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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

► Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A F	or the 2	015 calendar year, or tax year beginning $JUL~1$ , $2015$ and	ending J	UN 30, 2016	
B c	heck if pplicable	C Name of organization		D Employer identific	cation number
	Address change	VOLUSIA TEACHERS ORGANIZATION, INC.			
	Name change	Doing business as		59-2	867778
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	238-1605
	Final return/	1381 EDUCATORS ROAD		(386	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,362,464.
	Amended			H(a) Is this a group re	
	Applica- tion	F Name and address of principal officer ANDREW SPAR		for subordinates	? Yes X No
	pending	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
I_I	ax-exem	pt status: 501(c)(3) X 501(c) ( 5 ) (Insert no.) 4947(a)(1)	or 527	If "No," attach a	list (see instructions)
		▶ N/A		H(c) Group exemption	number 🕨
		ganization: X Corporation Trust Association Other ►	L Year	of formation: 1990 M	State of legal domicile: ${f FL}$
Pa		Summary			
& Governance	<b>1</b> Br	nefly describe the organization's mission or most significant activities. $\overline{ ext{TEAC}}$	HERS C	RGANIZATION	
ug.	2 Ch	neck this box   if the organization discontinued its operations or dispose	sed of more	than 25% of its net as	sets.
ķ		umber of voting members of the governing body (Part VI, line 1a)		3	15
ၓ		umber of independent voting members of the governing body (Part VI, line 1b)		. 4	15
80		otal number of individuals employed in calendar year 2015 (Part V, line 2a)	• • •	5	6
itie		etal number of volunteers (estimate if necessary)	• •	6	150
Activities		tal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
۷ ا		et unrelated business taxable income from Form 990-T, line 34		7b	0.
Revenue				Prior Year	Current Year
	<b>8</b> Co	ontributions and grants (Part VIII, line 1h)		2,033,653.	2,103,100.
	<b>9</b> Pr	ogram service revenue (Part VIII, line 2g)		208,997.	_228,351.
eve	10 lnv	restment income (Part VIII, column (A), lines 3, 4, and 7d)		2,537.	4,365.
-	<b>11</b> Ot	her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		31,914.	<u> 26,648.</u>
	<b>12</b> To	tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,277,101.	<u>2,362,464.</u>
	<b>13</b> Gr	ants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		enefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		543,493.	653,682.
Expenses		ofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.
χ̈́		tal fundraising expenses (Part IX, column (D), line 25)	0.	4 770 005	<del></del>
		her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	1,759,225.	1,754,507.
		tal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	· }	2,302,718.	2,408,189.
_ <u>v</u>	19 Re	venue less expenses Subtract line 18 from line 12		-25,617.	-45,725.
let Assets or ind Balances	T	tal assets (Part X, line 16)		ginning of Current Year	End of Year
SSe	_			2,961,846.	2,804,586.
		tal liabilities (Part X, line 26) t assets or fund balances. Subtract line 21 from line 20 μΩ		1,945,500.	1,833,965. 970,621.
		Signature Block	316 TO	<del></del>	970,041.
		s of perjury, I declare that I have examined this return, including accompanying schedule:			knowledge and helief it is
true	correct. 8	and complete Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	Knowledge and belief, it is
		andew Spar	non properor	Lalul	/
Zion		Signature of officer			
HÀr.		ANDREW SPAR, PRESIDENT			
		Type or print name and title			
ONSIGN HENNAMENT HENNAMENT ONSIGN HENNAMENT HE	Pı	rint/Type preparer's name Preparer's seenato			
Paid	Ti	HOMAS V. WHITCOMB			
<u>B</u> rep		rm's name_ SCHAFER, TSCHOPP, WHITCON			
Use (		rm's address 541 S. ORLANDO AVENUE, St			
	-	MAITLAND, FL 32751			

May the IRS discuss this return with the preparer shown above? (see instruct 532001 12-18-15 LHA For Paperwork Reduction Act Notice, see the separ

