## **Return of Organization Exempt From Income Tax**

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

**2016** 

DLN: 93493012002228 OMB No 1545-0047

Open to Public

Department of the Treasury Int

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 <a href="www.irs.gov/form990">www.irs.gov/form990</a>

mema	i Kevenue service	ē					Inspection
A Fo	or the 2016 o	alendar year, or tax year	r beginning 07-01-2016 , and ending 0	6-30-2017			
☐ Add	ck ıf applicable dress change me change	C Name of organization HOWARD COUNTY EDUCATI	ON ASSOCIATION		<b>D Employer</b> 10 52-093979		cation number
☐ Init	tial return	Doing business as					
	n/terminated	Number and street (or P O	box if mail is not delivered to street address) Roor	m/suite	E Telephone nu	umber	
	iended return plication pendind	5082 DORSEY HALL DRIVE I	NO 102		(410) 997-	3440	
	pindation periant	City or town, state or provin ELLICOTT CITY, MD 21042	nce, country, and ZIP or foreign postal code		<b>G</b> Gross receip	ts \$ 790	),775
		F Name and address of p	orincipal officer	<b>H(a)</b> Is the	s a group returr	n for	
		COLLEEN MORRIS 5082 DORSEY HALL DRIV			dinates?		□Yes ☑No
		ELLICOTT CITY, MD 2104		` includ	ll subordinates led?		☐ Yes ☐No
	k-exempt status	□ 501(c)(3) <b>⊻</b> 501(c)	(5) ◀ (insert no) 4947(a)(1) or 52		o," attach a list		•
J W	ebsite:► W\	WW HCEANEA ORG		n(c) Group	exemption nui	mber 1	•
<b>K</b> Forn	n of organizatior	Corporation Trust	✓ Association ☐ Other ►	<b>L</b> Year of form	ation 1969 <b>M</b>		f legal domicile
Pa	rt I Sum	nmary			I		
	1 Briefly de	scribe the organization's mi	ssion or most significant activities	TV BUBLIC SCHOOL	N EDUCATORS		
ce	TO IMPRO	JVE WORK AND RELATED EI	MPLOYMENT CONCERNS OF HOWARD COUN	ITY PUBLIC SCHOOL	DL EDUCATORS		
าลม							
ven					<u> </u>		
Governance			tion discontinued its operations or disposed overning body (Part VI, line 1a)			ts   <b>3</b>	13
		-	bers of the governing body (Part VI, line 1b			4	12
Activities &			ed in calendar year 2016 (Part V, line 2a)			5	4
Ţ.	<b>6</b> Total nu	mber of volunteers (estimat	e if necessary)			6	12
Ac	<b>7a</b> Total un	related business revenue fro	om Part VIII, column (C), line 12			7a	0
	<b>b</b> Net unre	elated business taxable incor	me from Form 990-T, line 34			7b	0
				Pri	or Year	(	Current Year
Ō.	8 Contribu	tions and grants (Part VIII,	line 1h)		39,160		42,683
Rəvenue	_	· ·	line 2g)		740,300		747,676
Ŗ		•	nn (A), lines 3, 4, and 7d)		327		366
	l		x), lines 5, 6d, 8c, 9c, 10c, and 11e)		770.937		50 790,775
			11 (must equal Part VIII, column (A), line 1:	2)	779,837		
			art IX, column (A), lines 1–3 )		0		0
		paid to or for members (Pai	by ee benefits (Part IX, column (A), lines $5-1$	10)	477,591		510,710
ટ્રેક્ટ	1	, , , , , , , , , , , , , , , , , , , ,	(X), column (A), line 11e)		0		310,710
Expenses		draising expenses (Part IX, colum	, , , , , , , , , , , , , , , , , , , ,				
五		3 ' ' '	), lines 11a–11d, 11f–24e)		238,886		249,983
			ust equal Part IX, column (A), line 25)		716,477		760,693
	<b>19</b> Revenue	less expenses Subtract lin	e 18 from line 12		63,360		30,082
Net Assets or Fund Balances				Beginning	of Current Year		End of Year
sets alan	20 Total ac	sets (Part X, line 16)			1,110,278		1,159,508
AS d B		bilities (Part X, line 26)			428,289	<del>                                     </del>	447,437
FE		ets or fund balances Subtrac		·	681,989	<b>.</b>	712,071
		nature Block					
Under	penalties of p	perjury, I declare that I have	e examined this return, inclu				
	edge and beli nowledge	ef, it is true, correct, and co	emplete Declaration of prepa				
	***** Signa	** ture of officer					
Sign Here							
Here	COLLI	EEN MORRIS PRESIDENT or print name and title					
		Print/Type preparer's name	Preparer's signature				
ь.		MICHAEL E SMALL CPA	MICHAEL E SMALL CPA				

