Form 99 Department of f Treasury Internal Revenu A For the 2 B Check If app	0	Return of Or	anamination Evanant Evana		Tasa	0	MB No 1545-0047
Treasury Internal Revenu A For the 2			ganization Exempt From				
Treasury Internal Revenu A For the 2		Under section 501(c), 527, or foundations)	4947(a)(1) of the Internal Revenue Co	de (except p	rivate		2015
Internal Revenu A For the 2	the		al security numbers on this form as it ma t Form 990 and its instructions is at ww				Open to Public
	ue Servic		er enni 550 una los insciaccions is ac <u></u>	, in the gory of	111330		Inspection
B Check if app	2015 cal	endar year, or tax year beginning C Name of organization	ng 07-01-2015 , and ending 06-30-2016	5			
Address cha		MEMPHIS-SHELBY COUNTY EDUCAT	ION ASSOCIATION				tification number
Name chan	-	Doing business as			62-073	0916	,
Initial retur	rn	Doing Dusiness as					
Final return/terminate	ted	Number and street (or P O box if r 126 FLICKER STREET	nail is not delivered to street address) Room/suit	e	E Telephon		
Amended re		City or town, state or province, cou	ntry, and ZIP or foreign postal code		(901)4	54-09	966
	pending	MEMPHIS, TN 38104			G Gross rec	eıpts \$	1,069,166
	Γ	F Name and address of princi KEITH WILLIAMS	pal officer	H(a) Is th	Is a group r	eturn	for
		126 FLICKER		subo No	rdinates?		🗌 Yes 🔽
Tax-exempt	ot status	MEMPHIS, TN 38104		H(b) Area		ates	Yes No
		501(c)(3) √ 501(c)(5) √	(insert no) 4947(a)(1) or 527			lıst ((see instructions)
J Website:	► N/A				ip exemptio		
K Form of orga	anızatıon	Corporation Trust Associ	ation 🔽 Other 🕨	L Year of fo	rmation 1931	. M :	State of legal domicile TN
Part I	Sum	mary					
		cribe the organization's mission NT TEACHERS	n or most significant activities				
	I KESEI						
1 ma							
(2006mance	heck thi	s box 🕨 🦳 If the organization d	iscontinued its operations or disposed o	f more than 2	25% of its r	net as:	sets
		6			I	-	4.7
≫3 3 NU ∛i 4 Nu			ing body (Part VI, line 1a)			3	<u> </u>
ž I			calendar year 2015 (Part V, line 2a)		-	5	15
• T • • T •	otal num	ber of volunteers (estimate if r	ecessary)		· · [6	0
		elated business revenue from P ted business taxable income fro	art VIII, column (C), line 12	· · ·		7a 	0
D Net	t uniela		5 · · · · · · · · · · · · · · · · · · ·	Prio	· Vear	7b	Current Year
8	Contri	outions and grants (Part VIII, I	ne1h)		1,045,26	50	690,793
en 9	Progra	m service revenue (Part VIII, I	ıne 2g)		111,86	57	63,431
2		•	n (A), lines 3, 4, and 7d)		41,76	_	74,539
			lines 5, 6d, 8c, 9c, 10c, and 11e) (must equal Part VIII, column (A), line				· · · · ·
	12)	-			1,446,59	, ,	1,069,166
13 14			IX, column (A), lines 1–3)			_	0
15			ee benefits (Part IX, column (A), lines		836,52		663,210
12 GS	5-10)				050,52		
Se le		ndraising expenses (Part IX, column (E	, column (A), line 11e)			+	0
			lines 11a-11d, 11f-24e)		912,16	59	604,675
18	⊤otal e	xpenses Add lines 13–17 (mu	st equal Part IX, column (A), line 25)		1,748,68	39	1,267,885
	Reven	ue less expenses Subtract line	18 from line 12		-302,09	96	-198,719
Net Assets or Fund Balances				Beginning o	of Current Ye	ar	End of Year
SS 8 20		ssets (Part X, line 16)			4,517,24	_	4,147,598
21 Fund 22		abilities (Part X, line 26)			391,35	_	220,431 3,927,167
		ature Block	line 21 from line 20		4,125,80		5,927,107

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

Form	1990 (2015)			Page 2
Par	t III Statement of Program	Service Accomplishments		
	Check if Schedule O contains	a response or note to any line in this	Part III	
1	Briefly describe the organization's m	lission		· · · ·
REPI	RESENT TEACHERS			
-	Did the exercise tion undertake any a		ware which were not listed on	
2		ignificant program services during the	-	Yes √N o
	If "Yes," describe these new service			Tes VINO
-			ut conducto anu program	
3	-	ng, or make significant changes in how		Yes √No
	If "Yes," describe these changes on			
4		service accomplishments for each of 1(c)(4) organizations are required to		
		ny, for each program service reported		
4a	(Code) (Expenses	\$ 991,314 including grants of	\$)(Revenue \$	1,069,166)
	THE PURPOSE OF THIS ORGANIZATION IS T ARBITRATION MATTERS	TO PROVIDE REPRESENTATION FOR THE CITY	OF MEMPHIS AND SHELBY COUNTY SCHOOL	TEACHERS IN LABOR AND
41.				
4b	(Code) (Expenses	\$ including grants of a	\$)(Revenue \$)
4 c	(Code) (Expenses	\$ including grants of a	\$) (Revenue \$)
4d	Other program services (Describe	n Schedule O)		
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses >	991,314		
	•			Form 990 (2015)

