efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Return of Organization Exempt From Income Tax

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

DLN: 93493303019077 OMB No 1545-0047

Open to Public Inspection

Department of the Treasure Internal Revenue Service

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 www IRS gov/form990

A For the 2016 calendar year, or tax year beginning 09-01-2016 , and ending 08-31-2017 Name of organization TEACHERS ASSOCIATION OF LEE COUNTY D Employer identification number B Check if applicable ☐ Address change 51-0225127 ☐ Name change Doing business as ☐ Initial return □eturn/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) ☐ Amended return 6281 METRO PLANTATION ROAD (239) 275-8252 ☐ Application pending City or town, state or province, country, and ZIP or foreign postal code FORT MYERS, FL 33966 G Gross receipts \$ 223,550 F Name and address of principal officer H(a) Is this a group return for MARK 1 CASTELLANO ☐Yes ☑No subordinates? 6281 METRO PLANTATION ROAD H(b) Are all subordinates FORT MYERS, FL 33966 ☐ Yes ☐No included? Tax-exempt status 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► N/A L Year of formation 2011 M State of legal domicile FL **K** Form of organization \square Corporation \square Trust $olimitsize Association <math>\square$ Other Summary 1 Briefly describe the organization's mission or most significant activities Activities & Governance Check this box ▶ 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 2,400 Number of independent voting members of the governing body (Part VI, line 1b) 4 2,400 5 0 Total number of individuals employed in calendar year 2016 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . 6 0 7a 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 . ${f b}$ Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Current Year** 7,887 8 Contributions and grants (Part VIII, line 1h) . . 2,484 **9** Program service revenue (Part VIII, line 2g) 212.335 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 503 601 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 9,570 2,727 223,902 223,550 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . 0 107,634 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 113.904 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 97,408 79,247 205,042 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 193,151 19 Revenue less expenses Subtract line 18 from line 12 . 18,860 30,399 Assets or d Balances End of Year **Beginning of Current Year** 166.502 20 Total assets (Part X, line 16) . 136,103 21 Total liabilities (Part X, line 26) . 136,103 166,502 22 Net assets or fund balances Subtract line 21 from line 20 .

Part III Signature Block

Under penalties of perjury, I declare that I have examined this return, inclu-knowledge and belief, it is true, correct, and complete Declaration of prepa any knowledge

Sian Here

Signature of officer MARK J CASTELLANO PRESIDENT Type or print name and title

Paid Preparer **Use Only**

Print/Type preparer's name SALLY FRIZZELL COLEMAN CPA Preparer's signature SALLY FRIZZELL COLE 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 instru

For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2016)				Page 2
Par	t IIII Statement	of Program Service Ac	complishments		
	Check if Sche	edule O contains a response o	r note to any line in this Part III		🗆
1	Briefly describe the	organization's mission			
<u>TO S</u>	TRENGTHEN PUBLIC E	EDUCATION THROUGH THE AL	OVANCEMENT OF PROFESSIONAL	_ EDUCATORS	
2	-	, -	gram services during the year w	hich were not listed on	
	the prior Form 990 o	🗌 Yes 🗹 No			
	•	ese new services on Schedule			
3	Did the organization	cease conducting, or make si	gnificant changes in how it condi	ucts, any program	
	services?		🗌 Yes 🗹 No		
	If "Yes," describe the	ese changes on Schedule O			
4	Section 501(c)(3) ar		required to report the amount of	largest program services, as meas of grants and allocations to others,	
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				
4d		ıces (Describe in Schedule 0)			
	(Expenses \$	ıncludıng	grants of \$) (Revenue \$)
4e	Total program ser	vice expenses ►			
					Form 990 (2016)

or X as applicable

Page 3

Nο

Nο

Nο

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No

Form 990 (2016)

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11a

11b

11c

11d

11e

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12a

12b

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14a

14h

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16

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for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

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

If "Yes," complete Schedule D, Part VI

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

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

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX,

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X

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

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

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

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

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

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

b Did the organization 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

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

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

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

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

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

lines 1c and 8a? If "Yes," complete Schedule G, Part II

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

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

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

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

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

6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? 8 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian

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24a

24b

24c

24d

25a

25b

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28a

28b

28c

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35a

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Yes

Form 990 (2016)

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Nο

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

instructions for applicable filing thresholds, conditions, and exceptions)

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

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

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,"

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? . . .