_	990 (2015) VOLUSIA TEACHE	RS ORGANIZATION	, INC.	59-2867778	Page 2
Pa	rt III Statement of Program Service Accor	-			
	Check if Schedule O contains a response or note	to any line in this Part III	·	<del></del>	
1	Briefly describe the organization's mission:				
	N/A				
		-1'			
			<del>1</del>		
2	Did the organization undertake any significant program	services during the year which	h were not listed on		
_	the prior Form 990 or 990-EZ?			Yes [	X No
	If "Yes," describe these new services on Schedule O				
3	Did the organization cease conducting, or make signific	ant changes in how it conduc	cts, any program services?	. Yes	X No
	If "Yes," describe these changes on Schedule O				
4	Describe the organization's program service accomplish				
	Section 501(c)(3) and 501(c)(4) organizations are require	ed to report the amount of gra	ants and allocations to othe	ers, the total expenses, ar	nd
	revenue, if any, for each program service reported	<del>.</del>			
4a	(Code ) (Expenses \$		) (Reven	ue \$	)
	N/A		·	····	
			<del></del>		
				<del></del>	
					-
			<del></del>		
4b	(Code) (Expenses \$	including grants of \$	) (Revenu	ıe\$	)
			<del> </del>		
			·		
					<del></del>
		<del>-</del>			
		· <u> </u>			
			<del> </del>		
4c	(Code) (Expenses \$	including grants of \$	) (Reveni		
	(COURT ) (Expenses #		, (Hevento		
				· · · ·	
		<del></del>			
		·	··-		
		·		<del></del>	
					<del></del>
<u>4</u> d_	_Other_program.services.(Describe-in-Schedule-O-)		) <i>(</i> -	•	
	(Expenses \$ including grants of \$	\$	) (Revenue \$	)	
<u>4e</u>	Total program service expenses			Form <b>99</b> (	1(2015)
				romi 330	· (2013)

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х Is the organization required to complete Schedule B, Schedule of Contributors? 2 X Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I 3 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 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 Х 5 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 Х 6 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 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X Schedule D, Part III 8 Did the organization report an amount in Part X, line 21, for excrow 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? Х If "Yes," complete Schedule D, Part IV 9 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 Х 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a 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 c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X . . 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Х 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? X 14a 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 Х 14b 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 X 15 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 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Х 18 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 Form 990 (2015)

_,			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H .	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			ļ
	Schedule J	23	i	Х
24a	the state of the s			
Z-10	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			İ
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
C	any tax-exempt bonds?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
Ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>x</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32_		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
-	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			_
	Note. All Form 990 filers are required to complete Schedule O	38-	<u>-x</u> -	
		Form	990 (	(2015)

`	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . 10			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		i	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	5 4 4 000 a man day a than 200	За		Х
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		i
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		_X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	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			i
	any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			ı
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		i	
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		_ <u>X</u> _
		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
	to file Form 8282?	7с		<u>X</u>
	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
e	Did the organization receive any lunds, directly or indirectly, to pay premiums or a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g h	to the second se	79 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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	]	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	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)		1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	-+	
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand	-40		
	_Did-the-organization-receive-any-payments-for-indoor-tanning-services-during-the-tax-year?	14a		<u>X</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15			
	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 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		ŀ	
2	officer, director, trustee, or key employee?	2		x
_	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3		3		Х
	of officers, directors, or trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
4		5		_ <u>X</u> _
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			
6	Did the organization have members or stockholders?	6		<u> X</u>
7a		_		77
	more members of the governing body?	7a		<u>X</u>
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		_ <u>X</u> _
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		İ	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		_X_
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	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	Ì		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		_X_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	ļ		
	ın Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ſ		
а	The organization's CEO, Executive Director, or top management official .	15a		<u>X</u>
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		T	_
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1		
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			_
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	ŀ	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶FL			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailabl	e	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	nal	
	statements available to the public during the tax year.	-		
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	JULEE HOLCOMBE - (386) 738-7222			
	1381 EDUCATORS ROAD, DAYTONA BEACH, FL 32124			

Form 990 (2015)	VOLUSIA	TEACHERS	ORGANIZATION,	INC.	

<u>59-2867778</u>

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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, and 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.