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

Firm's address ► 8850 STANFORD BLVD STE 2000

COLUMBIA, MD 21045

Firm's name DEMBO JONES PC

Paid

Preparer

**Use Only** 

Form	990 (2016)				Pag	ge <b>2</b>
Par	t IIII Statement	t of Program Service Acc	complishments			
	Check if Sch	edule O contains a response or	note to any line in this Part III .			
1	Briefly describe the	organization's mission				
TO II	MPROVE WORK AND F	RELATED EMPLOYMENT CONCE	RNS OF HOWARD COUNTY PUBLIC SO	CHOOL EDUCATORS		
						_
_	B 1.1					—
2			gram services during the year which v	were not listed on	□Yes ☑ No	
		or 990-EZ?			⊔ Yes ⊻ No	
3	·	lese new services on Schedule	O gnificant changes in how it conducts, a	any program		
3	_	<u>.</u> ,	gnificant changes in now it conducts,	any program	□ Yes ☑ No	
		ess shanges on Schodule O			⊥ Yes ⊻ No	,
4	•	ese changes on Schedule O			- d l	
7	Section $501(c)(3)$ a		nplishments for each of its three large required to report the amount of gra ervice reported			
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)	_
	See Additional Data					
						_
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)	
						_
						—
						—
						—
						_
						_
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)	—
	(0000	, (Expenses ¢	morating grants of \$\psi\$	, (Nevende ¢	,	
						—
						_
						—
						_
						_
44	Other presum :	vece (Desembe in Cabedille O.)				—
4d	Other program serv (Expenses \$	rices (Describe in Schedule O )		(Revenue \$	)	
4-	Total program ser		j (απεσ οι φ )	(Increniae #	,	—
4e	Total program ser	vice expenses F				

or X as applicable

Section 501(c)(3) organizations.

Page 3

No

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Form **990** (2016)

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?

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

or for foreign individuals? If "Yes," complete Schedule F, Parts III 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) . . . .

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 . . . . . . . . . . . . .

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

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

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

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,

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 🥦 . . . . . . .

Yes 3

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11a

11b

11c

11d

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11f

12a

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14a

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Yes

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Yes

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24d

25a

25b

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28a

28b

28c

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35a

35h

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Yes

Form 990 (2016)

Page 4

Νo

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?

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? . . .

orm	990 (2016)			Page <b>5</b>
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			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 4			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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	2ь	Yes	
D	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)	20	165	
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)?	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)			110
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	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
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		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		
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?	<b>9</b> a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter			
а	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	]		
L <b>1</b>	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	]		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
L2a	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			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> 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			
c	Enter the amount of reserves on hand			
	Did the agreement on progress on a progress for under the progress distinct the transport	احمدا		No
L4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		110

01111	336 (2010)			rage C
Par	<b>TVI</b> Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to li	nes
	Check if Schedule O contains a response or note to any line in this Part VI			<b>~</b>
Sa	ection A. Governing Body and Management			
30	ection 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 13		163	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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		
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		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c		
13	Did the organization have a written whistleblower policy?	13		No
14		13		
4 =	Did the organization have a written document retention and destruction policy?	14		No
15	Did the organization have a written document retention and destruction policy?			
	Did the process for determining compensation of the following persons include a review and approval by independent		Yes	
a	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?	14	Yes Yes	
a	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?  The organization's CEO, Executive Director, or top management official	14 15a		
a b	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?  The organization's CEO, Executive Director, or top management official	14 15a		
a b 16a	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?  The organization's CEO, Executive Director, or top management official	14 15a 15b		No
a b 16a	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?  The organization's CEO, Executive Director, or top management official	14 15a 15b		No
a b <b>16</b> a b	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?  The organization's CEO, Executive Director, or top management official	14 15a 15b		No
a b <b>16</b> a b	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?  The organization's CEO, Executive Director, or top management official	14 15a 15b		No
a b 16a b	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?  The organization's CEO, Executive Director, or top management official	14 15a 15b		No
a b 16a b Se 17	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?  The organization's CEO, Executive Director, or top management official	14 15a 15b		No
a b 16a b Se 17	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?  The organization's CEO, Executive Director, or top management official	14 15a 15b		No