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

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

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

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

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

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

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

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

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

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, Part

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

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

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

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

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

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

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

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

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

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

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

20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 4			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return	2ь		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			140
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
_		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b]		
1	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)			
.2a	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			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		<u> </u>
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
4-	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
.4a	- · · · · · · · · · · · · · · · · · · ·			

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Part	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	·	nse to li	
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		✓
Sec	ction A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 2,400			
	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 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		No
6	Did the organization have members or stockholders?	6		No
	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
	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
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	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
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Coae	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	No
	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		110
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
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?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
	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		
Sec	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection Indicate how you made these available Check all that apply Own website Another's website Don request Other (explain in Schedule O)			
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 ▶TEACHERS ASSOCIATION OF LEE COUNTY 6281 METRO PLANTATION ROAD FORT MYERS, FL 33966 (239) 275-8252			n (2016)

Form 990 (2016)										Page 7
Part VII Compensation of Officers, D and Independent Contracto		stees,	Key	/ Er	npl	oyee	s, F	lighest Comper	nsated Employ	ees,
Check if Schedule O contains a resp	onse or note to	any lir	ne in	thıs	Parl	: VII				<u></u>
Section A. Officers, Directors, Truste	es, Key Emp	loyee	s, ar	nd H	ligl	hest	Cor	npensated Emp	oloyees	
1a Complete this table for all persons required to year									·	ganızatıon's tax
 List all of the organization's current officers of compensation Enter -0- in columns (D), (E), a 	and (F) If no cor	npensa	tion v	was	paid	l				
• List all of the organization's current key em										
 List the organization's five current highest of who received reportable compensation (Box 5 of organization and any related organizations 										
 List all of the organization's former officers, of reportable compensation from the organization 	n and any relate	ed orga	nızatı	ons				·		
• List all of the organization's former directo organization, more than \$10,000 of reportable co	ompensation fro	m the	organ	ıızat	ion	and ar	ıy re	elated organizations	5	
List persons in the following order individual truscompensated employees, and former such perso	ns	·						. ,		
L Check this box if neither the organization no	r any related o	ganızat	tion c	omp	ens	ated a	ny c	urrent officer, dire	ctor, or trustee	1
(A) Name and Title	(B) Average hours per week (list any hours for related		oth a direct	ox, ι n of tor/t	t ch unle: ficei rust	ss pers and a ee)	son	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
(1) MARK J CASTELLANO PRESIDENT	40 00			×				88,341	0	25,563
(2) DONALD LABRIE TREASURER	5 00			x				1,500	0	0
(3) JILL CASTELLANO VICE PRESIDENT	5 00			x				1,500	0	0
(4) SARA KOHLHAUFF SECRETARY	5 00			x				1,500	0	0
(5) BARBARA MORELAND	5 00									
VICE PRESIDENT MEMBERSHIP				X				1,500	0	0

(A)

Name and Title

compensation from the organization ▶ 0

Part VII

(F) Estimated

Page 8

		hours per week (list any hours for related	ıs b		n of tor/t	ficei	ss pers r and a :ee)		compensa from th organization 2/1099-Mi	e า (W-	compensatior from related organizations (2/1099-MISC	w-	amount o compens from	sation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2, 1033-111		2/1099-MISC		organizati relati organiza	ed
												\perp		
												+		
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c ·	Sub-Total	art VII, Sectio	nΑ.	•			*		94,3	41		0		25,563
2	Total number of individuals (including freportable compensation from the	g but not limited	to thos			bov		rec	<u> </u>			<u> </u>		
													Yes	No
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i>			ee, k	еу е •	mpl •	oyee,	or hı •	ghest comper	sated • •	employee on	3		No
4	For any individual listed on line 1a, is organization and related organization individual		150,00								the			
5	Did any person listed on line 1a rece	ive or accrue cor	mpensa									4		No
<i>c.</i>	services rendered to the organization	. ,	lete Sch	edule	e J fo	or su	ıch pei	rson		• •		5		No
1	ection B. Independent Contrac Complete this table for your five high	nest compensate										npens	ation	
	from the organization Report compe	(A)		year year	enc	ling	with o	r wit	thin the organ		(B)		(C	
	Name	and business addre	235							Desc	ription of services	\rightrightarrows	Comper	sauun
												\longrightarrow		

