aken during the year by | | | |
| а | The g | overning body? | | | 8a | Yes | |
| b | Each (| committee with authority to act on behalf of the governing body? \dots . \dots | | | 8b | | No |
| 9 | | re any officer, director, trustee, or key employee listed in Part VII, Section A, who o ization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i> | | be reached at the | 9 | | No |
| Se | ction | B. Policies (This Section B requests information about policies not requi | red b | y the Internal Revenue | e Code | e.) | |
| | | | | | | Yes | No |
| | | e organization have local chapters, branches, or affiliates? | | | 10a | | No |
| b | If "Ye: and b | s," did the organization have written policies and procedures governing the activitie ranches to ensure their operations are consistent with the organization's exempt pu | s of su irpose | uch chapters, affiliates, s? | 10b | | |
| 11a | Has th | ne organization provided a complete copy of this Form 990 to all members of its go | vernin | g body before filing the | 11a | | No |
| b | Descr | be in Schedule O the process, if any, used by the organization to review this Form | 990 | | | | |
| 12a | Did th | e organization have a written conflict of interest policy? If "No," go to line 13 | • | | 12a | Yes | |
| b | Were conflic | officers, directors, or trustees, and key employees required to disclose annually into tts? | erests • • | that could give rise to | 12b | Yes | |
| С | | e organization regularly and consistently monitor and enforce compliance with the full O how this was done | policy | ? If "Yes," describe in | 12c | Yes | |
| 13 | Did th | e organization have a written whistleblower policy? | | | 13 | Yes | |
| 14 | Did th | e organization have a written document retention and destruction policy? | | | 14 | Yes | |
| 15 | | e process for determining compensation of the following persons include a review a ns, comparability data, and contemporaneous substantiation of the deliberation and | | | | | |
| а | The o | rganization's CEO, Executive Director, or top management official | | | 15a | Yes | |
| b | | officers or key employees of the organization | | | 15b | Yes | |
| | If "Ye | s" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | | | |
| 16a | | e organization invest in, contribute assets to, or participate in a joint venture or sir le entity during the year? | | rrangement with a | 16a | | No |
| b | ın joir | s," did the organization follow a written policy or procedure requiring the organization to venture arrangements under applicable federal tax law, and take steps to safeguate with respect to such arrangements? | | | 16 b | | |
| Se | | C. Disclosure | | | | | |
| 17 | | ne States with which a copy of this Form 990 is required to be filed | | | | | |
| 18 | | on 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990 ble for public inspection Indicate how you made these available. Check all that app | Ìу | | | | |
| | | own website 🔲 Another's website 🗹 Upon request 🔲 Other (explain in Sc | | | | | |
| 19 | policy | ibe in Schedule O whether (and if so, how) the organization made its governing doc , and financial statements available to the public during the tax year | | · | | | |
| 20 | | the name, address, and telephone number of the person who possesses the organi BIE LANHAM 2521 RIVA ROAD ANNAPOLIS, MD 21401 (410) 224-3330 | zation | 's books and records | | | |

(13) ROBERT MAURO

(14) WILLIAM JONES

EXECUTIVE DIRECTOR

DIRECTOR

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

- 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) (B) (C) (D) (F) Name and Title Position (do not check more Average Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other is both an officer and a week (list from the from related compensation organization organizations any hours director/trustee) from the for related (W-2/1099-(W- 2/1099organization and Highest compensated employee ndividual organizations MISC) MISC) related Institutional director below dotted organizations employee line) Heits Int Trustes 1 00 (1) CATHERINE SNYDER 0 DIRECTOR 1 00 (2) ELIZABETH BRININGER DIRECTOR Х 0 1 00 (3) JACQUELINE LUBNIEWSKI n DIRECTOR 1 00 (4) JAMES BURNS Х 0 DIRECTOR 1 00 (5) JASON FAHIE Х 0 DIRECTOR 1 00 (6) KRISTINA KORONA 0 DIRECTOR 1 00 (7) PAMELA BUKOWSKI Х 0 VICE PRESIDENT 45 00 (8) RICHARD BENFER Х Х 39,403 0 PRESIDENT 1 00 (9) ROBIN BEERS 0 0 DIRECTOR 1 00 (10) RUSSELL LEONE Х 0 Х SECRETARY-TREASURER 1.00 (11) TAMARA THUMBTZEN 0 DIRECTOR 1 00 (12) KARINA COLON DIRECTOR