# 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

Check this box if neither the organization no  (A)	(B)			(C			, -	(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for related		ne b	o no ox, u n of tor/t	t che unle: ficer rust	ss pers and a ee)	son	Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
(1) DOUG LEA DIRECTOR	1 00	x						0	0	0
(2) TERI DENNISON DIRECTOR/TREASURER	1 00	х		х				0	0	0
(3) KAREN FILIPPELLI DIRECTOR	1 00	Х						0	0	0
(4) MARY STEIN DIRECTOR	1 00	Х						0	0	0
(5) ERIKA STRAUSS CHAVARRIA DIRECTOR	1 00	х						0	0	0
(6) KAREN RANDALL DIRECTOR	1 00	х						0	0	0
(7) COLLEEN MORRIS DIRECTOR	1 00	х						0	0	0
(8) TOM BRANDEL DIRECTOR	1 00	Х						0	0	0
(9) ANNA GANNON DIRECTOR/VICE-PRESIDENT	1 00	х		x				0	0	0
(10) WANDA OLIVER DIRECTOR	1 00	х						0	0	0
(11) MATTHEW VAUGHN-SMITH DIRECTOR/SECRETARY	1 00	Х		х				0	0	0
(12) LINDA FIRMAN DIRECTOR	1 00	Х						0	0	0
(13) PAUL LEMLE DIRECTOR/PRESIDENT	40 00	Х		х				139,048	0	36,435

compensation from the organization ▶ 0

Part VII

Page 8

للقطا		,	, <del>.</del> , .	P -	-,-	,						Limpleyees	,		
	(A) Name and Title  Average hours per week (list any hours for related  (B)  Average hours per week (list any hours for related					(E) Reportable compensatior from related organizations (**)		Estima amount o compens from	ated If other sation						
		for related organizations below dotted line)	Individual trustee or director	Institutional Truste	Officer	key employee	Highest compensatemplovee	Former	2/1099	9-MISC	)	2/1099-MISC	)	organızat relat organıza	ed
			พรษษ	il Trustee		, ee	mpensated								
											4				
											+				
											1				
											4				
											+				
											1				
	Sub-Total		 n A .				<b>*</b>						+		
							<b>•</b>			.39,048			0		36,435
2	Total number of individuals (including of reportable compensation from the			e liste	ed al	bove	e) who	rece	eived moi	re than	\$10	0,000			
_	Del the consequence between the consequence	- <del> </del>						1						Yes	No
3	Did the organization list any <b>former</b> line 1a? <i>If "Yes," complete Schedule 3</i>	·		ее, ке •	•y e		· ·		gnest con	npensat	.ea e	employee on	3		No
4	For any individual listed on line 1a, is organization and related organization											the			
5	Individual									ion or i	• ndıv	· · · · · · · · · · · · · · · · · · ·	4	Yes	
	services rendered to the organization	•	ete Sch	edule	J fo	r su	ich pei	rson		• •	•		5		No
1	cction B. Independent Contract  Complete this table for your five high from the organization Report competed.	est compensate											npen	sation	
	· · · · · · · · · · · · · · · · · · ·	(A) and business addre		year	ena	ing	WILII O	r wit	.nin the oi			(B) ption of services		(C Comper	
	THE CONTRACT OF THE CONTRACT O	345												23,501	