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

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

(C)

Position (do not check more

(B)

Average

(D) Reportable **(E)** Reportable

Part		II Statement of	Revenue								rage 3
		Check if Schedul		a respo	nse or note to	o any line in	this Part VIII				🗆
				•			(A) I revenue	(B Relate exer funct) ed or npt tion	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1:	a Federated campaig	ns	1a				reve	nue		512-514
nts nts		b Membership dues		1b							
<u>ra</u>		c Fundraising events									
S. G Am		_		1c							
慧声		d Related organizatio		1d							
s, C		e Government grants (co		1e	/,	,887 ——					
Contributions, Gifts, Grants and Other Similar Amounts		f All other contributions and similar amounts n		1f							
bet the	١.	above g Noncash contribution	ane included								
Contributions, Gifts, Grants and Other Similar Amounts		in lines 1a-1f \$	ons included								
a Suc		n Total.Add lines 1a-1	lf		•		7,887				
					Bus	iness Code					
JU-2	2 a	MEMBERSHIP DUES				81393	2:	12,335	212,3	335	
Service Revenue	ь										
ر د	c			_							
Σ	d	l 		_							
Ē	е	•		_							
Program	f	All other program se	rvice revenue			242.22					
Ĕ	g	Total.Add lines 2a-2	f		>	212,33	•				
		Investment income (ii			nterest, and c	other	601		601		
		similar amounts) . Income from investm			and procoods	-		1	001		
				-		•					
		,	(ı) Rea		(II) Persor						
	6a	Gross rents									
	ı	Less rental expenses									
	١	Less Tental expenses									
	•	Rental income or (loss)									
		Net rental income o	r (loss)								
			(i) Securit	ies	(II) Othe	r					
	7a	Gross amount			. ,						
		from sales of assets other									
		than inventory									
	Ł	 Less cost or other basis and 									
		sales expenses Gain or (loss)									
		l Net gain or (loss) .				<u>▶</u>					
	8a	Gross income from f	undraising eve	ents							
ne		(not including \$ contributions reporte		of							
Other Revenue		See Part IV, line 18		а	1						
Re		Less direct expense		b							
her		Net income or (loss)		-	ents	<u> </u>					
Ö	9a	Gross income from g See Part IV, line 19		es							
				а							
		Less direct expense		b							
		Net income or (loss)		activiti	ies	<u> </u>					
	10	aGross sales of invent returns and allowand	ces								
				а							
	Ŀ	Less cost of goods s	sold	b							
	•	Net income or (loss) Miscellaneous		invent		<u>•</u>					
	11	Miscellaneous	Revenue		Business C	313930	2,727	,	2,727		
		OTHER INCOME			·		_,, _,		2,127		
	ŀ	,			•						
	١	,									
	(-									
		I All other revenue .									
		a All other revenue . • Total. Add lines 11a				•					
					• •	·	2,727	' <u> </u>			
	12	2 Total revenue. See	instructions	• •		>	223,550		215,663		0 0
											Form 990 (2016)

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)	П
Check if Schedule O contains a response or note to any line in this Part IX	—
Oo not include amounts reported on lines 6b, (C) Total expenses (B) Program service expenses (C) Management and general expenses	(D) Fundraisingexpenses
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, line 15 and 16	
4 Benefits paid to or for members	
5 Compensation of current officers, directors, 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)	
7 Other salaries and wages 88,341	
8 Pension plan accruals and contributions (include section 401 9,787 (k) and 403(b) employer contributions)	
9 Other employee benefits	
10 Payroll taxes	
11 Fees for services (non-employees)	
a Management	
b Legal	
c Accounting	
d Lobbying	
e Professional fundraising services See Part IV, line 17	
f Investment management fees	
(A) amount, list line 11g expenses on Schedule O)	
12 Advertising and promotion	
13 Office expenses	
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	
20 Interest	
21 Payments to affiliates	
22 Depreciation, depletion, and amortization	
23 Insurance	
Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	
a MEMBERSHIP FEES 19,022	
b TALC EXPENSES 16,063	
c OFFICERS EXPENSES 12,678	
d SUNSHINE FUND	
e All other expenses	
25 Total functional expenses. Add lines 1 through 24e 193,151	
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)	

Intangible assets

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Accounts payable and accrued expenses

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 .

