DLN: 93493025014567

OMB No 1545-0047

Department of the Internal Revenue Service

**پ** 

**Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

foundations)

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

▶ Information about Form 990 and its instructions is at <u>www IRS gov/foim990</u>

Inspection

A F	or the	2015 cal	endar year, or tax year beginning 09-01-2015 , and ending 08-31-2016	ı			
<b>B</b> Che	eck if ap	plicable	C Name of organization		D Emplo	yer id	entification number
ГАс	ldress cl	hange	TEACHERS ASSOCIATION OF LEE COUNTY		51-0	2251	77
∏ Na	me cha	ange	Doing business as		31 0	2231	- /
	ıtıal retu	ırn	Doing Business us	- 1			
Fi	nal 'termına	ated	Number and street (or P O box if mail is not delivered to street address) Room/suite	9	E Teleph	one nu	mber
_	ended i		6281 METRO PLANTATION ROAD		(239)	275-	8252
		pending	City or town, state or province, country, and ZIP or foreign postal code				
			FORT MYERS, FL 33966		<b>G</b> Gross	receipts	\$ \$ 223,902
			F Name and address of principal officer	H(a) Is this	agroup	retur	n for
			MARK J CASTELLANO		dinates?		☐ Yes 🗸
			6281 METRO PLANTATION ROAD FORT MYERS,FL 33966	No			
I Ta:	x-exem	pt status	501(c)(3) <b>✓</b> 501(c) ( 5 ) <b>◄</b> (insert no ) <b>☐</b> 4947(a)(1) or <b>☐</b> 527	H(b) Are al includ		inates	□Yes □ No
		<b>.</b>				n a list	(see instructions)
J W	ebsite	: <b>▶</b> N/A		H(c) Group	exemp	tion ni	umber ▶
K Form	n of org	janization	Corporation	L Year of form	mation 20	011 I	<b>M</b> State of legal domicile FL
	_						
Pa	rt I	Sum	mary				
			cribe the organization's mission or most significant activities				
a.	LA	BORU	NION				
2							
Ε	_						
Governance	<b>2</b> C	heck th	is box $ ightharpoonup$ if the organization discontinued its operations or disposed of	more than 2	5% of it	s net a	assets
Ğ						1 _	1
<b>≫</b>			f voting members of the governing body (Part VI, line 1a)			3	2,400
Activities &			if independent voting members of the governing body (Part VI, line 1b)		•	4	2,400
₹			nber of individuals employed in calendar year 2015 (Part V, line 2a) .		•	5	0
Ac			nber of volunteers (estimate if necessary)		•	6	0
			elated business revenue from Part VIII, column (C), line 12		•	7a	0
	<b>b</b> Ne	et unreia	ted business taxable income from Form 990-T, line 34	· · · ·	•	7b	0
				Prior	Year	5 4 4	Current Year
Q,	8		butions and grants (Part VIII, line 1h)			.644	2,484
nLie	9		m service revenue (Part VIII, line 2g)		175,	-	211,345
Rəvenue	10		ment income (Part VIII, column (A), lines 3, 4, and 7d)			210	503
_	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,	.041	9,570
	12	1 otal r 12)	evenue—add lines 8 through 11 (must equal Part VIII, column (A), line		200,	665	223,902
	13		and similar amounts paid (Part IX, column (A), lines 1-3)			0	0
	14		ts paid to or for members (Part IX, column (A), line 4)			0	0
	15		es, other compensation, employee benefits (Part IX, column (A), lines		105	220	107.604
8		5-10)			105,	,330	107,634
Expenses	16a	Profes	sional fundraising fees (Part IX, column (A), line 11e) $ \ldots   \ldots               $			0	0
8	ь	Total fu	ndraising expenses (Part IX, column (D), line 25) $lacksquare$				
_	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		79,	782	97,408
	18	Totale	expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		185,	112	205,042
	19	Reven	ue less expenses Subtract line 18 from line 12		15,	553	18,860
\$ 8				Beginning of	Current	Year	End of Year
ets fan							
Net Assets or Fund Balances	20		assets (Part X, line 16)		117,		136,103
E E	21		labilities (Part X, line 26)			0	126.102
	22		sets or fund balances Subtract line 21 from line 20		117,	.243	136,103
	<b>t II</b> r pena		ature Block perjury, I declare that I have examined this return, if				
			pelief, it is true, correct, and complete Declaration o				
prepa	irer ha	s any kr	owledge				
		****	**				
Sia-			ture of officer				
Sign	l	1 <b>7</b> -					

Here MARK J CASTELLANO PRESIDENT Type or print name and title

Print/Type preparer's name SALLY FRIZZELL COLEMAN CPA

Preparer's signature SALLY FRIZZELL COLE

**Paid Preparer Use Only** 

Firm's name SALLY FRIZZELL COLEMAN CPA PA

Firm's address ▶ PO BOX 2620

FORT MYERS, FL 339022620

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

For Paperwork Reduction Act Notice, see the separate instructions.