Form 990 (2015)

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

Form	990 (2015)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
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		No
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? <i>If "Yes," complete Schedule J</i>	23		No
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \ldots .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 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		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28 c		No
29	Did the organization receive more than $25,000$ in non-cash contributions? If "Yes," complete Schedule M .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I $$.	31		No
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		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	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		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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		No
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	Yes	
		E	orm oor	1/2015

Form **990** (2015)

Form	990 (2015)			Page 5
Pa	rt 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			<u>. </u>
15	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 18		Yes	No
	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			
2a	gaming (gambling) winnings to prize winners?	1c	Yes	
	by this return			
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)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? \ldots .	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)			
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		
	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
b	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).			
	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
	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 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
h	required?			
8	Form 1098-C? 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?	7h		
0-		8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
10	Section 501(c)(7) organizations. Enter	50		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities]		
11	Section 501(c)(12) organizations. Enter			
	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)			
17-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	120		
13	year 12b Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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		
	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			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule 0</i>	14b		

Form	990 (2015)			Page 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.	or 10)b belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI			🗸
Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 17			
	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 17			
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	3		No
4	supervision 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	4		No
5	filed? . Did the organization become aware during the year of a significant diversion of the organization's assets?	- 4 5		No
6	Did the organization become aware during the year of a significant diversion of the organization sussets.	6	Yes	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		100	
	more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body? \ldots \ldots \ldots \ldots \ldots \ldots	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	even	ue Cod	le.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10 a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	In Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	<u> </u>
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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	O ther officers or key employees of the organization	15b	Yes	<u> </u>
	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?	16 a		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?	16 b		
-	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed► UT			
18	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			
19	○ Own website ○ Another's website ○ Upon request ○ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of 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 ►MARILYN WILKINS 126 FLICKER STREET MEMPHIS, TN 38104 (901) 454-0966

Form 990 (2015)

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's current key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	m unle:	ore t ss pe	han erso cer tor/t	not one n is and rust	tee)	an	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	M15C)	organization and related organizations
(1) JOLIE MADIHALLI SECRETARY	3 00	x						0	0	0
(2) REGINA C GOLDEN PARLIAMENTARIAN	2 00	x						0	0	0
(3) KEITH WILLIAMS EXECUTIVE DIRECTOR	40 00					x		0	0	0
(4) MELISSA S COLLINS DIRECTOR	2 00	x						0	0	0
(5) ANNTRINIECE NAPPER DIRECTOR	2 00	x						0	0	0
(6) FUTRELL REDDITT TREASURER	2 00	x						0	0	0
(7) CRYSTAL E HARPER DIRECTOR	2 00	x						0	0	0
(8) ROSEMARY WINTERS DIRECTOR	2 00	x						0	0	0
(9) GLORIA WILLIAMS DIRECTOR	2 00	x						0	0	0
(10) PATRICIA A SCARBOROUGH PRESIDENT	2 00	x						0	0	0
(11) ANTHONY D HARRIS DIRECTOR	2 00	x						0	0	0
(12) MARGARET R WILLIAMS DIRECTOR	2 00	x						0	0	0
(13) DERICK BELL DIRECTOR	2 00	x						0	0	0
(14) PHYLLIS KYLE DIRECTOR	2 00	x						0	0	0 Form 990 (2015)

Form 990 (2015)

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	m unles	ore t ss pe	han erso cer tor/I	not one n is and trus	tee)		(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(15) JESSE JEFF	2									
VICE PRESIDENT		х								
(16) DR AUDREY ELION	2	v								
DIRECTOR		X								
(17) ERNEESTINE KING	2	~								
SERGEANT AT ARMS	••••••	х								
(18) STEPHANIE BEA	2									
NON-VOTING MEMBER	••••••	X								
(19) SARAH KENNEDY HARPER	2									
NON-VOTING MEMBER		X								
1b Sub-Total				►		·	·			
c Total from continuation sheets to Part VII	-									
d Total (add lines 1b and 1c)		•	•							
2 Total number of individuals (including but n	ot limited to tho:	se list	ed al	bove	e) w	ho rec	eive	ed more than		

\$100,000 of reportable compensation from the organization **>**

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed above)	who received more than	