Other assets See Part IV, line 11

Total assets.Add lines 1 through 15 (must equal line 34) . .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

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

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

check here ▶ ☑ and complete lines 30 through 34.

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

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

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

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

14

15

16

17

18 19

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23

24

26

27 28

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32

33

34

Liabilities 22

Fund Balances

Assets or

Net

check in Schedule o contains a response of note to any line in this part ix	•	•	•	•	•	•	•	•		•			•	•
		Be	eginr	(A) ning	of ye	ar					E	End	(B) of y	/ear
Cash-non-interest-bearing								1						
Savings and temporary cash investments	Г				,	136 1	103	2	П					

Page **11**

166.502

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166,502

166,502

166.502

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22 23

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33

34

136,103

136,103

136,103

0

136,103

١	_	cash-hor interest bearing		_	
l	2	Savings and temporary cash investments	136,103	2	166,502
l	3	Pledges and grants receivable, net		3	
l	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	

	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	
	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	6	
ets	7	Notes and loans receivable, net	7	
8	8	Inventories for sale or use	8	

		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	6	
eta	7	Notes and loans receivable, net	7	
SS	8	Inventories for sale or use	8	
⋖	0	Drangid expenses and deferred charges	-	

	7	
	8	
irges	9	
10b	10 c	
a	arges	8 arges

y,		voluntary employees' beneficiary organizations Part II of Schedule L	(see instructions) Complete	6	
Assets	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 Complete Part VI of Schedule D	10a		
	b	Less accumulated depreciation	10b	100	
	11	Investments—publicly traded securities .		11	
	12	Investments—other securities See Part IV, line	12		
	13	13 Investments—program-related See Part IV, line 11		13	

Form	990 (2016)				Page 12
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	,			223,550
2	Total expenses (must equal Part IX, column (A), line 25)	2		193,151	
3	Revenue less expenses Subtract line 2 from line 1		30,39		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		136,10		
-		5			130,103
5	Net unrealized gains (losses) on investments	6			
6	Donated services and use of facilities	-			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0	
	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			166,502
Par	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>		
				Yes	No
1	Accounting method used to prepare the Form 990 🗹 Cash 🗌 Accrual 🗍 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				No
	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		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basis,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle			

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

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Зb

Νo

Form **990** (2016)

Audit Act and OMB Circular A-133?

Additional Data

Software ID: Software Version:

EIN: 51-0225127

Name: TEACHERS ASSOCIATION OF LEE COUNTY

Form 990 (2016)

Form 990, Part III, Line 4a:

OF LEE COUNTY

THE TEACHERS ASSOCIATION OF LEE COUNTY IS THE LOCAL TEACHERS UNION THAT SUPPORTS ITS LOCAL MEMBERS. THE UNION IS AN ADVOCATE FOR THE TEACHERS

Form 990, Part III, Line 4b: THE TEACHERS ASSOCIATION OF LEE COUNTY IS A LABOR UNION WITH COLLECTIVE BARGAINING ON BEHALF OF ITS MEMBERS

Form 990, Part III, Line 4c: THE TEACHERS ASSOCIATION OF LEE COUNTY ASSISTS ITS MEMBERS WITH EDUCATION

efile GRAPH	IC print - DO NOT PROCESS	As Filed Data -		DLN	l: 93493303019077	
SCHEDUL	F.O. Supplemen	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.		90-F <i>7</i>	2016	
(Form 990 or EZ) Department of the T	Complete to proper pro			ions on n.		
Internal Revenue Se Name of the org TEACHERS ASSOC	Janization IATION OF LEE COUNTY			Employer iden 51-0225127	tification number	
990 Schedule	e O, Supplemental Informatio	on	Explanation			
Reference						
FORM 990, PART VI, SECTION B, LINE 11B	PRSIDENT AND TREASURER RE	VIEW THE TAX RETU	IRN BEFORE FILING			

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. **UPON REQUEST** PART VI. SECTION C. LINE 19