1 00

45.00

Х

77,762

0

0

159.956

(A)

compensation from the organization \blacktriangleright 0

(B)

Part VII

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

(E)

Page 8

| | Name and Title | Average hours per week (list any hours for related | than o | one bo | oox, t an of tor/t | ot che unle: fficer trust | neck mo ess pers er and a tee) | son | Rep- comp fro organiz | ortable ensation m the zation (W- 99-MISC) | Reportable compensatio from related organizations (2/1099-MISC | on d (W- | comper from | nated of other nsation n the |
|---|---|--|---------|--------|--------------------------|------------------------------------|---|----------|--------------------------------|--|--|----------------|------------------------|---------------------------------------|
| | for related organizations below dotted line) for clated organizations below dotted line) for clated organizations below dotted line) for clated organizations or discount flustee for mel Highest compensated employee Cofficer linestons below dotted line) | | | | | | | | | | -) | rela | ation and ated zations | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | 1 | F | \vdash | lacksquare | — | | | | _ | | |
| сT | Sub-Total | Part VII, Section | nA. | | | | * | <u></u> | | 199,359 | | 0 | | 77,762 |
| 2 | Total number of individuals (including of reportable compensation from the | g but not limited | to thos | | | | | o rec | eıved mo | re than \$1 | .00,000 | | | <u> </u> |
| | | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former line 1a? <i>If "Yes," complete Schedule 3</i> | · | | | | | loyee, | | _ | mpensated | i employee on | 3 | | No |
| 4 | For any individual listed on line 1a, is organization and related organization individual | | | | | | | | | | n the | 4 | Yes | |
| 5 | Did any person listed on line 1a receiv services rendered to the organization | | | | | | | | | | | 5 | 1 | No |
| Se | ection B. Independent Contract | tors | | | _ | _ | | | | | | | | |
| 1 | Complete this table for your five high from the organization Report compet | nest compensate | | | | | | | | | | mpen | | |
| (A) (B) Name and business address Description of services | | | | | | | | | | | | ensation | | |
| | | | | | _ | _ | | | | | | | | |
| | | | | | _ | _ | | _ | | | | | <u> </u> | |
| | | | | | | | | | | | | | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

(C)

(D)

| | 90 (2016) | | | | | | Page 9 |
|---|--|--|-------------------------|--|--|--------------------------------|--|
| Part ' | | | | | | | |
| | Check if Schedul | e O contains a respo | onse or note to any l | ne 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 |
| s s | 1a Federated campaig | ns 1a | | | | | <u> </u> |
| ant | b Membership dues | 1b | | | | | |
| Gr. | c Fundraising events | 1c | | | | | |
| fs, r A | d Related organization | ns 1d | | | | | |
| <u>i</u> | e Government grants (c | ontributions) 1e | | | | | |
| ions, Gifts, Grants r Similar Amounts | f All other contributions and similar amounts in | , gifts, grants, ot included 1f | 100,756 | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | g Noncash contribution in lines 1a-1f \$ | | | | | | |
| Contained | h Total.Add lines 1a-1 | lf | • | 100,756 | | | |
| | | | Business | | | | |
| Service Revenue | 2a MEMBERSHIP DUES | | | 900099 1,6 | 10,951 1,61 | 0,951 | |
| نج | | | | | | | |
| - - - | b — | | | | | | |
| er s | | | | | | | |
| S E | | | | | | | |
| Program | f All other program se | rvice revenue | | | | | |
| ě | gTotal. Add lines 2a-2 | f | 1,6: | 10,951 | | | |
| | 3 Investment income (i | | interest and other | | | | |
| | | | → | 110,967 | 1 | | 110,967 |
| | 4 Income from investm | • | · · | | | | |
| | 5 Royalties | | | | | | |
| | C. Curre weeks | (ı) Real | (II) Personal | | | | |
| | 6a Gross rents | 18,610 | | | | | |
| | b Less rental expenses 0 | | | | | | |
| | | 10.510 | | | | | |
| | c Rental income or (loss) | | | | | | |
| | d Net rental income o | r (loss) | | 18,610 | ı | | 18,610 |
| | | (ı) Securities | (II) Other | | | | |
| | 7a Gross amount from sales of | 1,003,289 | | | | | |
| | assets other than inventory | 1,003,209 | | | | | |
| | b Less cost or other basis and | 1,003,492 | | | | | |
| | sales expenses | | | | | | |
| | C Gain or (loss)d Net gain or (loss) | -203 | | -203 | | | -203 |
| | 8a Gross income from f | | • | -203 | <u>'</u> | | -203 |
| <u>.</u> | (not including \$ | of | | | | | |
| n. ₩ | contributions reporte See Part IV, line 18 | ed on line 1c) | | | | | |
| ě | b Less direct expense | | | | | | |
| <u>.</u> | c Net income or (loss) | | ents | | | | |
| Other Revenue | 9a Gross income from g | jaming activities | | | | | |
| 0 | See Part IV, line 19 | |] | | | | |
| | | a . | | | | | |
| | b Less direct expensec Net income or (loss) | | | | | | |
| | 10aGross sales of invent | | ies • | | | | |
| | returns and allowand | | | | | | |
| | | а | | | | | |
| | b Less cost of goods s | sold b | | | | | |
| ļ | C Net income or (loss) | | | | | | |
| | Miscellaneous | Revenue | Business Code 900099 | 27 479 | , | | 27 479 |
| | 11a MISCELLANEOUS | | 900099 | 27,478 |] | | 27,478 |
| | | | | | | | |
| | b | | | | | | |
| | | | | | | | |
| | с | | | | | | |
| | | | | | | | |
| | d All other revenue . | | | | | | |
| | e Total. Add lines 11a | -11d | • | 27,478 | | | |
| | 12 Total revenue. See | Instructions | | , | | 1 | 0 450050 |
| | | | • | 1,868,559 | 1,610,95 | <u> </u> | 0 156,852 Form 990 (2016) |