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	<b>11</b> a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<b>11</b> c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<b>11</b> d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?  If "Yes," complete Schedule D, Part X	<b>11</b> f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	<b>12</b> a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^7$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20</b> a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Pai	tt IV Checklist of Required Schedules (continued)		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21	
	demostic government on Bart IV, column (A.) line 12 If "Voc " complete Schodula I, Parte I, and II		1

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

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? . . .

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

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

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

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

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

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

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

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

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

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

Note. All Form 990 filers are required to complete Schedule O . . . . . . . . . . . . .

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

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

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

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 

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

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

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

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

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

22

Nο

Nο

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

**28**c

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35a

35b

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Yes

Form 990 (2015)

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Nο

Νo

Νo

Νo

Νo

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . .

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

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . .

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000

instructions for applicable filing thresholds, conditions, and exceptions)

as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d 

Part V	Statements	Regarding	Other	<b>IRS Filings</b>	and	Tax	Compl	ianc
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Pai	t V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this				
		officers in benfeature of consumers a response of mote to arry line in this		· i	Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	<b>1a</b>   5			
b	Enter	the number of Forms W-2G included in line 1a Enter -0- if not applicable	<b>1b</b> 0			
с	Did th	ے ne organization comply with backup withholding rules for reportable payments to	vendors and reportable			
_		ng (gambling) winnings to prize winners?		<b>1</b> c	Yes	
2a	Tax S	the number of employees reported on Form W-3, Transmittal of Wage and Statements, filed for the calendar year ending with or within the year covered	<b>2a</b> 0			
h	,	east one is reported on line 2a, did the organization file all required federal emp		2b		
	Note.	If the sum of lines 1a and 2a is greater than 250, you may be required to e-file	(see instructions)			
		ne organization have unrelated business gross income of \$1,000 or more during	· ·	3a		No
		es," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation		3b		
44	over,	y time during the calendar year, did the organization have an interest in, or a signal account in a foreign country (such as a bank account, securities account)?		4a		No
b	If"Ye	es," enter the name of the foreign country 🕨				
		nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank	and Financial Accounts			
	(FBAI					
		the organization a party to a prohibited tax shelter transaction at any time durin	- ·	5a		No
b	Did a	ny taxable party notify the organization that it was or is a party to a prohibited t	ax shelter transaction?	5b		No
c	If"Y∈	es," to line 5a or 5b, did the organization file Form 8886-T?		_		
_	_			5c		
	organ	the organization have annual gross receipts that are normally greater than \$10 inzation solicit any contributions that were not tax deductible as charitable cont	ributions?	6a		No
	were	es," did the organization include with every solicitation an express statement the not tax deductible?	eat such contributions or gifts	6b		
	_	nizations that may receive deductible contributions under section 170(c).		_		
	servi	ne organization receive a payment in excess of \$75 made partly as a contribution ces provided to the payor?		7a		No
		es," did the organization notify the donor of the value of the goods or services pi	ł	7b		
C		ne organization sell, exchange, or otherwise dispose of tangible personal proper orm 8282?		<b>7</b> c		No
d		es," indicate the number of Forms 8282 filed during the year	7d			
е	Did th	ne organization receive any funds, directly or indirectly, to pay premiums on a p	ersonal benefit contract?	7e		
f	Did th	ne organization, during the year, pay premiums, directly or indirectly, on a perso	onal benefit contract?	7f		
g	If the requir	organization received a contribution of qualified intellectual property, did the or red?	rganızatıon file Form 8899 as •   •	<b>7</b> g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles	, did the organization file a	7h		
8	Did a	soring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bus g the year?	siness holdings at any time	8		
9a	Did th	ne sponsoring organization make any taxable distributions under section 49667	·	9a		
b	Did th	ne sponsoring organization make a distribution to a donor, donor advisor, or rela	ited person?	9b		
10		on 501(c)(7) organizations. Enter				
а	Initia	tion fees and capital contributions included on Part VIII, line 12	10a			
b	Gross facilit	s receipts, included on Form 990, Part VIII, line 12, for public use of club	10b			
11	Section	on 501(c)(12) organizations. Enter				
а	Gross	s income from members or shareholders	11a			
b		s income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them )	11b			
12a	Section	on <b>4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990	ın lieu of Form 1041?	12a		
b	If"Ye	es," enter the amount of tax-exempt interest received or accrued during the				
	year		12b			
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.				
	addıtı	e organization licensed to issue qualified health plans in more than one state? <b>N</b> ional information the organization must report on Schedule O	ote. See the instructions for	13a		
b		the amount of reserves the organization is required to maintain by the states ich the organization is licensed to issue qualified health plans	13b			
c		the amount of reserves on hand	13c			
14a	Did th	ــ ne organization receive any payments for indoor tanning services during the tax	year?	14a		No
		es," has it filed a Form 720 to report these payments? If "No," provide an explana	· '	14b		