\$100,000 of compensation from the organization 🕨

Form 990 (2015)
Part VIII Statement of Revenue

Part V	/!!!	Statement of Revenue	roc		o in this Davit MITT			
	I	Check if Schedule O contains a		se or note to any lir	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1 a	Federated campaigns	1a					
ant un	Ь	Membership dues	1b	690,793				
Ū Ū	c	Fundraising events	. 1c					
Gifts, Grants ilar Amounts	d	Related organizations	1d					
Gila		Government grants (contributions)						
ns, Sim	e	Government grants (contributions)	1e					
er (f	All other contributions, gifts, grants, an similar amounts not included above	d 1f					
tributions, Gifts, Grants Other Similar Amounts	g	Noncash contributions included in lines						
Contributions, and Other Sim	_	<pre>1a-1f \$ Total. Add lines 1a-1f</pre>			690,793			
a C			· ·	•••	050,755			
пe			-	Business Code				
New	2a	INSURANCE INCOME	— -	900099	46,960			
Å.	b		_	900099				
MCE	C .	BANQUET INCOME	—	900099	16,471			
¥	d		— -					
Program Service Revenue	e f	All other pressren a survey w	<u> </u>					<u> </u>
ıßo.	f	All other program service reven	ue					
Δ	g	Total. Add lines 2a-2f			63,431			
	3	Investment income (including d and other similar amounts) .			51,847			
	4	Income from investment of tax-exemp						
	5	Royalties		►				
		(I) Real		(II) Personal				
	6 a	Gross rents 20,	400					
	ь	Less rental						
	c l	expenses Rental income 20,	400					
		or (loss) Net rental income or (loss) .			20,400	20,400		
	d	(I) Securities		(II) O ther		,		
	7 a	Gross amount						
		from sales of assets other		22,692				
		than inventory						
	Ь	Less cost or other basis and						
		sales expenses Gaın or (loss)		22,692				
	c d				22,692	22,692		
		Gross income from fundraising	 Г	· · · · •	,			
ue		events (not including						
Other Revenue		\$	1c)					
Re		See Part IV, line 18						
er	.		a					
oth		Less direct expenses Net income or (loss) from fundra		vents ►				
-		Gross income from gaming activ						+
		See Part IV, line 19						
			a					
		Less direct expenses Net income or (loss) from gamir		ities -				
			. g a c c v	•				ļ
	10 a	Gross sales of inventory, less returns and allowances .						
			а					
		Less cost of goods sold						
	c	Net income or (loss) from sales	ofinve					ļ
	<u> </u>	Miscellaneous Revenue		Business Code	2.05-	2.000		
		OTHER INCOME	_	900099	2,055	2,055		ļ
	b	MEMBERSHIP PROJECT INCOME		900099				
	с	REIMBURSEMENT INCOME	-	900099	217,948	217,948		
	d	All other revenue	-					
	e	Total. Add lines 11a-11d .		🕨	220.000			
	12	Total revenue. See Instructions			220,003			+
					1,069,166	378,373		Form 990 (2015)
								i ulili 990 (2015)

F

	990 (2015)				Page 10
Part					
Sectio	on 501(c)(3) and 501(c)(4) organizations must complete all columns				
	Check if Schedule O contains a response or note to any line in t	his Part IX			
	l it include amounts reported on lines 6b,), 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV , line 21				`
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
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	506,728	506,728	0	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	59,882	59,882	0	0
9	Other employee benefits	56,921	56,921	0	0
10	Payroll taxes				
	· · · · · · · · · · · ·	39,679	39,679	0	0
11	Fees for services (non-employees)				
а	Management				
b	Legal	86,924	86,924	0	0
с	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	14,118	14,118	0	0
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	2,161	2,161	0	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	595	595	0	0
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	83,769	0	83,769	0
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	PRESIDENT EXPENSE	118,503	118,503	0	0
b	VICE PRESIDENT EXP	6,173	6,173	0	0
с	REPRESENTATIVE ASSEMBLY	33,579	33,579	0	0
d	BOARD OF DIRECTORS	15,799	15,799	0	0
е	All other expenses	243,054	50,252	192,802	0
25	Total functional expenses. Add lines 1 through 24e	1,267,885	991,314	276,571	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2015)