| Form 990 (2016) | | | | Page 10 |
|---|-----------------------|------------------------------|---|------------------------------------|
| Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co | olumns All other orga | nızatıons must com | plete column (A) | |
| Check if Schedule O contains a response or note to any | line in this Part IX | | <u></u> | 🗹 |
| 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) Fundraisingexpenses |
| Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | | · | | |
| 2 Grants and other assistance to domestic individuals See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16. | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 280,263 | | | |
| 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 | 293,258 | | | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 54,320 | | | |
| 9 Other employee benefits | 165,602 | | | |
| 10 Payroll taxes | 36,048 | | | |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | 10,272 | | | |
| c Accounting | 13,262 | | | |
| 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) | | | | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | | | | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 29,865 | | | |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 21,948 | | | |
| 23 Insurance | 3,767 | | | |
| 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 GOVERNENCE | 247,799 | | | |
| b TAAAC ACTION REPORT | 26,732 | | | |
| c BANK AND INVESTMENT FEE | 25,775 | | | |
| d TAAAC FOUND EDUCATION | 23,600 | | | |
| e All other expenses | 162,598 | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 1,395,109 | | | |
| 26 Joint costs. Complete this line only if the organization | | | | |

Form **990** (2016)

| - 1 | | | | | |
|-----|---|--|-------|---|-------|
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 3,528 | 4 | 3,908 |
| | 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 | |
| ائد | 7 | Notes and leans reservable, not | | 7 | |

14,999

346,251

23,543

3.851.324

3,851,324

3,874,867 Form **990** (2016)

22 23

24

25

26

27

28

29

30

31

32

33

34

214,442

3.285.238

3,285,238

3.499.680

Asset Notes and loans receivable, net Inventories for sale or use 8 17,985 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 10a 742,692 basis Complete Part VI of Schedule D 396,441 367,549 10b 10c **b** Less accumulated depreciation 2.460.987 11 11 Investments—publicly traded securities .

2,835,547 12 Investments—other securities See Part IV, line 11 . 12 13 13 Investments-program-related See Part IV, line 11 14 Intangible assets 14 15 15 Other assets See Part IV, line 11 . 3.499.680 3.874.867 16 Total assets. Add lines 1 through 15 (must equal line 34) . 16 214,442 17 22,566 17 Accounts payable and accrued expenses 18 18 Grants payable . .

19 Deferred revenue . . . 19 977 20 Tax-exempt bond liabilities . . . 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Liabilities

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958),

check here > \(\subseteq \) and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities.Add lines 17 through 25 .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

22

23

24

25

26

27

28

29

30

31

32

33

34

Fund Balances

Assets or

Net

| Form | 990 (2016) | | | | Page 12 |
|------|--|--------|----|-----|----------------|
| Par | t 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 | | 1 | ,868,559 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 1 | ,395,109 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | | 473,450 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 3 | ,285,238 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | 92,636 |
| 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 | | | 0 |
| 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 | ,851,324 |
| Par | t 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 | | | | |
| • | 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 of separate basis, consolidated basis, or both | on a | | | |
| | ☐ 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 consolidated basis, or both | basıs, | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | 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? | | 20 | | No |

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

За

Зb

Νo

Form 990 (2016)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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

Audit Act and OMB Circular A-133?