orm	990 (2015)		Рa
Par	<b>TVI</b> Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10 describe the circumstances, processes, or changes in Schedule O. See instructions.	)b belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI		
Se	ction A. Governing Body and Management		
		Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year 2,400		
	76.1	1 !	i

	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 2,400			
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		Νo
6	Did the organization have members or stockholders?	6		No
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		No
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		No
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	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni		≘.)
			Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
	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		
		10b 11a		No
1a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing			No
1a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			No No
1a b 2a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990	11a		
1a b 2a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a		
1a b 2a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b		
1a b 2a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b		No
1a b 2a b c	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	11a 12a 12b 12c 13		No
1a b 2a b c 3 4	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  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	11a 12a 12b 12c 13		No
1a b 2a b c 3 4 5	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b 12c 13		No No No
1a b 2a b c 3 4 5	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  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 persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	11a 12a 12b 12c 13 14		No No No
1a b 2a b c 3 4 5 a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  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 persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	11a 12a 12b 12c 13 14		No No No

Section C. Disclosure

	FL
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)

organization's exempt status with respect to such arrangements?

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

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

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

List the States with which a copy of this Form 990 is required to be filed▶

Interest policy, and financial statements available to the public during the tax year
State the name, address, and telephone number of the person who possesses the organization's books and records
►TEACHERS ASSOCIATION OF LEE COUNTY 6281 METRO PLANTATION ROAD FORT MYERS, FL 33966 (239) 275-8252

**16**b

# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	thar on is	one bot rect	not bo: h ar	chec k, unle n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
1) MARK J CASTELLANO RESIDENT	40 00			x				88,124	0	19,510
2) DONALD LABRIE REASURER	5 00			х				1,500	0	(
3) JILL CASTELLANO VICE PRESIDENT	5 00			х				1,500	0	ı
4) SARA KOHLHAUFF SECRETARY	5 00			х				1,500	0	ſ
(5) BARBARA MORELAND VICE PRESIDENT MEMBERSHIP	5 00			х				1,500	0	(
										Form <b>990</b> (2015

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

<b>(A)</b> Name and Title	e and Title A verage hours per week (list any hours			ne l both	oox, an d	heck unless officer stee)	i	( <b>D)</b> Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	Est amour comp fro	(F) imated it of other ensation m the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	re	zation and lated nizations
1b Sub-Total		٠.	•	•		. ▶				1	
<ul><li>c Total from continuation sheet</li><li>d Total (add lines 1b and 1c) .</li></ul>	•			•	•	. •		94,124	0		19,510
Total number of individuals (in \$100,000 of reportable composition)	cluding but not	limited	to the	ose I		d abov	e) wl	ho received more th	nan		· ·
										Ye	s No

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . . . . . . .

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the

organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . .

pendent	Contracto

Section B. Inde rs Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

3

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year				
(A) Name and business address	(B) Description of services	(C) Compensation		