Part X Balance Sheet

t X	Balance Sheet					_
	Check if Schedule O contains a response or note to any line	in th	sPartX		• •	· · · · <u>·</u>
				(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing			546,377	1	465,857
2	Savings and temporary cash investments				2	
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net			110,375	4	19,533
5	key employees, and highest compensated employees Cor	nplete			5	
6	section 4958(f)(1)), persons described in section 4958(c contributing employers and sponsoring organizations of se)(3)(E ection), and 501(c)(9)			
-	Notes and leans receivable, not					
				2 /00	-	10,787
		•		2,435	9	10,707
104	Complete Part VI of Schedule D	10a	2,195,221			
Ь	Less accumulated depreciation	10 b	1,136,405	1,163,452	10 c	1,058,816
11	Investments—publicly traded securities			2,694,538	11	2,592,605
12	Investments—other securities See Part IV, line 11 .				12	
13	Investments—program-related See Part IV, line 11 .				13	
14	Intangible assets				14	
15	Other assets See Part IV, line 11				15	
16	Total assets.Add lines 1 through 15 (must equal line 34)			4,517,241	16	4,147,598
17	Accounts payable and accrued expenses			229,459	17	143,162
18	Grants payable				18	
19	Deferred revenue	•			19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability Complete Part IV of	Sche	dule D		21	
22						
	persons Complete Part II of Schedule L	•			22	
23	Secured mortgages and notes payable to unrelated third p	arties			23	
24					24	
25	and other liabilities not included on lines 17-24)	relat	ed thırd partıes,			
				161,896	25	77,269
26	Total liabilities. Add lines 17 through 25			391,355	26	220,431
	Organizations that follow SFAS 117 (ASC 958), check here lines 27 through 29, and lines 33 and 34.	₽ ►	$\overline{\checkmark}$ and complete			
27				4,125,886	27	3,927,167
28	Temporarily restricted net assets				28	
29	-				29	
	Organizations that do not follow SFAS 117 (ASC 958), che complete lines 30 through 34.	eck he	re ▶ ┌─ and			
30	Capital stock or trust principal, or current funds				30	
31	Paid-in or capital surplus, or land, building or equipment fu	Ind	[31	
32	Retained earnings, endowment, accumulated income, or ot	her fu	nds		32	
33				4,125,886	33	3,927,167
34	Total liabilities and net assets/fund balances			4,517,241	34	4,147,598
<u> </u>			-	.,		Form 990 (201
	1 2 3 4 5 6 7 8 9 10a 11 12 13 14 15 16 17 18 19 20 21 22 13 24 25 24 25 24 25 24 25 24 25 24 25 24 25 24 25 26 27 28 29 20 30 31 32 33	Check if Schedule O contains a response or note to any line 1 Cash-non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former office 6 Loans and other receivables from other disqualified person section 4958(f(1)), persons described in section 4958(c contributing employees) and sponsoring organizations of sevoluntary employees' beneficiary organizations (see instruit of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D Less accumulated depreciation 11 Investments—publicly traded securities 12 Investments—program-related See Part IV, line 11 13 Investments—program-related See Part IV, line 14 14 Intangible assets . 15 Other assets See Part IV, line 11 . 14 Intangible assets . 15 Other assets See Part IV, line 11 . 16 Total assets.Add lines 11 t	Check if Schedule O contains a response or note to any line in this 1 Cash-non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, dirkey employees, and highest compensated employees Complete Schedule L 6 Loans and other receivables from other disgualified persons (as section 4958(c)(3)(8) (contributing employers and sponsoring organizations of section voluntary employees' beneficiary organizations of section voluntary employees and deferred charges 7 Notes and loans receivable, net 8 Inventores for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis 10a Loans background depreciation 11 Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—publicly traded securities 14 Intangible assets 15 Other assets See Part IV, line 11	Check if Schedule O contains a response or note to any line in this Part X Image: Cash-non-interest-bearing Image: Savings and temporary cash investments Image: Schedule L Image: Schedule L Image: Schedule L Image: Savings and temporary cash investments apponsoring organizations of section S01(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Image: Savings and temporary cash investments Image: Savings and temporary cash investmentapartitis themporary cash investments	Check if Schedule 0 contains a response or nute to any line in this Part X (A) Beginning of year 1 Cash-non-interest-bearing \$48,377 2 Savings and temporary cash investments \$49,377 3 Pledges and grants receivable, net \$110,375 4 Accounts receivable, net \$110,375 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part 11 of Schedule L \$110,375 6 Loans and other receivables from other disqualified persons (as defined under section 4958()(12)), persons described in section 4958()(3)(8), and contributing employees and sponsoring organizations of sections 510(c)(9) voluntary employees' beneficiary organizations of sections 510(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part 11 of Schedule D \$100 2,195,221 7 Notes and loans receivable, net \$2,490 \$2,490 10a 2,195,221 \$2,490 \$2,490 10a 1,136,405 \$1,162,462 \$2,490 11 Investments-portarized See Part IV, line 11 \$2,694,593 \$2,694,593 11 Investments-portarized See Part IV, line 11 \$2,694,593 \$2,694,593 <td>Check if Schedule 0 contains a response or note to any line in this Part X I Cash - non-interest-bearing Selection of the selection of</td>	Check if Schedule 0 contains a response or note to any line in this Part X I Cash - non-interest-bearing Selection of the selection of

Form 990 (2015)

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>		<u> </u>	<u></u> [
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,(069,166
2	Total expenses (must equal Part IX, column (A), line 25)	2			267,885
3	Revenue less expenses Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	3			198,719
		4		4,5	125,886
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)				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	9			
	column (B))	10		3,9	927,167
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	 No
				Tes	
1	Accounting method used to prepare the Form 990 \Box Cash \checkmark Accrual \Box Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or re a separate basis, consolidated basis, or both	viewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If Yes, ' check a box below to indicate whether the financial statements for the year were audited on a se basis, consolidated basis, or both	eparate			
	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 overs of the audit, review, or compilation of its financial statements and selection of an independent accounta	2	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	n in			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Single Audit Act and OMB Circular A-133?	the	3a		No
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 audit		3b		

Form **990** (2015)