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	кеу етріоуее	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ANDREW SPAR	50.00			Х			] [	87,442.	0.	13,070.
PRESIDENT	1.00	_	-	Α				01, 442.		
(2) BARBARA HOFFMAN	1.00			x				0.	0.	0.
EXECUTIVE VICE PRESIDENT	1.00	-		Λ				- 0.	0.	
(3) MICHELE MCCOY	1.00			х				0.	0.	0.
SECRETARY (4) AURORA SANCHEZ-CASELLA	1.00		-	71			-	0.		
TREASURER	1.00			х				0.	0.	0.
(5) SCOTT CLEARY	1.00					-	T			
MEMBERSHIP VICE PRESIDENT				X				0.	0.	0.
(6) TAMIKA HARVARD	1.00									
AREA I VICE PRESIDENT				Х				0.	0.	0.
(7) ELIZABETH ALBERT	1.00						l		· <del>-</del>	
AREA II VICE PRESIDENT				X				0.	0.	0.
(8) KARLA WORMINGTON	1.00									
AREA III VICE PRESIDENT				X				0.	0.	0.
(9) EDWARD HENCINSKI	1.00									
AREA IV VICE PRESIDENT				X				0.	0.	0.
(10) JOANN WILLIAMS	1.00									
AREA V VICE PRESIDENT				X			ļ	0.	0.	0.
(11) PATRICIA RANDALL	1.00							_	_	
AREA VI VICE PRESIDENT				Х				0.	0.	0.
(12) JOSE CORTES	1.00	ļ								_
AREA VII VICE PRESIDENT			ļ	X			-	0.	0.	0.
(13) PAULETTE MCKIBBINS-SHED	1.00									_
AREA VIII VICE PRESIDENT	1 00	<u> </u>	ļ	Х				0.	0.	<u> </u>
(14) JOHN DARBY	1.00									•
AREA IX VICE PRESIDENT	1 00		ļ	X	_			0.	0.	0.
(15) RANDI BERKERY	1.00			77			•	0.	0.	0
AREA X VICE PRESIDENT			<del> </del>	X			$\vdash$	0.	0.	<u> </u>
		1								
	<u> </u>		_				<u> </u>			
	<u></u>	1								
	L	<b></b>		ш	ــــــا					F 000 (0015)

Pai	t VII   Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A)	(B)	(C)			, ,			(D)	(E)			(F)	
	Name and title	Average	l (do t		Position (do not check more than on-				Reportable	Reportable	€	E:	stimat	ed
		hours per	box, unless officer and		ss pe	rson	ıs bot	th an		compensation		ar	nount	of
		week	$\vdash$	cer ar	10 a o	irecto	or/trus	Tee)	1 110111	from related			other	
		(list any hours for	recto				1		the .	organization			pensa	
		related	D TO	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MI	SC)		rom th	
		organizations	trustee or director	l trus		န္မ	튵		(VV-2/1099-WIGO)		ļ	_	anızat d relat	
		below	dual t	Institutional trustee	_	nploy	st co	_			ļ		anızatı	
		line)	Individual	in Ster	Officer	Key er	Highest compensated employee	Former						
						=-				7				
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						ĺ		Ì						
				<u> </u>	L	L	<u>L</u> _	Ļ	07 442	<del> </del>			2 0	70
	Sub-total								87,442.	· · · · · · · · · · · · · · · · · · ·	0.		3,0	70.
	Total from continuation sheets to Part V	II, Section A	•		•				87,442.		0.	1	2 0	0.
	Total (add lines 1b and 1c)			1			- \		<del></del>	000 of re-out-b			3,0	70.
2	Total number of individuals (including but r	iot ilmited to tr	iose	IISTE	eu ai	DOVE	e) Wi	10 11	eceived more triair \$100	,000 of reportab	ie			0
	compensation from the organization								· · · · · · · · · · · · · · · · · · ·				Yes	No
2	Did the organization list any former officer,	director or tri	ietoi	o ko	w on	nolo	WEE	or	highest compensated ei	mnlovee on	ſ			
3	line 1a? If "Yes," complete Schedule J for s		,3,00	o, 10	, y Ci	пріс	y cc	, 01	riigitest compensated ei	iipioyee oii		3		х
4	For any individual listed on line 1a, is the si		le co	omo	ensa	ation	n and	to b	 her compensation from t	 the organization	İ			
7	and related organizations greater than \$15									aro organization	İ	4		Х
5	Did any person listed on line 1a receive or									dual for services	,			
•	rendered to the organization? If "Yes, " con								ŭ			5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated inc	depe	ende	nt c	ontr	racto	ors t	that received more than	\$100,000 of con	npens	ation f	rom	
	the organization Report compensation for													
	(A)								(B)			(C		
	Name and business	address	N	INC	3			$\perp$	Description of s	ervices	C	ompe	nsatioi	n
								_						
		-												
	Total number of independent contractors (	ingluding hut =	ot I	mıt c	d +c	the	co lu	l	( above) who received =	ore than				
2			UL III	mue	u iO		se 113 0	ar <del>e</del> u	above) who received m	UI UI IIII				
	\$100,000 of compensation from the organi	zauvii 🚩										Form (	aan //	2015)

1,611.