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

Part		(2016)  Statement of	Revenue										Page <b>9</b>
· aic		Check if Schedul		a respo	onse or no	te to any	line in th	nıs Part VIII					🗆
				•			(,	A) evenue	(l Relat exe fund	B) ted or impt ction	(C) Unrelated business revenue	R excl tax ur	(D) Revenue uded from oder sections
	1	a Federated campaign	ns	1a					reve	enue		5	12-514
nts ints		<b>b</b> Membership dues		1b									
Gra not		c Fundraising events		1c									
ts. (		<b>d</b> Related organization	ns	1d									
ila Ila		e Government grants (co	ontributions)	1e									
ons, Sin		f All other contributions, and similar amounts no	gifts, grants,										
ributions, Gifts, Grants Other Similar Amounts		above	oc iniciaded	1f		42,683							
Contributions, Gifts, Grants and Other Similar Amounts		9 Noncash contribution in lines 1a-1f \$	ns included										
Cont and	١,	h <b>Total.</b> Add lines 1a-1				<b>&gt;</b>		42,683					
						Business	Code	42,083					
Program Service Revenue	28	MEMBERSHIP DUES					900099	74	17,676	747	,676		
各	Ŀ	) ———											
MCE	c	- — — — — — — — — — — — — — — — — — — —			-								
Ser	c	d			F								
ranı		e All other program se	ruco rovonuo										
Àog		Total.Add lines 2a-2f			_	7	747,676						
		Investment income (in			interest a	nd other	1					<u> </u>	
		sımılar amounts) 🛚 .				•	· <u> </u>	366					366
		Income from investme					<b>-</b>						
	9	Royalties	(ı) Rea		 (п) Ре	rsonal	1						
	6	a Gross rents	( )		` '		1						
		<b>b</b> Less rental expenses					-						
		-					_						
	•	c Rental income or (loss)											
	•	<b>d</b> Net rental income or	(loss)			<b></b>	1						
			(ı) Securi	ties	(II) C	Other							
	78	a Gross amount from sales of assets other											
		than inventory											
	ı	<b>b</b> Less cost or other basis and					1						
		sales expenses					-						
		C Gain or (loss)  d Net gain or (loss) .				<b>-</b>	4						
	88	a Gross income from fu					1						
ıue		(not including \$ contributions reporte		of									
.ve		See Part IV, line 18		. а			_						
r Re		<b>b</b> Less direct expenses <b>c</b> Net income or (loss)		b sung ou	onto								
Other Revenue		a Gross income from g		_	ents	· •	1						
Ó		See Part IV, line 19											
		<b>b</b> Less direct expenses	-	a b			-						
		c Net income or (loss)			les	•							
	10	aGross sales of invent											
		returns and allowanc	es	а									
	ı	<b>b</b> Less cost of goods s	old	b			1						
	•	Net income or (loss)	from sales of	invent	ory .	<u> </u>	<b>-</b>						
	4.	Miscellaneous	Revenue		Busines	90009		50		50			
	1.	1aREIMBURSEMENTS				90009	1	30		50			
		b										_	
		_											
		c							+			+	
		d All other revenue .											
	•	<b>e Total.</b> Add lines 11a-	-11d			<b>*</b>		50					
	12	<b>2 Total revenue.</b> See	Instructions			. •		790,775		747,726		0	366
								. 50,770		, , 20	I	이 Forn	366 n <b>990</b> (2016)

					Page <b>10</b>
	t IX Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all col	umns All other orga	inizations must com	plete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX		<u> </u>	<u> </u>
	not include amounts reported on lines 6b, Bb, 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				
	Grants and other assistance to domestic individuals See Part IV, line 22				
	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				
	Compensation of current officers, directors, trustees, and key employees	175,483			
	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	258,737			
	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits	50,893			
10	Payroll taxes	25,597			
11	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting	13,180			
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
	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	10,090			
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	69,487			
	Interest	125			
21	Payments to affiliates				
	Depreciation, depletion, and amortization	22,325			
	Insurance	3,631			
	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	MEMBERSHIP SERVICES	51,744			
b	REAL ESTATE/PERSONAL PR	13,469			
c	CONDO FEES	11,280			
d	HOUSEKEEPING	10,695			
e	All other expenses	43,957			
25	Total functional expenses. Add lines 1 through 24e	760,693			
	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)				

1	Cash-non-interest-bearing		1	
2	Savings and temporary cash investments	541,805	2	612,218
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	23,101	4	24,360
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	

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)

Assets

11

20

21

23

24

29

30

31

32

33

34

Assets or

Net

Liabilities 22 Investments—publicly traded securities .