Additional Data

Software ID: Software Version:

EIN: 52-0733568

DISSEMINATION OF INFORMATION TO MEMBERS REGARDING INDUSTRY OCCURENCES ASSISTANCE TO STAFF IN CARRYING OUT NEA PROGRAMS & UNIFYING THE

Name: Teachers Association of Anne ARUNDEL COUNTY

Form 990 (2016)

PROFESSION ALL MEMBERS SERVED

Form 990, Part III, Line 4a:

Form 990, Part III, Line 4b: PROVISION OF NEGOTIATION & ARBITRATION SERVICES AS NECESSARY

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

2016

OMB No 1545-0047

DLN: 93493053006328

Open to Public Inspection

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ

► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.qov/form990.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III **Employer identification number** Name of the organization Teachers Association of Anne ARUNDEL COUNTY 52-0733568 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 ☐ Yes Was a correction made? ☐ Yes ☐ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization fileForm 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-3 5

Schedule C (Form 990 or 990-EZ) 2016

Return Reference

activity

Volunteers?

1

(b)

Amount

(a)

Yes

No

Schedule C (Form 990 or 990EZ) 2016

Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? **b** If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Yes 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? No Did the organization agree to carry over lobbying and political expenditures from the prior year? No Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year C Total 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

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. OMB No 1545-0047

DLN: 93493053006328

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number

| | chers Association of Anne UNDEL COUNTY | | | 52-0733568 | | | |
|-----|---|--|--------------------------------------|----------------------------|-----------------------|-------------|--------|
| | rt I Organizations Maintaining Donor | Advised Funds or Othe | r Similar Funds | | | | |
| | Complete if the organization answere | ed "Yes" on Form 990, Par | t IV, line 6. | | | | |
| | | (a) Donor advised fun | ds | (b)Funds ar | nd other acco | ounts | |
| 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 funds are the organization's property, subject to | advisors in writing that the as the organization's exclusive le | ssets held in donor egal control? | advised | | Yes | □ N- |
| 6 | Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit? | | | | | Yes | □ N |
| Pa | rt III Conservation Easements. Complet | e if the organization answ | vered "Yes" on Fo | orm 990, Part I\ | /, line 7. | | |
| 1 | Purpose(s) of conservation easements held by the | e organization (check all that | apply) | | | | |
| | \square Preservation of land for public use (e g , rec | reation or education) | Preservation of | an historically imp | oortant 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 easement on the last day of the tax year | held a qualified conservation of | contribution in the | | ation at the End o | of the \ | /ear |
| а | Total number of conservation easements | | | 2a | | | |
| b | Total acreage restricted by conservation easemen | ts | | 2b | | | |
| С | Number of conservation easements on a certified | historic structure included in | (a) | 2c | | | |
| d | Number of conservation easements included in (c structure listed in the National Register |) acquired after 8/17/06, and | not on a historic | 2d | | | |
| 3 | Number of conservation easements modified, traitax year ▶ | nsferred, released, extinguish | ed, or terminated l | by the organizatio | n during the | | |
| 4 | Number of states where property subject to const | ervation easement is located | - | _ | | | |
| 5 | Does the organization have a written policy regar and enforcement of the conservation easements | | inspection, handlir | ng of violations, | ☐ Yes | □ N | lo |
| 6 | Staff and volunteer hours devoted to monitoring, • | inspecting, handling of violat | ions, and enforcing | g conservation eas | ements duri | ng the y | /ear |
| 7 | Amount of expenses incurred in monitoring, insper | ecting, handling of violations, | and enforcing cons | servation easemer | nts during the | e year | |
| 8 | Does each conservation easement reported on lin | ne 2(d) above satisfy the requ | irements of section | n 170(h)(4)(B)(ı) | | | |
| | and section 170(h)(4)(B)(ii)? | | | | ☐ Yes | \square N | lo |
| 9 | In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea | of the footnote to the organiz | | | | | |
| Par | Organizations Maintaining Collec Complete if the organization answere | | | ther Similar A | ssets. | | |
| 1a | If the organization elected, as permitted under SI art, historical treasures, or other similar assets his provide, in Part XIII, the text of the footnote to it | eld for public exhibition, educa | ation, or research i | n furtherance of p | | | f |
| b | If the organization elected, as permitted under SI historical treasures, or other similar assets held following amounts relating to these items | | | | | | |
| (| i) Revenue included on Form 990, Part VIII, line 1 | | | ▶ \$ | | | |
| C | i)Assets included in Form 990, Part X | | | - \$ | | | |
| 2 | If the organization received or held works of art, following amounts required to be reported under | | | | | | |
| а | Revenue included on Form 990, Part VIII, line 1 | _ | | > \$ _ | | | |
| b | Assets included in Form 990, Part X | | | ▶ \$ | | | |
| For | Paperwork Reduction Act Notice, see the Insti | ructions for Form 990. | Cat N | - No 52283D S ch | nedule D (Fo | orm 99 | 0) 201 |