250,802.

362,464.

8,562.

d All other revenue

e Total. Add lines 11a-11d

Total revenue. See instructions.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (C) Management and general expenses (A) Total expenses (B) Program service Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses expenses 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, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 87,422. 87,422. trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 369,813. 369,813. Other salaries and wages Pension plan accruals and contributions (include 70,417. 70,417. section 401(k) and 403(b) employer contributions) 90,665. 90,665. Other employee benefits 35,365. 35,365. 10 Payroll taxes Fees for services (non-employees): a Management Legal b 9,400. 9,400. c Accounting Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 17,803. 17,803. Office expenses 13 Information technology 14 Royalties 15 53,669. 53,669. Occupancy 16 12,109. 12,109. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 35,416. 35,416. Conferences, conventions, and meetings 19 84,455. 84,455. Interest 20 Payments to affiliates 21 64,496. 64,496. Depreciation, depletion, and amortization 22 23 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.) 1,349,427. 1,349,427. PER CAPITA DUES 96,789. 96,789. b MEMBERSHIP BENEFITS 16,291. 16,291. c TELEPHONE 1,698. 1,698. d POSTAGE & SHIPPING 12,954. 12,954. e All other expenses 2,408,189. 2,408,189. 0. Total functional expenses. Add lines 1 through 24e \_Joint\_costs.\_Complete\_this\_line-only-if-the-organizationreported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990,(2015)
Part X Balance Sheet

-,a	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X.	·	<del> </del>	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	· · · · · · · · · · · · · · · · · · ·	1	
	2	Savings and temporary cash investments	122,322.	2	34,968
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	208,259.	4	203,22
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		_5	
	6	Loans and other receivables from other disqualified persons (as defined under		- 1	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
2		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
53550	7	Notes and loans receivable, net		7	<u></u>
ć	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 2,897,956.			
	ь	Less accumulated depreciation 10b 479,601.	2,482,851.	10c	2,418,355
	11	Investments - publicly traded securities		11	-1
	12	Investments - other securities. See Part IV, line 11	144,135.	12	145,232
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	4,279.	15	2,809
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,961,846.	16	2,804,586
	17	Accounts payable and accrued expenses	438,202.	17	363,505
	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	
,	22	Loans and other payables to current and former officers, directors, trustees,			
•		key employees, highest compensated employees, and disqualified persons.			
		Complete Part II of Schedule L		22	
ī	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	1,507,298.	24	1,470,460
	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	1,945,500.	26	1,833,965
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
3		complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	1,016,346.	27	970,621
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	- <del></del>
		Organizations that do not follow SFAS 117 (ASC 958), check here			
		and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
:	33	Total net assets or fund balances	1,016,346.	33	970,621
		Total liabilities and net assets/fund balances	2,961,846.	34	2,804,586

	n 990 (2015) VOLUSIA TEACHERS ORGANIZATION, INC.	59-2	867778	_ Pa	ge <b>12</b>
Pa	rt XI Reconciliation 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	2,36		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,40		
3	Revenue less expenses Subtract line 2 from line 1	3			25.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,01	<u>6,3</u>	46.
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	97	0,6	21.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other		_	İ	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		_ 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audıt		- 1	
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (	2015)

## SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

VOLUSIA TEACHERS ORGANIZATION, INC.

**Employer identification number** 59-2867778

Paı	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	. Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	<u> </u>	Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g , recreation or e	education) Preservation of a hist	orically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements .		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	eased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ear	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements in		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
	conservation easements.	A. Iliata da al Taranza da A	Ab au Cincilau A a a b
Par	t III Organizations Maintaining Collections o		tner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1	•	\$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre		ll gain, provide
	the following amounts required to be reported under SFAS-1	16-(ASC-958)-relating-to-these-items	
а			<b>\$</b>
b	Assets included in Form 990, Part X		\$

