

Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form 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-EZ and its instructions is at www.irs.gov/form990.**

OMB No 1545-1150
2015
Open to Public Inspection

A For the **2015** calendar year, or tax year beginning **08-01-2015**, and ending **07-31-2016**

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
 VIRGINIA BEACH EDUCATION ASSOICATION

Number and street (or P O box, if mail is not delivered to street address) Room/suite
 445 KINGS GRANT ROAD

City or town, state or province, country, and ZIP or foreign postal code
 VIRGINIA BEACH, VA 234526920

D Employer identification number
 54-0884259

E Telephone number
 (757) 486-0202

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

I Website: ▶ WWW.VBEA.ORG

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(5) ◀ (Insert no) 4947(a)(1) or 527

H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Form of organization Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 176,929

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received		1	13,189
	2 Program service revenue including government fees and contracts		2	
	3 Membership dues and assessments		3	161,920
	4 Investment income		4	1,029
	5a Gross amount from sale of assets other than inventory	5a		
	b Less cost or other basis and sales expenses	5b		
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6 Gaming and fundraising events			
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	791	
c Less direct expenses from gaming and fundraising events	6c	433		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	358	
7a Gross sales of inventory, less returns and allowances	7a			
b Less cost of goods sold	7b			
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c		
8 Other revenue (describe in Schedule O)		8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶	9	176,496	
Expenses	10 Grants and similar amounts paid (list in Schedule O)		10	
	11 Benefits paid to or for members		11	
	12 Salaries, other compensation, and employee benefits		12	72,500
	13 Professional fees and other payments to independent contractors		13	3,850
	14 Occupancy, rent, utilities, and maintenance		14	14,447
	15 Printing, publications, postage, and shipping		15	2,489
	16 Other expenses (describe in Schedule O)		16	59,066
17 Total expenses. Add lines 10 through 16	▶	17	152,352	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18	24,144
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	201,733
	20 Other changes in net assets or fund balances (explain in Schedule O)		20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	▶	21	225,877

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	99,728	22	190,042
23 Land and buildings	107,030	23	98,682
24 Other assets (describe in Schedule O)		24	2,177
25 Total assets	206,758	25	290,901
26 Total liabilities (describe in Schedule O)	5,025	26	65,024
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	201,733	27	225,877

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
PROMOTE EXCELLANCE AMOUNG EDUCATORS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28
See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here . . . **28a**

29

(Grants \$) If this amount includes foreign grants, check here . . . **29a**

30

(Grants \$) If this amount includes foreign grants, check here . . . **30a**

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here . . . **31a**

32 Total program service expenses (add lines 28a through 31a) **32** 31,912

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____		
b	Did the organization file Form 1120-POL for this year?		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ <u>VIRGINIA BEACH EDUCATION ASSOCIATION</u> Telephone no ▶ <u>(757) 486-0202</u> Located at ▶ <u>445 KINGS GRANT ROAD VA BEACH, VA</u> ZIP + 4 ▶ <u>23452</u>		
b	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)? If "Yes," enter the name of the foreign country ▶ _____	42b	No
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	No
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51
Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	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		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must complete Schedule A

Under penalties of perjury, I declare that I have examined this return, including attachments, and all information provided, and I declare that it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has knowledge.

Sign Here

Signature of officer

KELLY WALKER, PRESIDENT ELECT 113016
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: STEVEN E REITZ EA 26705 Preparer's signature

Firm's name: SER ACCOUNTING SERVICE INC

Firm's address: 425 S WITCHDUCK ROAD
VA BEACH, VA 23462

May the IRS discuss this return with the preparer shown above? See instructions

Additional Data

Software ID: 15000290

Software Version: 15.3.0.0

EIN: 54-0884259

Name: VIRGINIA BEACH EDUCATION ASSOICATION

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)

PROMOTE EXCELLENCE AMONG EDUCATORS, ACT AS AN ADVOCATE FOR TEACHERS IN EDUCATIONAL AND GOVERNMENTAL ISSUES, WORK FOR OVERALL ADVANCEMENT IN PUBLIC
28 EDUCATION

(Grants \$)

If this amount includes foreign grants, check here . . .