| Par | t III | Organizations Ma | aintaining Col | lections o | f Art, Hi | stori | cal T | reasu | ires, oi | Other | Similar A | ssets (co | ntınued) | |
|------------|---------------|--|------------------------------|---------------|-------------|---------------|----------|---------|-----------|------------|---------------|--------------|------------|--|
| 3 | | g the organization's acqu s (check all that apply) | uisition, accessior | n, and other | records, o | heck a | any of | the fo | llowing t | hat are a | significant i | use of its c | ollection | |
| а | | Public exhibition | | | | d | | Loan | or excha | ange prog | ırams | | | |
| b | | Scholarly research | | | | e | | Other | r | | | | | |
| С | | Preservation for future | e generations | | | | | | | | | | | |
| 4 | Provi Part | ide a description of the o | organization's col | lections and | explain h | ow the | y furtl | ner the | e organiz | ation's ex | kempt purpo | ose in | | |
| 5 | | ng the year, did the orga ts to be sold to raise fun | | | | | | | | | nılar | ☐ Yes | | lo |
| Pa | rt IV | Escrow and Custo Complete if the org X, line 21. | | | ' on Form | า 990 | , Part | IV, lı | ne 9, o | r reporte | ed an amou | unt on Fo | rm 990, | Part |
| 1a | | e organization an agent, ded on Form 990, Part) | | an or other I | ntermedia | ary for | contri | bution | s or othe | er assets | not | ☐ Yes | | lo |
| Ь | If "Y | es," explain the arrange | ement in Part XIII | and comple | te the foll | owing | table | | | | Δ | mount | | _ |
| c | Begir | nning balance | | · | | _ | | | | 1c | | | | _ |
| d | Addıt | tions during the year | | | | | | | | 1d | | | | _ |
| e | Dıstr | butions during the year | - | | | | | | | 1e | | | | _ |
| f | Endır | ng balance | | | | | | | | 1f | | | | _ |
| 2 a | Dıd t | he organization include | an amount on Fo | rm 990, Par | t X, line 2 | 1, for | escrow | or cu | stodial a | ccount lia | ability? | ☐ Yes | | lo |
| Ь | If "Ye | es," explain the arrange | | | | | | | | | | | . 🗆 | |
| Pa | rt V | Endowment Fund | ds. Complete if | | | | | | | | | | | |
| 1- | Region | ning of year balance . | | (a)Current | t year | (b) Pr | rior yea | r | (c)Two y | ears back | (d)Three ye | ars back (| •)Four yea | irs back |
| | _ | butions | | | | | | - | | | | | | |
| | | vestment earnings, gain | ns, and losses | | | | | _ | | | | | | |
| | | s or scholarships | • | | | | | _ | | | | | | |
| | Other | expenditures for facilities or some second contract of the con | | | | | | | | | | | | |
| f | Admın | istrative expenses . | | | | | | | | | | | | |
| g | End of | f year balance | | | | | | | | | | | | |
| 2 | Provi | ide the estimated percer | ntage of the curre | nt year end | balance (| line 1g | g, colu | mn (a) |)) held a | s | | | | |
| а | Board | d designated or quasi-ei | ndowment 🟲 | | | | | | | | | | | |
| b | Perm | nanent endowment 🕨 | | | | | | | | | | | | |
| С | Temp | porarily restricted endov | wment > | | | | | | | | | | | |
| 3a | Are t | percentages on lines 2a, here endowment funds | | • | | n that | : are h | eld an | d admını | stered fo | r the | | | |
| | - | nization by Inrelated organizations | | | | | | | | | | 3a(| Yes | No |
| | | related organizations . | | | | | • | | | | | 3a(i | | |
| b | | es" on 3a(II), are the rel | | s listed as r | equired or | Sche | dule R | , . | | | | 3b | | |
| 4 | Desc | ribe in Part XIII the inte | ended uses of the | organization | n's endowr | ment f | unds | | | | | | | |
| Pa | rt VI | Land, Buildings, Complete of the org | | | on Form | 990. | Part : | IV, lın | ne 11a. | See For | m 990, Pai | rt X, lıne | 10. | |
| | Descr | ription of property | (a) Cost or oth (investme | er basis | (b)Cost or | | | | | | epreciation | |)Book valu | е |
| 1a | Land | | | | | | | 34,695 | | | | | | 34,695 |
| | Buildir | - | | | | | 60 | 08,290 | | | 309,160 | | | 299,130 |
| | | hold improvements | | | | | | | | | | | | |
| | Equipr | ` · | | | | | | 79,052 | | | 66,744 | | | 12,308 |