_	rt III Organizations Maintaining C	TEACHERS (								Page 2
3										
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)									
а	Public exhibition	d		Loan or exc	change progr	ams				
b	Scholarly research	e e								
c	Preservation for future generations			· · · · · · · ·						
4	Provide a description of the organization's co	ollections and explain	n how ti	hev further t	the organizat	ion's exem	pt purp	ose in Pa	rt XIII.	
5										
J	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Pa	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or									
reported an amount on Form 990, Part X, line 21.										
	Is the organization an agent, trustee, custodi		lary for	contribution	ns or other as	sets not in	ncluded			
	on Form 990, Part X?								Yes	☐ No
h	•	and complete the fol	llowina	table:		•				
	b If "Yes," explain the arrangement in Part XIII and complete the following table:  Amount									
_	Beginning balance						1c			
d	Additions during the year	•	•	•		•	1d			<del></del>
· ·	Distributions during the year				•		1e			
f	Ending balance	•	- •	•	•		1f			
	Did the organization include an amount on Fe	orm 990. Part X. line	21. for	escrow or c	ustodial acco	ount liabilit			Yes	No No
	If "Yes," explain the arrangement in Part XIII						, .	_		
Pai							)		•	
<u> </u>		(a) Current year		Prior year	(c) Two yea			vears back	(e) Four	years back
1a	Beginning of year balance	(2) 0 0 1 1		<u>j</u>	137		<u> </u>	/		<u> </u>
h	Contributions									
0	Net investment earnings, gains, and losses				<del> </del>					·
٦	Grants or scholarships									-
d	Other expenditures for facilities									<del></del>
е	and programs								İ	
£	Administrative expenses			<del></del>				-		
۱ ~	End of year balance									
g	Provide the estimated percentage of the curr	ent year end halanc	e (line 1	a column (	a)) held as				1	
2 a	Board designated or quasi-endowment	one your one balance	% %	9, 00.011111 (	۵,, ۱۱۵،۵ ۵۵،					
a h	Permanent endowment	%	_′°							
D	Temporarily restricted endowment	% 								
C	The percentages on lines 2a, 2b, and 2c sho									
20	Are there endowment funds not in the posse		ation tha	at are held a	and administe	ered for the	organiz	zation		
Ų.	by	00.01. 01 1.10 0.ga.n.z.	20.07. 0						Ţ.	Yes No
	(i) unrelated organizations								3a(i)	100 110
	(ji) related organizations		•				•		3a(ii)	
b	If "Yes" on line 3a(II), are the related organiza	tions listed as requir	ed on S	Schedule R2		•		•	3b	
4	Describe in Part XIII the intended uses of the						•	• •		
	rt VI Land, Buildings, and Equipm							,		
	Complete if the organization answered		). Part I\	V. line 11a \$	See Form 990	). Part X. III	ne 10.			
	Description of property	(a) Cost or of		r	t or other		umulate	ed	(d) Book	value
	beautiphon of property	basis (investm		\-,	(other)		eciation	I	(4) 2001	. 3.40
10	Land				72,430.				2.72	,430.
1a	Buildings				15,516.	41	02,0	14.		,502.
b	Leasehold improvements			<u> </u>			,			, 5 5 2 4
ч С	Equipment			7	28,066.		25,6	43.	2	,423.
d	Other	<del>                                     </del>			1,944.		51,9			0.
	Add lines 12 through 1e (Column (d) must e	gual Form 990 Part	X colur						2 418	355

Schedule D (Form 990) 2015

(b) Book value

27,423.

58,736.

59,073.

145,232

(b) Book value

(a) Description

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

2. Liability for uncertain tax positions \_In\_Part XIII, provide-the-text-of-the-footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

(b) Book value

Part VII Investments - Other Securities.

(1) Financial derivatives (2) Closely-held equity interests

FUND

(A) CBFE STOCK

(B) SUNAMERICA SENIOR

FLOATING RATE FUND

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.

(a) Description of investment

Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

(a) Description of liability

Other Liabilities.

(1) Federal income taxes

Other Assets.