28a

31,912

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
TRENACE RIGGS PRESIDENT	050 00	43,750		
KELLY WALKER VICE PRESIDENT	005 00	0		
BARBARA POWELL TREASUER	005 00	0		
DEBBIE AARDAHL SECRETARY	005 00	0		
JESSICA BAKER DIRECTOR	002 00	0		
KIM ROBILLARD DIRECTOR	002 00	0		
HEATHER SIPE DIRECTOR	002 00	0		
NATALIE LEBO DIRECTOR	002 00	0		
FRAN MORGAN DIRECTOR	002 00	0		
KATE LARQUE DIRECTOR	002 00	0		
STEPHANIE McGURTY DIRECTOR	002 00	0		
DAWN EUMAN DIRECTOR	002 00	0		
CAROL COPON DIRECTOR	002 00	0		
CHARLENE OLSON DIRECTOR	002 00	0		
KAITLIN JENSEN DIRECTOR	002 00	0		

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DOMINIC MELITO PAST PRESIDENT	002 00	0		

TY 2015 Compensation Explanation**Name:** VIRGINIA BEACH EDUCATION ASSOICATION**EIN:** 54-0884259**Software ID:** 15000290**Software Version:** 15.3.0.0

Person Name

Explanation

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2015

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ

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

Department of the Treasury Internal Revenue Service

Name of the organization VIRGINIA BEACH EDUCATION ASSOCIATION

Employer identification number

54-0884259

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes rows 1-10 and a Total row.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a)Event #1	(b)Event #2	(c)Other events	(d)
	MOVIE TICKETS (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Revenue				
1 Gross receipts	791			791
2 Less Contributions				
3 Gross income (line 1 minus line 2)	791			791
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	433			433
10 Direct expense summary Add lines 4 through 9 in column (d) ▶				433
11 Net income summary Subtract line 10 from line 3, column (d) ▶				358

Part III Gaming.

Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d)
				Total gaming (add col (a) through col (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
8 Net gaming income summary Subtract line 7 from line 1, column (d). ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in

a	The organization's facility	%
b	An outside facility	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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**SCHEDULE O
(Form 990 or
990-EZ)**Department of the
Treasury
Internal Revenue
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**2015****Open to Public
Inspection**Name of the organization
VIRGINIA BEACH EDUCATION ASSOICATION**Employer identification number**

54-0884259

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	Travel 53
Form 990-EZ, Part I, Line 16, Other Expenses	Conferences, conventions, and meetings 6,064

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	Equipment rental and maintenance 9,687
Form 990-EZ, Part I, Line 16, Other Expenses	Supplies 731

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	Telephone 2,989
Form 990-EZ, Part I, Line 16, Other Expenses	Depreciation 8,348

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	Office Internet/w ebsite 2,800
Form 990-EZ, Part I, Line 16, Other Expenses	W/C Insurance 367

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	Payroll Taxes 5,900
Form 990-EZ, Part I, Line 16, Other Expenses	TOCLI Membership 3,430

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	Member Welfare 1,548
Form 990-EZ, Part I, Line 16, Other Expenses	Membership Dues 1,858

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	Board and General Meeting Expenses 3,172
Form 990-EZ, Part I, Line 16, Other Expenses	Membership Incentives 2,694

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	Teacher Assistant /Retiree Awards 1,191
Form 990-EZ, Part I, Line 16, Other Expenses	Bank Fees 121

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	Leadership Training 1,150
Form 990-EZ, Part I, Line 16, Other Expenses	Miscellaneous 659

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	Investment Fees 304
Form 990-EZ, Part I, Line 16, Other Expenses	Community/Public Relations 6,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part II, Line 24, Other Assets	FEDERAL TAX OVERPAYMENT Beginning of year 0, End of year 1,968
Form 990-EZ, Part II, Line 24, Other Assets	STATE W/H TAX OVERPAYMENT Beginning of year 0, End of year 209

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part II, Line 26, Liabilities	ACCOUNTS PAYABLE Beginning of year 3,160, End of year 65,024
Form 990-EZ, Part II, Line 26, Liabilities	PAYROLL TAXES PAYABLE Beginning of year 1,563, End of year 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part II, Line 26, Liabilities	STATE W/H TAXES PAYABLE Beginning of year 302, End of year 0