efile GRAPHIC pr	rint - DO NOT P	ROCESS	As Filed Data -			DLI	N: 93493320	039596
SCHEDULE C	Po	olitical Ca	ampaign and	Lobbying	Activiti	es	OMBNo 1	545-0047
(Form 990 or 990-EZ) Department of the	►Complete if t	he organizatio	From Income Tax on is described belov chedule C (Form 990 <u>www.irs.gov/r</u>	v. ►Attach to Fe or 990-EZ) and i	orm 990 or	Form 990-EZ.	Open to	15 Public action
Treasury Internal Revenue								
Service If the organization ar] nswered "Yes" of	n Form 990	Part IV Line 3 or F	Form 990-F7 Pa	rtV line 4	6 (Political Ca	mpaign Activi	ties) then
 Section 501(c)(3) o 	rganizations Comp	lete Parts I-A	and B Do not comple	ete Part I-C		-		,,
 Section 501(c) (oth Section 527 organi 			izations Complete Pa	arts I-A and C bel	ow Do not	complete Part I	·В	
If the organization ar	nswered "Yes" o	n Form 990,						
 Section 501(c)(3) c Section 501(c)(3) c 								
If the organization ar	-				• • • •		•	
line 35c (Proxy Tax) (
• Section 501(c)(4), Name of the organiza		tions Complet	ie Part III			Employer ide	ntification num	ber
MEMPHIS-SHELBY COUNT	Y EDUCATION ASSOCIA	ATION				62-0730916		
Part I-A Comple	te if the organ	ization is	exempt under s	ection 501(c) or is a			on.
1 Provide a descri	ption of the organiz	ation's direct	t and indirect politic	al campaign acti	vities in Pa	rt IV		
2 Political expendi			·			►	\$	
3 Volunteer hours								
Part I-B Comple	te if the organ	ization is	exempt under s	ection 501(c	·)(3).			
			he organization und			•	\$	
	·	•	organization manage		4955	. ▶	\$	
	·	•	did it file Form 4720				Yes	No
4a Was a correction	n made?						Yes	No
b If "Yes," describ	be in Part IV						•	•
Part I-C Comple	te if the organ	ization is	exempt under s	ection 501(c), excep	t section 50	1(c)(3).	
			organization for sec				\$	
2 Enter the amoun exempt function	5 5	ization's fund	ls contributed to oth	er organizations	for section	527	\$	
		s Add lines 1	and 2 Enter here a	nd on Form 112()-POL.line	17b 🕨	+ <u> </u>	
	janization file Form				, i o e, inic	1,0 1	\$	
			ification number (EI	N) of all section	527 nolitic	al organization	Yes Yes	No
organization mad amount of politic	de payments For e al contributions re	ach organizai ceived that w	vere promptly and du ommittee (PAC) If a	amount paid from rectly delivered t	m the filing to a separat	organization's te political orga	funds Also ent anization, such	er the
(a) Name	e	(b) A	ddress	(c) EIN	filing or	ount paid from rganization's none, enter -0-	(e) A mount contribution and prom directly deli separate organization enter	s received ptly and vered to a political n If none,
							-	
2								
3								
4								
5							1	
6								

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

Cat No 50084S Schedule C (Form 990 or 990-EZ) 2015

Sc	hedule C (Form 990 or 990-EZ) 2015			Page 2
Ρ	art II-A Complete if the organization under section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768	(election
A	Check Fifthe filing organization belongs expenses, and share of excess lo	to an affiliated group (and list in Part IV each affiliate bbying expenditures)	d group member's nam	e,address,EIN,
В	Check 🕨 🔽 If the filing organization checked	box A and "limited control" provisions apply		
		bying Expenditures means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public	c opinion (grass roots		·
	lobbying) Total lobbying expenditures to influence a legi	slative body (direct lebbying)		
b	rotar lobbying expenditures to initialice a legi	stative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and	1b)		
d	O ther exempt purpose expenditures			
e	Total exempt purpose expenditures (add lines	1c and 1d)		
f	Lobbying nontaxable amount Enter the amour	it from the following table in both columns		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g h i	Subtract line 1 a from line 1 a . If zero or less, e	nter -0-		
j	If there is an amount other than zero on either reporting section 4911 tax for this year?	line 1h or line 1i, did the organization file Form 4720	— No	

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expendit	tures During	4-Year Avera	ging Period	_	_
	Calendar year (or fiscal year beginning in)	(a)2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
с	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying		(a)		(b)	
activ			No	Amount	
		Yes			
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
с	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		No

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	690,793
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
с	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and		
	political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

-			
- R6	eturn	Refe	rence

efi	le GRAPHIC p	orint - DO NOT PROCESS	As Filed Data -			DLN:	93493320039596
	HEDULE D m 990)	Supplen	nental Financ	ial Statements			OMB No 1545-0047
, Depa	rtment of the	► Complete if t Part IV, line 6, 7, 8	ne organization answ 3, 9, 10, 11a, 11b, 11d Attach to Forr	vered "Yes," on Form 990 c, 11d, 11e, 11f, 12a, or 1 n 990.), L 2 b.		2015 Open to Public
Treas		Information about Schedule D			s.gov/fa	orm990.	Inspection
Na	me of the organi	L zation ITY EDUCATION ASSOCIATION			Emplo	oyer identi	ification number
ME						730916	
Pa		izations Maintaining Donor ate of the organization answere			unds o	r Accou	nts.
1	Total numbe	r at end of year	(a) Donor advised	funds	(b) F	unds and	other accounts
2		alue of contributions to (during					
	year)						
3		alue of grants from (during year)					
4 5	55 5	alue at end of year atıon ınform all donors and donor a	dvisors in writing th	at the assets held in dor	or advis	ed	
5	-	rganization's property, subject to t				eu	Yes No
6	used only for cl conferring impe	ation inform all grantees, donors, a naritable purposes and not for the rmissible private benefit?	benefit of the donor o	or donor advisor, or for a	ny other		Yes No
		rvation Easements. Comple			on Form	i 990, Pa	rt IV, line 7.
1		onservation easements held by th on of land for public use (e.g., recr		k all that apply)			
	education)			Preservation of a			
	•	of natural habitat		Preservation of a	certified	d historic s	structure
2	·	on of open space		onistion contribution in t	-ha farm	of a conce	
2		2a through 2d if the organization he last day of the tax year	neid a quaimed cons	ervation contribution in t			
а	Total number o	f conservation easements			2a	Held at	the End of the Year
b	Total acreage r	estricted by conservation easeme	ents		2b		
с	Number of cons	servation easements on a certified	historic structure in	cluded in (a)	2c		
d		servation easements included in (o ire listed in the National Register	:) acquired after 8/1	7/06, and not on a	2d		
3		servation easements modified, trai	nsferred, released, e	xtinguished, or terminate	ed by the	e organizat	ion during the
4	Number of stat	es where property subject to cons	ervation easement is	located ►			
5		ization have a written policy regar enforcement of the conservation e		nitoring, inspection, han	dling of	I	Yes No
6	year	teer hours devoted to monitoring,	inspecting, handling	of violations, and enforci	ing cons	ervation e	asements during the
_	▶A mount of expe	enses incurred in monitoring, inspe	ecting handling of vi	plations and enforcing c	onservai	tion easen	nents during the year
7			in the second	siacions, and emotering e	onserva		iento daring the year
8		servation easement reported on lii on 170(h)(4)(B)(II)?	ne 2(d) above satisfy	the requirements of sec	ction 17(D(h)(4)	Yes No
9	balance sheet,	escribe how the organization repor and include, if applicable, the text n's accounting for conservation ea	of the footnote to th				
Par		izations Maintaining Collected ate of the organization answere			or Oth	er Simil	ar Assets.
1a	If the organizat works of art, his	non elected, as permitted under Sf storical treasures, or other similar e, in Part XIII, the text of the footi	AS 116 (ASC 958) assets held for publ	, not to report in its reve ic exhibition, education,	or resea	rch in furt	
b	If the organizat works of art, his	rion elected, as permitted under Sf storical treasures, or other similar e the following amounts relating to	AS 116 (ASC 958) assets held for publ	, to report in its revenue	stateme	nt and bal	
((i) _{Revenue} inclu	ded on Form 990, Part VIII, line 1	L		▶\$		
(i	i) Assets include	ed in Form 990, Part X					
2	If the organizat	tion received or held works of art, h nts required to be reported under S		or other similar assets fo			
а	Revenue includ	ed on Form 990, Part VIII, line 1				▶\$	
b		d ın Form 990, Part X					
For F	Paperwork Reduc	tion Act Notice, see the Instruction	ons for Form 990.	Cat No	52283	D Sche	edule D (Form 990) 2015