Tax-exempt bond liabilities . . . .

persons Complete Part II of Schedule L .

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

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

check here > \( \square\$ 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

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net . . . . 7 Inventories for sale or use . 8

9,296 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 10a 862,079 basis Complete Part VI of Schedule D 340,445 536.076 10b 10c Less accumulated depreciation

1,293

521,634

712,071

1.159.508

Form **990** (2016)

11

20

21

22 23

24

29

30

31

32

33

34

681,989

1,110,278

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		15	
16	Total assets.Add lines 1 through 15 (must equal line 34)	1,110,278	16	1,159,508
17	Accounts payable and accrued expenses	304,499	17	322,660
18	Grants payable		18	
19	Deferred revenue	123,790	19	124,777

Other liabilities (including federal income tax, payables to related third parties, 25 and other liabilities not included on lines 17-24) Complete Part X of Schedule D 428,289 447.437 26 Total liabilities. Add lines 17 through 25 . 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and Fund Balances complete lines 27 through 29, and lines 33 and 34. 681.989 Unrestricted net assets 27 712.071 27 28 Temporarily restricted net assets 28

Form	990 (2016)				Page <b>12</b>
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			790,775
2	Total expenses (must equal Part IX, column (A), line 25)	2			760,693
3	Revenue less expenses Subtract line 2 from line 1	3			30,082
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			681,989
5	Net unrealized gains (losses) on investments	5		,	
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			712,071
Par	Time the contains a response or note to any line in this Part XII			<u></u>	
1 2a	Accounting method used to prepare the Form 990		2a	Yes	No 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				
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	<u> </u>	No
	If the organization changed either its oversight process or selection process during the tay year, explain in Sche	۵ ماییات			

3a

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:** 52-0939793

Form 990 (2016)

Form 990, Part III, Line 4a:

SCHOOL BOARD FOR SALARIES AND BENEFITS, PROVIDE MEMBER LINK TO MSEA AND NEA, CONVENTION

MEMBER SERVICES FOR APPROXIMATELY 5,000 HOWARD COUNTY PUBLIC SCHOOL TEACHERS AND SUPPORT STAFF, REPRESENTATION AND NEGOTIATIONS WITH

Name: HOWARD COUNTY EDUCATION ASSOCIATION

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

(Form 990)

Department of the Treasury

Internal Revenue Service

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.

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

DLN: 93493012002228 OMB No 1545-0047

Open to Public **Inspection** Employer identification number

	me of the organization WARD COUNTY EDUCATION ASSOCIATION		Em	ployer identificatio	n numbe	er
поч	WARD COUNTY EDUCATION ASSOCIATION		52-	-0939793		
Pa		Advised Funds or Other Similar Fund	ds or Ac	counts.		
	Complete if the organization answere					
1	Total number at end of year	(a) Donor advised funds	<u>(t</u>	)Funds and other acc	ounts	
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 t		or advised		Yes	□ No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?				Yes	□ No
Pa	rt III Conservation Easements. Complet	e if the organization answered "Yes" on	Form 99	0, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the	e organization (check all that apply)				
	Preservation of land for public use (e g , rec	reation or education) $\qed$ Preservation $lpha$	of an histo	orically important land	area	
	Protection of natural habitat	Preservation o	of a certifi	ed historic structure		
	$\square$ Preservation of open space					
2	Complete lines 2a through 2d if the organization leasement on the last day of the tax year	neld a qualified conservation contribution in th	e form of	a conservation  Held at the End	of the Y	ear
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easemen		2b			
С	Number of conservation easements on a certified	, ,	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, trantax year ▶	nsferred, released, extinguished, or terminated	d by the o	rganization during the	2	
4	Number of states where property subject to conse	ervation easement is located <b>&gt;</b>				
5	Does the organization have a written policy regar	ding the periodic monitoring, inspection, hand	— ling of vic	lations,		
	and enforcement of the conservation easements i	t holds?		☐ Yes	□ N	0
6	Staff and volunteer hours devoted to monitoring,  •	inspecting, handling of violations, and enforci	ng conser	vation easements dur	ing the y	ear
7	Amount of expenses incurred in monitoring, inspect ▶ \$	ecting, handling of violations, and enforcing co	nservatio	n easements during th	ne year	
8	Does each conservation easement reported on lin and section $170(h)(4)(B)(II)^7$	e 2(d) above satisfy the requirements of section	on 170(h)	)(4)(B)(ı) ☐ <b>Yes</b>	□ N	0
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 organization's financial				
Par		tions of Art, Historical Treasures, or	Other S	imilar Assets.		
1a	If the organization elected, as permitted under SF art, historical treasures, or other similar assets he provide, in Part XIII, the text of the footnote to it	AS 116 (ASC 958), not to report in its revenueld for public exhibition, education, or research	n in furthe			:
b	If the organization elected, as permitted under SF historical treasures, or other similar assets held for following amounts relating to these items					
(	(i) Revenue included on Form 990, Part VIII, line 1			<b>▶</b> \$		
(i	ii)Assets included in Form 990, Part X			<b>&gt;</b> \$		
2	If the organization received or held works of art, following amounts required to be reported under		financial	gain, provide the		
а	Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$		
b	Assets included in Form 990, Part X   \$\Bigsir \$\bigsir \text{\$\bigsir \text{\$\exitin \text{\$\bigsir \tex					