20,655

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

118

346,251

20,537

| rt VII Investments—Other Securities. Complete if t See Form 990, Part X, line 12. | | | |
|--|------------------------|--|-------------------------------------|
| (a) Description of security or category (including name of security) | (b)Book value | (c) Method o Cost or end-of-ye | |
| Financial derivatives | | | |
| Closely-held equity interests | · · · | | |
| | | | |
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| | | | |
| I. (Column (b) must equal Form 990, Part X, col (B) line 12) t VIIII Investments—Program Related. Complete if | the organization answe | red 'Yes' on Form 990. | Part IV. line 11c. |
| See Form 990, Part X, line 13. | | | |
| (a) Description of investment | (b) Book value | (c) Method o Cost or end-of-ye | |
| | | | |
| | | | |
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| | | | |
| A (Column (h) much and Sound Column (2) | | | |
| | | /, line 11d See Form 990 | , Part X, line 15 |
| | | /, line 11d See Form 990 | , Part X, line 15 (b) Book value |
| rt IX Other Assets. Complete if the organization answere | | /, line 11d See Form 990 | |
| rt IX Other Assets. Complete if the organization answere | | /, line 11d See Form 990 | |
| rt IX Other Assets. Complete if the organization answere | | /, line 11d See Form 990 | |
| rt IX Other Assets. Complete if the organization answere | | /, line 11d See Form 990 | |
| rt IX Other Assets. Complete if the organization answere | | /, line 11d See Form 990 | |
| t IX Other Assets. Complete if the organization answere | | /, line 11d See Form 990 | |
| rt IX Other Assets. Complete if the organization answere | | /, line 11d See Form 990 | |
| rt IX Other Assets. Complete if the organization answere | | /, line 11d See Form 990 | |
| rt IX Other Assets. Complete if the organization answere | | /, line 11d See Form 990 | |
| Other Assets. Complete if the organization answere (a) Description | n | /, line 11d See Form 990 | |
| The state of the organization answere (a) Description (a) Description (a) Description (a) Description (b) Description (b) Description (c) Description (c) Description (c) Description (d) Desc | n | | (b) Book value |
| The state of the organization answere (a) Description (a) Description (a) Description (a) Description (b) Description (b) Description (c) Description (c) Description (d) Description (d) Description of Liability (l) Description of Liability | n | | (b) Book value |
| Al. (Column (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answere (a) Description Other Liabilities. Complete if the organization and See Form 990, Part X, line 25. (a) Description of liability | answered 'Yes' on Form | | (b) Book value |
| The state of the organization answere (a) Description (a) Description (a) Description (a) Description (b) Description (b) Description (c) Description (c) Description (d) Description (d) Description of Liability (l) Description of Liability | answered 'Yes' on Form | | (b) Book value |
| The state of the organization answere (a) Description (a) Description (a) Description (a) Description (b) Description (b) Description (c) Description (c) Description (d) Description (d) Description of Liability (l) Description of Liability | answered 'Yes' on Form | | (b) Book value |
| The state of the organization answere (a) Description (a) Description (a) Description (a) Description (b) Description (b) Description (c) Description (c) Description (d) Description (d) Description of Liability (l) Description of Liability | answered 'Yes' on Form | | (b) Book value |
| Al. (Column (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answere (a) Description Other Liabilities. Complete if the organization and See Form 990, Part X, line 25. (a) Description of liability | answered 'Yes' on Form | | (b) Book value |
| Al. (Column (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answere (a) Description Other Liabilities. Complete if the organization and See Form 990, Part X, line 25. (a) Description of liability | answered 'Yes' on Form | | (b) Book value |
| Al. (Column (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answere (a) Description Other Liabilities. Complete if the organization and See Form 990, Part X, line 25. (a) Description of liability | answered 'Yes' on Form | | (b) Book value |
| Al. (Column (b) must equal Form 990, Part X, col (B) line 15) The Column (b) must equal Form 990, Part X, col (B) line 15) The Column (b) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15) | answered 'Yes' on Form | | (b) Book value |
| Al. (Column (b) must equal Form 990, Part X, col (B) line 15) The Column (b) must equal Form 990, Part X, col (B) line 15) The Column (b) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15) | answered 'Yes' on Form | | (b) Book value |
| Al. (Column (b) must equal Form 990, Part X, col (B) line 15) The Column (b) must equal Form 990, Part X, col (B) line 15) The Column (b) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15) The Column (B) must equal Form 990, Part X, col (B) line 15) | answered 'Yes' on Form | | (b) Book value |
| al. (Column (b) must equal Form 990, Part X, col (B) line 15) art X Other Liabilities. Complete if the organization of See Form 990, Part X, line 25. | answered 'Yes' on Form | | (b) Book value |