Schedule D (Form 990) 2015 Page 2 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 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) d а Public exhibition Loan or exchange programs b Other Scholarly research С Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 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? Yes - No **Escrow and Custodial Arrangements.** Part IV 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, custodian or other intermediary for contributions or other assets not 1a included on Form 990, Part X? ☐ Yes If "Yes," explain the arrangement in Part XIII and complete the following table A mount h с 1c Beginning balance d 1d Additions during the year е 1e Distributions during the year f 1f Ending balance Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2a b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a)Current year (b)Prior year **b** (c)Two years back (d)Three years back (e)Four years back **1**a Beginning of year balance Contributions h Net investment earnings, gains, and losses d Grants or scholarships . . Other expenditures for facilities e and programs f Administrative expenses . End of year balance g 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as Board designated or quasi-endowment > а b Permanent endowment 🕨 с Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the organization that are held and administered for the 3a organization by Yes No (i) unrelated organizations 3a(i) 3a(ii) (ii) related organizations Зb If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form	n 990, Part IV, lu	ne 11a.See Fo	orm 990, Part X,	line 10.
Description of property	(a) Cost or other basıs (ınvestment)	Cost or other (b) basıs (other)	Accumulated (c)depreciation	(d)Book value
1a Land	126,127			126,127
b Buildings	186,285		176,971	9,314
c Leasehold improvements	1,500,498		641,697	858,801
d Equipment	300,314		285,626	14,688
e Other	81,997		32,111	49,886
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, c	olumn (B), line 10(c))	🕨	1,058,816

Schedule D (Form 990) 2015 Part VIII Investments—Other Securities. See Form 990, Part X, line 12.	Complete if the organiz	ation answered 'Ye	Page 3 es' on Form 990, Part IV, line 11b.
(a) Description of security or cate (including name of security)	gory	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
(3)O ther			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12			
Part VIII Investments—Program Related Complete if the organization answe	1. ared 'Ves' on Form 990	Part IV line 11c a	
(a) Description of investment		(b) Book value	ee Form 990, Part X, line 13. (c) Method of valuation
(,		(-,	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13			
Part IX Other Assets. Complete if the organi (a) D	zation answered 'Yes' on Fo escription	m 990, Part IV, line	(b) Book value
	(no.15.)		
		(Part IV, line 11e or 11t.
Part X Other Liabilities. Complete if the		Yes' on Form 990,	
Part X Other Liabilities. Complete if the See Form 990, Part X, line 25.		Yes' on Form 990,	
Part XOther Liabilities. Complete if the See Form 990, Part X, line 25.1.(a) Description of liability	organization answered "	Yes' on Form 990,	
Part XOther Liabilities. Complete if the See Form 990, Part X, line 25.1.(a) Description of liability	organization answered " (b) Book value	-	
Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	organization answered "	-	
Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	organization answered " (b) Book value	-	
Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	organization answered " (b) Book value	-	
Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	organization answered " (b) Book value	-	
	organization answered " (b) Book value	-	
Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	organization answered " (b) Book value	-	
Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	organization answered " (b) Book value	-	
Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	organization answered " (b) Book value	-	

 Total. (Column (b) must equal Form 990, Part X, col (B) line 25)
 77,269

 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

Schedule D (Form 990) 2015

Ρ	а	g	e	4
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Par	XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per R	eturn
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)	1	
с	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Part			
	XII Reconciliation of Expenses per Audited Financial Statements With Expense	s per	Return.
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	•	Return.
1	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	s per	Return.
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25	•	Return.
1	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	•	Return.
1 2	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25	•	Return.
1 2 a	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	•	Return.
1 2 a b	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	•	Return.
1 2 a b c	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	•	Return.
1 2 b c d	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII)	1	Return.
1 2 b c d e	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII) 2d	1 2e	Return.
1 2 b c d e 3	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1 2e	Return.
1 2 b c d e 3 4	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1 2e	Return.
1 2 b c d e 3 4 a	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1 2e	Return.