Cat No 52283D

Schedule D (Form 990) 2016

Par	3111	Organizations Maintaining	Collections of	of Art, I	<u> Histori</u>	ical T	reası	ires, or	· Other	Similar A	.ssets (	(continued)	
3		the organization's acquisition, acc (check all that apply)	ession, and other	r records,	, check	any of	the fo	llowing t	hat are a	significant	use of it	s collection	
а		Public exhibition			d		Loan	or excha	ange pro	grams			
b		Scholarly research			е		Othe	r					
С		Preservation for future generation	s										
4	Provi Part )	de a description of the organization	's collections and	dexplain	how the	ey furt	her the	e organız	ation's e	xempt purp	ose in		
5		g the year, did the organization so s to be sold to raise funds rather th								nılar	□ <b>Y</b>	es 🗆 N	lo
Pai	rt IV	Escrow and Custodial Arra Complete if the organization X, line 21.		s" on For	m 990	, Part	: IV, lı	ne 9, or	report	ed an amo	unt on	Form 990,	Part
1a		e organization an agent, trustee, cu ded on Form 990, Part X?	istodian or other	ıntermed	liary for	contr	ibution	s or othe	er assets	not	□ Y	es 🗆 N	lo
b	If "Ye	es," explain the arrangement in Par	t XIII and comple	ete the fo	llowing	table				-	Amount		_
С	Begin	nning balance						-	1c				
d	Addıt	ions during the year						-	1d				_
е	Dıstrı	butions during the year							1e				_
f	Endır	ng balance							1f				
2a	Dıd tl	he organization include an amount	on Form 990, Pa	rt X, line	21, for	escrov	v or cu	Istodial a	ccount li	ability?		es 🗆 N	— In
b	TE !!V=		t VIII. Charle hav				_ L		J D	VIII			
	rt V	es," explain the arrangement in Par <b>Endowment Funds.</b> Comple										· · · ·	
- (	I C V	Endowment Funds: Compre	(a)Currer			rior yea				(d)Three ye		(e)Four yea	rs back
1a	Beginn	ing of year balance	(2)000	12 / 54.	(-)	,		(-) /.		(2)		(5): 54: 754	
	_	outions											
С	Net inv	vestment earnings, gains, and losse	es										
		or scholarships											
	Other	expenditures for facilities ograms											
f	Admini	istrative expenses											
		year balance											
2		' de the estimated percentage of the	current vear end	d halance	(line 1	a coli	ımn (a	1) held a	ς	1			
– a		d designated or quasi-endowment	•		(	9, 00.0	(=	,,	-				
b	Perm	anent endowment ►											
_		porarily restricted endowment >											
С		percentages on lines 2a, 2b, and 2c	should equal 10	0%									
3a	Are tl	here endowment funds not in the p nization by			tion tha	t are h	neld an	d admını	stered fo	or the		Yes	No
	(i) uı	nrelated organizations									3	Ba(i)	
		elated organizations									3	a(ii)	
b		es" on 3a(II), are the related organi		•			۲۶.				· L	3b	
4		ribe in Part XIII the intended uses of		n's endo	wment	funds							
Pai	rt VI	Land, Buildings, and Equip Complete if the organization		' on For	m 000	Dart	TV/ lie	00 112	Saa Ear	m 000 Pa	rt V Jur	no 10	
	Descri	ption of property (a) Cost	or other basis vestment)	(b)Cost						depreciation	, III	(d)Book valu	e
1-	Land			-			50,934	-					50,934
	Land			-			31,633	-		274,948			456,685
	Buildin	<u> </u>		-			J1,033			2/4,948			430,003
		nold improvements		-			70 512			65.407	<u> </u>		14.015
		nent					79,512			65,497			14,015
		lines 12 through 10 (Column (d) m	wet equal Face C	000 0==+	V l	mn /F	1 /1	10(0)					F24 52 :
rota	ıı. Aad	lines 1a through 1e (Column (d) m	iust equal Form S	טע, Part	A, COIUI	nn (B,	i, iine .	IU(C) ) .		<b>&gt;</b>	1		521,634