SUNAMERICA STRATEGIC BOND

(3) Other

(E)

(F) (G) (H)

(1) (2) (3) (4) (5)(6)(7)(8) (9)

Part IX

(1) (2)(3) (4) (5) (6)(7) (8)

Part X

(2)(3)(4)(5) (6)(7)(8) (9)

(a) Description of security or category (including name of security)

532053	
09-21-15	

Schedule D (Form 990) 2015 VOLUSIA TEACHERS ORGANIZATI		2867778 Page <b>4</b>						
Part XI Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per	Return	<b>).</b>					
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		<del></del>	0.060.16					
1 Total revenue, gains, and other support per audited financial statements		1 1	2,362,464.					
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	l a. l							
	Net unrealized gains (losses) on investments							
	2b 2c	-						
d Other (Describe in Part XIII)	2d	-						
e Add lines 2a through 2d	20	2e	0.					
3 Subtract line 2e from line 1		3	2,362,464.					
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.	••							
a Investment expenses not included on Form 990, Part VIII, line 7b	4a							
b Other (Describe in Part XIII)	4b							
c Add lines 4a and 4b		4c	0.					
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,362,464.					
Part XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses p	er Retu	rn.					
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.								
1 Total expenses and losses per audited financial statements		1	<u>2,408,189.</u>					
2 Amounts included on line 1 but not on Form 990, Part IX, line 25.	1 1							
a Donated services and use of facilities	2a	<u> </u>						
<b>b</b> Prior year adjustments	2b							
c Other losses	2c							
d Other (Describe in Part XIII.)	2d	┥ . ㅣ	0					
e Add lines 2a through 2d		2e	2 400 100					
3 Subtract line 2e from line 1		3	2,408,189.					
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	4-							
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	-						
b Other (Describe in Part XIII.)	4b	-   _	0					
c Add lines 4a and 4b	•	4c	2,408,189.					
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.	· · · · · · · · · · · · · · · · · · ·	_   5	4,400,109.					
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV	/ lines 1h and 2h Part V lin	e 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 and the descriptions required for a line 3, and 3, a		10 T, 1 LIT.	N, IIIO Z, I EIT M,					
miles 23 and 19, and 1 are An, miles 24 and 18 7 dee semiples and part to provide any addition								
PART X, LINE 2:								
IN ACCORDANCE WITH "INCOME TAXES" FASB ACCOUN	TING STANDARDS	COD:	FICATION					
TOPIC 740 (TOPIC 740), ALL ENTITIES ARE REQUI	RED TO EVALUAT	'E ANI	) DISCLOSE					
INCOME TAX RISKS. TOPIC 740 CLARIFIES THE AC	COUNTING FOR U	NCERT	'AINTY IN					
TAX POSITIONS AND PRESCRIBES GUIDANCE RELATED TO THE FINANCIAL STATEMENT								
TAX POSITIONS AND PRESCRIBES GUIDANCE RELATED	TO THE FINANC	TAL S	TATEMENT					
DECOCNITATION AND MEXCHIPEMENT OF A MAY DOCUMENT	ממעם מס זגשעגש ו	יכיתבים	מוס ספ					
RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE								
TAKEN IN A TAX RETURN. THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION IS								
TAKEN IN A TAX REPORT. THE TAX PENDETT TROP IN ONCERTAIN TAX POSITION 15								
ONLY RECOGNIZED IN THE STATEMENT OF FINANCIAL POSITION IF THE TAX POSITION								
OUTT VECOCULTED IN THE DISTRIBUT OF FINANCISE LOSITION IT THE TAX FOSTITON								
IS MORE LIKELY THAN NOT TO BE SUSTAINED UPON AN EXAMINATION, BASED ON THE								
TO ALVIED DELICATED OF THE PROPERTY OF THE DESCRIPTION OF THE DESCRIPTION OF THE PROPERTY OF T								
TECHNICAL MERITS OF THE POSITION. INTEREST AND PENALTIES, IF ANY, ARE								
INCLUDED IN EXPENSES IN THE STATEMENT OF ACTIVITIES. AS OF JUNE 30, 2016,								
THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR								
532054 09-21-15 Schedule D (Form 990) 2015								

Schedule D (Form 990)	2015	VOLUS al Information (co	[A '	TEACI	<u>IERS</u>	ORGAN	IZATION	, INC.	59-2867778 Page
, Supplei	ment	al information (co	ntınue	ed)					
RECOGNITION	OR	DISCLOSURE	IN	THE	FIN	ANCIAL	STATEME	ENTS.	
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## **SCHEDULE O**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

Name of the organization	Employer identification number 59-2867778
VOLUSIA TEACHERS ORGANIZATION, INC.	39-2007778
FORM 990, PART VI, SECTION B, LINE 11:	
TAX RETURN IS AVAILABLE TO BOARD MEMBERS FOR REVIEW BEFOR	E FILING.
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENTS ARE AVAILABLE UPON REQUEST	
	· · · · · · · · · · · · · · · · · · ·