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

2a

2h

2c 2d

4b

Explanation

Page 4

92,636

1,395,109

1,395,109

1,395,109

Schedule D (Form 990) 2015

2e 3

4c

2d Other (Describe in Part XIII) . . . Add lines 2a through 2d 2e

Schedule D (Form 990) 2016

Part XI

1 2

b

3

4

b

c 5

Part XIII

d е Subtract line 2e from line 1 . 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a

3 1,868,559 4 4b Other (Describe in Part XIII)

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

Add lines 4a and 4b . . . 4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Total expenses and losses per audited financial statements .

Donated services and use of facilities .

Prior year adjustments

Other (Describe in Part XIII)

Supplemental Information

Other (Describe in Part XIII) . Add lines 2a through 2d .

Subtract line 2e from line 1 .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Other losses .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

5 1.868.559 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.

| chedule D (Form 990) 20 | 15 | | Page 5 | | | |
|-------------------------|-------------|----------------------|----------------------------|--|--|--|
| Part XIII Supple | mental Info | ormation (continued) | | | | |
| Return Referer | nce | Explanation | | | | |
| | | | | | | |
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| | | | | | | |
| | | | Schedule D (Form 990) 2016 | | | |

Additional Data

Software ID:

Software Version:

EIN: 52-0733568

Name: Teachers Association of Anne ARUNDEL COUNTY

ARUNDEL COUNTY

Evolanation

Supplemental Information

| Return Reference | Explanation |
|------------------|---|
| Part X, Line 2 | Accounting principles generally accepted in the United States of America require managemen to evaluate tax positions taken by the Association and recognize a tax asset (or a reduction of a liability) only if the Association has taken a position that more likely than no twould be sustained upon examination by the IRS Management has analyzed the tax position staken by the Association and has concluded that as of August 31, 2017, all tax positions taken or expected to be taken would more likely than not be sustained upon examination Management believes it is no longer subject to income tax examinations for years prior to 2 013 Interest and penalties, if any, are included in expenses in the Statement of Activiti |

es and Change in Net Assets Unrestricted Comparison to Budget

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

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

DLN: 93493053006328

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Schedule J (Form 990)

> Name of the organization **Employer identification number** Teachers Association of Anne ARUNDEL COUNTY 52-0733568 **Questions Regarding Compensation** Part I Yes No 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) 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 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 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 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 Receive a severance payment or change-of-control payment? 4a Νo Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4h Νo Participate in, or receive payment from, an equity-based compensation arrangement? 4c Νo 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. 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 The organization? 5а Any related organization? 5h If "Yes," on line 5a or 5b, describe in Part III 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 The organization? 6a 6b Any related organization? If "Yes," on line 6a or 6b, describe in Part III 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 67 If "Yes," describe in Part III 7

ın Part III

section 53 4958-6(c)?