rt VII Investments—Other Securities. Complete if t See Form 990, Part X, line 12.			
<ul><li>(a) Description of security or category (including name of security)</li></ul>	( <b>b)</b> Book value		of valuation year market value
Financial derivatives			
Closely-held equity interests	· · ·		
il. (Column (b) must equal Form 990, Part X, col (B) line 12 )  † VIII Investments—Program Related. Complete If	the organization answe	ered 'Yes' on Form 99	0 Part IV line 11c
See Form 990, Part X, line 13.			
(a) Description of investment	(b) Book value		l of valuation year market value
A (Column (h) much and Four (000 Part V ed (0) los 12)			
	d 'Yes' on Form 990, Part I	V, line 11d See Form 9	90, Part X, line 15
		V, line 11d See Form 99	90, Part X, line 15  (b) Book value
rt IX Other Assets. Complete if the organization answere		V, line 11d See Form 99	
rt IX Other Assets. Complete if the organization answere		V, line 11d See Form 99	
rt IX Other Assets. Complete if the organization answere		V, line 11d See Form 9!	
rt IX Other Assets. Complete if the organization answere		V, line 11d See Form 9	
rt IX Other Assets. Complete if the organization answere		V, line 11d See Form 99	
<b>Other Assets.</b> Complete if the organization answere		V, line 11d See Form 9t	
rt IX Other Assets. Complete if the organization answere		V, line 11d See Form 9	
rt IX Other Assets. Complete if the organization answere		V, line 11d See Form 9!	
rt IX Other Assets. Complete if the organization answere		V, line 11d See Form 99	
Other Assets. Complete if the organization answere (a) Description	on	V, line 11d See Form 9	
The state of the organization answere (a) Description (a) Description (a) Description (a) Description (b) Description (b) Description (c) Description (c) Description (d) Description (e) Description (d) Description (e) Description (d) Description (e) Description (d) Description (e) Desc	en e		(b) Book value
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al. (Column (b) must equal Form 990, Part X, col (B) line 15 )  art X Other Liabilities. Complete if the organization See Form 990, Part X, line 25.	answered 'Yes' on Form	990, Part IV, line 11	(b) Book value

See Additional Data Table

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

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015			
Part XIII Supple	emental Info	ormation (continued)	
Return Refer	ence	Explanation	
			_
			Schedule D (Form 990) 2016

#### Additional Data

Software ID: Software Version:

EIN: 52-0939793

Name: HOWARD COUNTY EDUCATION ASSOCIATION

## Supplemental Information Return Reference

## Explanation

PART X, LINE 2

THE ASSOCIATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(5) OF THE INTERNAL REVENU
E CODE AND COMPARABLE STATE LAW ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE
THE ASSOCIATION FOLLOWS THE PROVISIONS OF ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES UNDE
R THE INCOME TAXES TOPIC OF THE CODIFICATION THE CODIFICATION REQUIRES THE EVALUATION OF
TAX POSITIONS, WHICH INCLUDES MAINTAINING ITS TAX-EXEMPT STATUS AND THE TAXABILITY OF ANY
UNRELATED BUSINESS INCOME, AND DOES NOT ALLOW RECOGNITION OF TAX POSITIONS WHICH DO NOT ME
ET A MORE-LIKELY-THAN-NOT THRESHOLD OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY MA
NAGEMENT DOES NOT BELIEVE IT HAS TAKEN ANY POSITIONS THAT WOULD NOT MEET THIS THRESHOLD T
HE ASSOCIATION'S INCOME TAX RETURNS ARE SUBJECT TO POSSIBLE FEDERAL EXAMINATION, GENERALLY
FOR THREE YEARS AFTER THEY ARE FILED