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

Νo

Νo

Νo

3

4

5

Form 99								Page <b>9</b>
Part V	/++1	Statement o						
		Check If Schedu	ule O contains a respoi	nse or note to any lin	e 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
ω <u>κ</u>	1a	Federated camp	paigns 1a					
Gifts, Grants ilar Amounts	ь	Membership du	es <b>1b</b>					
Ğ. G.	С	Fundraising eve	ents <b>1</b> c					
iffs, ar A	d	Related organiz	rations 1d					
s, G mil	e	Government grants	s (contributions) <b>1e</b>	2,484				
io I Si	f		ons, gifts, grants, and <b>1f</b>					
Contributions, Gifts, Grants and Other Similar Amounts	g	similar amounts not included above  Noncash contributions included in lines						 
	-	1a-1f \$			2 404			
Cont	h	Total. Add lines	s 1a-1f		2,484			
E E	30	MEMBER CHIR DUE	c	Business Code	244 245	244 245		
ley.	2a b	MEMBERSHIP DUES	<u> </u>	813930	211,345	211,345		
o≛ o≛	C							
S A	d							
Ж Е	e		_					
Program Service Revenue	f	All other progra	am service revenue					
ĕ	g	Total. Add lines	s 2a-2f	•	211,345			
	3		ome (including dividen		503	503		
	4		ar amounts)	H				
	5	Royalties		🕨				
			(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental incor	me or (loss)					
	7a	Gross amount from sales of assets other	(I) Securities	(II) O ther				
	ь	Less cost or other basis and sales expenses						
	С	Gain or (loss)						
	d		s)					
venue	8a	Gross income fi events (not incl \$						
Other Revenue		See Part IV, lin	a a					
ŏ	C B		penses <b>b</b> (loss) from fundraising	events ►				
	9a		rom gaming activities	·				
	Ь	Less direct exi	penses b					
	С	Net income or (loss) from gaming activities						
	10a	Gross sales of	inventory, less	<b>•</b>				
		returns and allo	owances .					
	b c	_	a oods sold b (loss) from sales of inve	entory ▶				
		Miscellaneous	· · · · · · · · · · · · · · · · · · ·	Business Code				
	11a	OTHER INCOM	1E	813930	9,570	9,570		
	b							
	d	All other revenu						
	e e	Total. Add lines		•				
	12		See Instructions .		9,570			
					223,902	221,418	C	0

## Part IX Statement of Functional Expenses

•				
Section 501(c)(3) and 501(c)(4) organizations must complete all columns $ A $	All other organiza	ations must com	plete column (A)	
Check if Schedule O contains a response or note to any line in th	ıs Part IX			
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
Grants and other assistance to domestic organizations and				

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	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, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	88,124			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,305			
9	Other employee benefits	6,561			
10	Payroll taxes	6.644			
11	Fees for services (non-employees)	6,644			
	Management				
a					
Ь	Legal				
c d	Accounting				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g 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	4,905			
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	24,678			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	MEMBERSHIP FEES	28,593			
b	TALC EXPENSES	20,472			
c	OFFICERS EXPENSES	13,345			
d	LEADERSHIP TRAINING	4,665			
е	All other expenses	750			
25	Total functional expenses. Add lines 1 through 24e	205,042			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation  Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

	7 V	Palamas Chash			1 490
Раг	t X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			_
		encek ii Schedule o contains a response of note to any fine iii this rate x	(A)	· ·	(B)
			Beginning of year		End of year
	1	Cash-non-interest-bearing		1	
	2	Savings and temporary cash investments	117,243	2	136,103
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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	
s	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			
Assets		Tale 11 of belledate 2		6	
As	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis			
	104	Complete Part VI of Schedule D			
	ь	Less accumulated depreciation 10b	]	<b>10</b> c	
	11	Investments—publicly traded securities		11	
	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	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	117,243	16	136,103
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ilities	22	Loans and other payables to current and former officers, directors, trustees,			
=		key employees, highest compensated employees, and disqualified			
Liab		persons Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24)  Complete Part X of Schedule D			
				25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
Ξ.		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🕡 and			
ŏ		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds	0	30	0
\$\$6	31	Paid-in or capital surplus, or land, building or equipment fund	0	31	0
A >	32	Retained earnings, endowment, accumulated income, or other funds	117,243	32	136,103
Net Assets	33	Total net assets or fund balances	117,243	33	136,103
	34	Total liabilities and net assets/fund balances	117,243	34	136,103
	•		•		Farm 000 (2015)

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

**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

Schedule O

Single Audit Act and OMB Circular A-133?

3a

3b

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Complete to pro Form 990 c	eal Information to Form 990 or 9  ovide information for responses to specific question 990-EZ or to provide any additional information  Attach to Form 990 or 990-EZ.  t Schedule O (Form 990 or 990-EZ) and its instruction www.irs.gov/form990.	ons on 1.	2015 Open to Public Inspection
Name of the organization OF			Employer ident	ification number
			51-0225127	
990 Schedule O, S	Supplemental Informat	tion		
Return Reference		Explanation		
FORM 990, PART VI, SECTION B, LINE 11		PRSIDENT AND TREASURER REVIEW THE TAX RETURN BEFORE FILING		
FORM 990, PART VI, S	SECTION C, LINE 19	UPON REQUEST	_	

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