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

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

8

Page 2

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

EXECUTIVE DIRECTOR

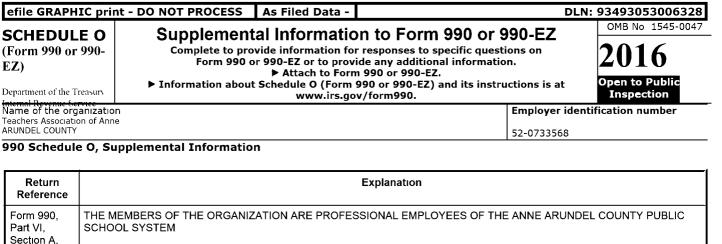
| | , (| , rer each metea marria | aar mase squar ens tota | | | e ray applicable cola | m (b) and (b) amount | o tot ende martidad. |
|--------------------|-----|--------------------------|---|---|--------------------------------|-----------------------|----------------------|--|
| (A) Name and Title | | (B) Breakdown of | f W-2 and/or 1099-MISC compensation | | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation in |
| | | Base (1) compensation | (ii) Bonus & incentive compensation | (III) Other reportable compensation | other deferred compensation | benefits | (B)(ı)-(D) | column(B) reported as deferred on prior Form 990 |
| 1 WILLIAM JONES | (i) | 159,956 | 0 | 0 | 30,301 | 47,461 | 237,718 | 0 |

| Page 3 | | | | |
|---|---|--|--|--|
| Part III Supplemental Information | | | | |
| Provide the information, explanation, o | r 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 | | | |
| SCHEDULE J, PART I, LINE 3 | EXECUTIVE DIRECTOR SERVICE AGREEMENT IS PRODUCT OF NEGOTIATION WITH THE BOARD OF DIRECTORS PRESIDENTS SALARY IS SET | | | |

Schedule J (Form 990) 2015

BOARD OF EDUCATION OF ANNE ARUNDEL COUNTY MARYLAND

Cahadula 1 (Form 000) 201 F



line 6

Return Explanation
Reference

Form 990, NO WRITTEN ACTIONS UNDERTAKEN BY EACH COMMITTEE WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY

Section A, line 8b

Return
Reference

Explanation

Explanation

COPY OF FORM 990 IS GIVEN TO EACH MEMBER OF THE GOVERNING BOARD PRIOR TO FILING

Form 990, COPY OF FORM 990 IS GIVEN TO EACH MEMBER OF THE GOVERNING BOARD PRIOR TO FILING
Part VI,
Section B,
Inne 11b

Return Explanation
Reference

Form 990,
Part VI,
Section B,
Interest Forms Were Filled OUT IN OCTOBER 2017 THE ORGANIZATION HAS MONITORED AND
ENFORCED COMPLIANCE WITH THIS POLICY SINCE IT HAS BEEN ADOPTED

Return Explanation

Form 990,
Part VI,
Section B,
Inne 15

PEXECUTIVE DIRECTOR SERVICE AGREEMENT IS PRODUCT OF NEGOTIATION WITH THE BOARD OF DIRECTORS
PRODUCT OF NEGOTIATION WITH THE BOARD OF DIRECTORS
PRESIDENTS SALARY IS SET BY FORMULA TO BE EQUAL TO THE HIGHEST UNIT 1 SALARY IN THE NEGO
TIATED AGREEMENT BETWEEN THE ASSOCIATION AND THE BOARD OF EDUCATION OF ANNE ARUNDEL COUNTY
MARYLAND

Return Explanation
Reference

Form 990, Part VI, Section C, Inne 19

990 Schedule O, Supplemental Information

Return Explanation

Reference

| Form 990, | LEADERSHIP TRAINING 20,920 REPAIRS AND MAINTENANCE 20,189 MEMBERSHIP PROMOTION 15,351 T |
|---------------|---|
| Part IX, line | EACHER IMAGE CAMPAIGN 13,996 COMMUNITY ORGANIZING 9,746 PRINTING AND SUPPLIES 9,669 RET |
| 24e | IREE HEALTH FUND 8,991 IPD COMMITTEE 8,956 SPECIAL EVENTS 8,817 BARGAINING 8,330 WEBMA |
| | STER 6,715 POSTAGE 5,475 ASSOC REPRESENTATIVE RECOGNITION 4,245 MISCELLANEOUS 4,166 M |
| | INORITY AFFAIRS/HUMAN RELATIONS 3,615 CONSUMABLES 3,552 GOVERNMENT RELATIONS 2,497 NOMI |
| | NATING COMMITTEE 2,162 MEMBER SERVICES AND RECOGNITION 2,014 GIFTS 1,410 MEMBERSHIP COM |

MITTEE 1,193 SUBSCRIPTIONS 419 CONTINGENCIES 170