### Schedule J

(Form 990)

**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 <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

line 23. **2015** 

Open to Public Inspection

OMB No 1545-0047

DLN: 93493012002228

Department of the Treasury Internal Revenue Service

Name of the organization
HOWARD COUNTY EDUCATION ASSOCIATION

Employer identification number

ПО	52-0939793			
Рa	art I Questions Regarding Compensation			
	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		103	110
	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		
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		
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			
1	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization a related organization	on		
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
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			
а	The organization?	5a		
b	Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5b		
_				
5	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			
а	The organization?	<b>6</b> a		
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		
3	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		

19.911

16.524

175.483

Page 2

Schedule J (Form 990) 2015

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation in
		Base (ı) compensation	(II) Bonus & Incentive compensation	(ıiı) Other reportable compensation	other deferred compensation	benefits	columns (B)(1)-(D)	column(B) reported as deferred on prior Form 990
1 PAUL LEMLE	7.3	139.048	0	0	10.011	16 524	175 402	0

DIRECTOR/PRESIDENT

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015	Page <b>3</b>				
Part III Supplemental Inform	art III Supplemental Information				
Provide the information, explanation, or	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 Explanation				

Schedule J (Form 990) 2015

efile GRAPH	DLN	: 93493012002228				
SCHEDUL	I .			on to Form 990 or 9		OMB No 1545-0047
(Form 990 or EZ)	. 990-	Complete to provide information for responses to specific question 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 instruction			n.	2016 Open to Public
Department of the T		r Illionnation about		ov/form990.	ictions is at	Inspection
Name of the org HOWARD COUNTY	EDUCATION	I ASSOCIATION  plemental Information	n		Employer ident 52-0939793	tification number
Return Reference				Explanation		
FORM 990, PART VI, SECTION A, LINE 6	THE ORG	GANIZATION HAS MEMBE	:RS			

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990,	MEMBERS OF THE ORGANIZATION ELECT THE GOVERNING BOARD AND OFFICERS WHEN TERMS EXPIRE MEMB
PART VI,	ERS ALSO VOTE ON OTHER ISSUES PRESENTED TO THEM BY THE BOARD EXAMPLES ARE THE BUDGET, BYL
SECTION A,	AW CHANGES, DELEGATES, ETC
LINE 7A	

Return Explanation

990 Schedule O. Supplemental Information

FORM 990, MEMBERS OF THE ORGANIZATION ELECT THE GOVERNING BOARD AND OFFICERS WHEN TERMS EXPIRE MEMB ERS ALSO VOTE ON OTHER ISSUES PRESENTED TO THEM BY THE BOARD EXAMPLES ARE THE BUDGET, BYL SECTION A, AW CHANGES, DELEGATES, ETC

Return Explanation

990 Schedule O, Supplemental Information

FORM 990,	BOARD MEMBERS ARE GIVEN A COPY OF THE 990 AT A BOARD MEETING OR VIA EMAIL THE RETURN IS FILED UPON
PART VI,	BOARD APPROVAL
SECTION B,	
LINE 11B	

Return Explanation
Reference

990 Schedule O. Supplemental Information

FORM 990, PRESIDENTS SALARY IS NEGOTIATED AND SET BY THE COUNTY PRESIDENT HAS A WRITTEN EMPLOYMENT CONTRACT THAT THE BOARD MUST APPROVE PRESIDENT, WITH THE APPROVAL OF THE BOARD, SETS THE SALARIES FOR EMPLOYEES

LINE 15

Return Explanation
Reference

990 Schedule O. Supplemental Information

LINE 19

FORM 990, PART VI, SECTION C.