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation

Part XIII Supplemental Info	art XIII Supplemental Information (continued)	
Return Reference	Explanation	

Schedule D (Form 990) 2015

efile GRAPHIC pr	int - DO NOT PROCESS	As Filed Data -		DLN: 9	3493320039596
SCHEDULE O	Supplementa	Information t	o Form 990 or 990-EZ		OMBNo 1545-0047
(Form 990 or 990-EZ)	Complete to provi	ide information for res 990-EZ or to provide a	ponses to specific questions on ny additional information.		2015
Department of the Treasury Internal Revenue Service	► Information about :	Attach to Form 99 Schedule O (Form 990 www.irs.gov/formediate/provided in the second secon	or 990-EZ) and its instructions is at		Open to Public Inspection

Name of the organization MEMPHIS-SHELBY COUNTY EDUCATION ASSOCIATION	Employer identification number
	62-0730916

Return Reference	Explanation
Pt VI, Line 6	The organization is made up of members which include active associates, life, reserve, retired staff and substitute teachers of The City of Memphis & Shelby County Education School System
Pt VI, Line 7a	The active members of the association may nominate candidates for office holders in writing to the chairperson of the elections committe

Return Reference	Explanation	
Pt VI, Line 7b	They are subject to approval by members by a quorum which consist of 200 members of the general membership	
Pt VI, Line 11b	The governing body is informed when the Form 990 becomes available to see upon their request	

Return Reference	Explanation
Pt VI, Line 12c	The policy is to work in the best interest of MSCEA if a report is made to the executive board that might be a concern or a conflict of interest issue then the executive directorr must make a recommendation to the board to resolve the said issue if the board disagrees with the recommendation then a written appeal must be made within (10) ten days of the ruling or accept the ruling of the executive director
Pt VI, Line 15a	The salary of the CEO is set by the board

Return Reference	Explanation	
Pt VI, Line 15b	The CEO sets the pay or salary for other key employees and then the board will be asked to review and approve these wages to become affective	
Form 990, Part IX, Line 24e	OFFICE OPERATIONS 104945 0 104945 0	

Return Reference	Explanation
Form 990, Part IX, Line 24e	AUDIT 9142 9142 0
Form 990, Part IX, Line 24e	MEA DUES REFUND 118 118 0 0

Return Reference	Explanation
Form 990, Part IX, Line 24e	PROFESSIONAL BUSINESS EXPENSE 5522 5522 0 0
Form 990, Part IX, Line 24e	MISCELLANEOUS 0 0 0 0

990 Schedule O, Supplemental Information								
Return Reference	Explanation							
Form 990, Part IX, Line 24e	ARBITRATION 30 30 0 0							
Form 990, Part IX, Line 24e	BARGAINING 0 0 0 0							

Return Reference	Explanation
Form 990, Part IX, Line 24e	HUMAN AND PUBLIC RELATIONS 9422 9422 0 0
Form 990, Part IX, Line 24e	ELECTIONS 462 462 0 0

Return Reference	Explanation
Form 990, Part IX, Line 24e	STATUS OF WOMEN 125 125 0 0
Form 990, Part IX, Line 24e	INSTRUCTION PROFESSIONAL DEVELOPMENT 373 373 0 0

Return Reference	Explanation
Form 990, Part IX, Line 24e	MINORITY AFFAIRS 2062 2062 0 0
Form 990, Part IX, Line 24e	ESPS 535 535 0 0

Return Reference	Explanation
Form 990, Part IX, Line 24e	READ ACROSS AMERICA 1190 1190 0 0
Form 990, Part IX, Line 24e	BANQUET 17839 17839 0 0

Return Reference	Explanation
Form 990, Part IX, Line 24e	BUILDING OPERATION 87857 0 87857 0
Form 990, Part IX, Line 24e	LEADERSHIPACADEMY 3432 3432 0 0

International of gamizations and on the function of the international o	efile GRAPHIC print -	DO NOT PROCESS As Fi	led Data -							DLN: 93493	320039	9596	
(Form 990) • Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Department of the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Department of the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Department of the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Depart to Public impleted in the organization answered "Yes" on Form 990, Part IV, line 33. Department of the organization answered "Yes" on Form 990, Part IV, line 33. Department of the organization answered "Yes" on Form 990, Part IV, line 33. Department of the organization answered "Yes" on Form 990, Part IV, line 33. Department of the organization answered "Yes" on Form 990, Part IV, line 33. Department of the organization answered "Yes" on Form 990, Part IV, line 33. Department of the organization answered "Yes" on Form 990, Part IV, line 34. Department of the organization answered "Yes" on Form 990, Part IV, line 34. Department of the organization answered "Yes" on Form 990, Part IV, line 34. Department of the organization answered "Yes" on Form 990, Part IV, line 34. Department of the organization answered "Yes" on Form 990, Part IV, line 34. Department of the organization answered "Yes" on Form 990, Part IV, line 34. Department of the organization answered "Yes" on Form 990, Part IV, line 34. Department of the organization answered "Yes" on Form 990, Part IV, line 34. Department of the organization answered "Yes" on Form 990, Part IV, line 34. Department of the organization answered "Yes" on Form 990, Part IV, line 34. Department organization answered "Yes" on Form 990, Pa	SCHEDULE R	R	elated O	rganizations a	and Unrelated	Partnersh	nins			OMBNo	1545-00)47	
Production in a bound back in the organization answered if is on point by, part 19, ine 35, 93, 30, 30, 30. Production is at www.irs.gov//orms920. Open to Public inspection Department of the organization members served Attach to Form 990. > Information about Schedule R (Form 990) and its instructions is at www.irs.gov//orms920. Open to Public inspection Name of the organization Employer identification number 62-0730916 Part 1 Identification of Disregarded Entitles Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (a) (b) Name, address, and EIN (f applicable) of dasegarded entity Primery activity (b) (c) (c) (c) Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Name, address, and EIN of related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Name, address, and EIN of related organization Primary activity Legal domoine (tabs Exempt Code section Public Code sectin Public Code sectin Public Code section Pu	(Form 990)												
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MEMPHIS-SHELBY COUNTY EDUCATION ASSOCIATION 62-073916 Part 1 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Name, address, and EIN (if applicable) of disregarded entity Primary activity legal domine Col. (c) (d) Direct controlling entity Image: address, and EIN (if applicable) of disregarded entity Primary activity legal domine End-of-year asses Direct controlling entity Image: address, and EIN (if applicable) of disregarded entity Primary activity legal domine End-of-year asses Direct controlling entity Image: address, and EIN (if applicable) of disregarded entity Primary activity legal domine End-of-year asses Direct controlling entity Image: address, and EIN (if applicable) of disregarded entity Primary activity Image: address, and EIN (if applicable) of disregarded entity Image: address, and EIN of related organizations during the tax year. Image: address, addr	Internal Revenue Service	Attach to Form 990.	Insp		ic								
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(a) Name, address, and EIN (if applicable) of disregarded entity (b) Primary activity (c) Legal domcile (state or foreign country) (d) Total income (e) End-of-year asets (f) Direct controlling entity Identification of Related Tax-Exempt Organizations or more related tax-exempt organizations during the tax year. Identification answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (a) (b) Name, address, and EIN of related organization Primary activity Legal domcile (state or foreign country) (c) (c) (c) (a) (b) (c) (c) (c) (c) (c) (c) (a) Name, address, and EIN of related organization Primary activity Legal domcile (state or foreign country) (c) (c) (c) (c) (1)MEA SCHOLARSHIP TRUST FUND SCHOLARSHIPS TN S01(C)(3) Identification Identification Identification								62-07309	16				
Name, address, and EIN (f applicable) of disregarded entry Pmmary activity Legal domicile (state or foreign country) Total income End-of-year assets Direct controlling entry Image: State of the state or foreign country Image: State or foreign country Image: State or foreign country Image: S	Part I Identificatio	on of Disregarded Entities	s Complete	If the organization	answered "Yes" or	n Form 990, P	art IV	', line 33.					
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(1)MEA SCHOLARSHIP TRUST FUND SCHOLARSHIPS TN 501(C)(3) 126 FLICKER STREET MEMPHIS, TN 38104 SCHOLARSHIPS TN		(a)		(b)	Legal domicile (state			section Public charity		Direct controlling	Section (13) co ent	n 512(b) ontrolled	
		ID	sc	SCHOLARSHIPS TN		501(C)(3)					Yes	No	
											_		
											_	<u> </u>	
For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2015	For Danenwork Poduction A d	t Notice see the Instructions for	Form 990		Cat No 501	357				Schedula D (Far	m 990) 3	2015	

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Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	domicile controllir	Direct controlling entity	egal Direct micile controlling ate or entity preign	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets			(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	aging ner?	(k) Percentage ownership
						Yes	No		Yes	No		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(I) Section 512 (b)(13) controlled entity?	
								Yes	No

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Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii)annuities, (iii)royalties, or(iv)rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1 g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1 i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1 j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
I Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		Yes	
o Sharing of paid employees with related organization(s)	10	Yes	
p Reimbursement paid to related organization(s) for expenses	1 p		No
q Reimbursement paid by related organization(s) for expenses	1 q		No
r Other transfer of cash or property to related organization(s)	1r		No
${f s}$ Other transfer of cash or property from related organization(s)	1 s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)MSCEA AND THE RELATED ENTITY SHARE THE SAME MAILING ADDRESS FOR	1m		
(2)SCHOLARSHIP PURPOSES			
(3)MSCEA SHARES IT'S PAID EMPLOYEES IN A MINIMAL CAPACITY FOR CHECK	1n		
(4)CUTTING AND OTHER TASK RELATED TO THE SCHOLARSHIP			

Part VI Unrelated Organizations Taxable as a Partnership Complete of the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	section 501(c)(3) organizations?		section total 4				total end-of-year		total	total end-of-yea	total end-of-ye		total end-of-	total	total	total end-of-yea	total end-of-yea		total end-of-year		total end-of-year income assets	total end-of-year	total end-of-year	(h) Disproprtiona allocations	ate 2	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	-	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No																				
												1																				

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