

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2019

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation.) Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Form 990 Department of the Treasury Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

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

C Name of organization MASSACHUSETTS TEACHERS ASSOCIATION
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2 HERITAGE DRIVE 8TH FLOOR
City or town, state or province, country, and ZIP or foreign postal code
QUINCY, MA 02171

D Employer identification number 04-1591200
E Telephone number (617) 878-8309
G Gross receipts \$ 99,226,547

F Name and address of principal officer: LISA GALLATIN, 2 HERITAGE DRIVE 8TH FLOOR, QUINCY, MA 02171

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) (5) (insert no.) 4947(a)(1) or 527

J Website: WWW.MASSTEACHER.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 1913

M State of legal domicile: MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE MASSACHUSETTS TEACHERS ASSOCIATION IS A MEMBER-DRIVEN ORGANIZATION, GOVERNED BY DEMOCRATIC PRINCIPLES, THAT ACCEPTS AND SUPPORTS THE INTERDEPENDENCE OF PROFESSIONALS AND UNIONISM.

Table with 2 columns: Description, Amount. Rows include: 2 Check this box, 3 Number of voting members, 4 Number of independent voting members, 5 Total number of individuals employed, 6 Total number of volunteers, 7a Total unrelated business revenue, 7b Net unrelated business taxable income.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants, 9 Program service revenue, 10 Investment income, 11 Other revenue, 12 Total revenue.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid, 14 Benefits paid to or for members, 15 Salaries, other compensation, 16a Professional fundraising fees, 16b Total fundraising expenses, 17 Other expenses, 18 Total expenses, 19 Revenue less expenses.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets, 21 Total liabilities, 22 Net assets or fund balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer LISA GALLATIN EXECUTIVE DIRECTOR, Date 2021-01-14

Paid Preparer Use Only Print/Type preparer's name CITRIN COOPERMAN & COMPANY LLP, Date 2021-01-14, Firm's address 500 EXCHANGE STREET SUITE 9-100, Providence, RI 02903

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part 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 mission:

THE MASSACHUSETTS TEACHERS ASSOCIATION IS A MEMBER-DRIVEN ORGANIZATION, GOVERNED BY DEMOCRATIC PRINCIPLES, THAT ACCEPTS AND SUPPORTS THE INTERDEPENDENCE OF PROFESSIONALS AND UNIONISM. THE MTA PROMOTES THE USE OF ITS MEMBERS' COLLECTIVE POWERS TO ADVANCE THEIR PROFESSIONAL AND ECONOMIC INTERESTS. THE MTA IS COMMITTED TO HUMAN AND CIVIL RIGHTS AND ADVOCATES FOR QUALITY PUBLIC EDUCATION IN AN ENVIRONMENT IN WHICH LIFELONG LEARNING AND INNOVATION FLOURISH.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 4,190,959 including grants of \$) (Revenue \$)

ASSIST LOCAL ASSOCIATIONS IN PROTECTING MEMBERS' RIGHTS, INCLUDING CONTRACT INTERPRETATIONS, GRIEVANCE PROCESSING, AND ARBITRATION NEGOTIATIONS SERVICES PROVIDED TO 400 LOCALS.

4b (Code:) (Expenses \$ 4,017,095 including grants of \$) (Revenue \$)

PLANNING, ADVISING AND PARTICIPATION WITH LOCALS ON GENERAL/INTERNAL MEMBERSHIP ORGANIZING OR MOBILIZING ACTIVITIES

4c (Code:) (Expenses \$ 2,671,408 including grants of \$) (Revenue \$)

ASSIST LOCAL ASSOCIATIONS IN COLLECTIVE BARGAINING PROCESS INCLUDING THE RESOURCES AND EXPERTISE IN COLLECTIVE BARGAINING NEGOTIATIONS SERVICES PROVIDED TO 400 LOCALS.

(Code:) (Expenses \$ 21,534,139 including grants of \$) (Revenue \$)

OTHER PROGRAM EXPENSES INCLUDE THOSE SUPPORTING LOCAL ASSOCIATIONS AND MEMBERS, INCLUDING GOVERNMENTAL SERVICES, GRASSROOTS CAMPAIGNS, COMMUNICATIONS, GOVERNANCE AND ADMINISTRATION, EDUCATIONAL POLICY AND TRAINING AND PROFESSIONAL LEARNING.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 21,534,139 including grants of \$) (Revenue \$)

4e Total program service expenses 32,413,601

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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>	Yes	
24a	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		
25b	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? <i>If "Yes," complete Schedule L, Part I</i>		
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons?		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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):		
28a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		No
28b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		No
28c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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?		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
35b	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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>		
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? <i>If "Yes," complete Schedule R, Part VI</i>		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.	Yes	

Part 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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Main form area containing questions 2a through 16, with various sub-questions and input fields. Includes a table with columns for question numbers and Yes/No/Amount responses.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? 8b Each committee with authority to act on behalf of the governing body? 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.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b 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 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b 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?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed MA 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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 Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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: KATHLEEN A CONWAY DIRECTOR FINANCE AND ACCOUNTING 2 HERITAGE DRIVE 8TH FLOOR QUINCY, MA 02171 (617) 878-8000

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RAYMOND ALBRIGHT BOARD MEMBER	5.00	X						0	0	0
(2) ANNETA ARGYRES BOARD MEMBER	5.00	X						0	0	0
(3) MATTHEW BACH BOARD MEMBER	5.00	X						0	0	0
(4) KAREN BALLWAY BOARD MEMBER	5.00	X						0	0	0
(5) KRISTINE BARKER BOARD MEMBER	5.00	X						0	0	0
(6) ADELINE BEE BOARD MEMBER	5.00	X						0	0	0
(7) CATHERINE BOUDREAU BOARD MEMBER	5.00	X						0	0	0
(8) PAMELA CAVANAUGH BOARD MEMBER	5.00	X						0	0	0
(9) CHERI CLUFF BOARD MEMBER	5.00	X						0	0	0
(10) CEDRIC CUNNINGHAM BOARD MEMBER	5.00	X						0	0	0
(11) BENJAMIN EISEN BOARD MEMBER	5.00	X						0	0	0
(12) SARAH EMILIO BOARD MEMBER	5.00	X						0	0	0
(13) THOMAS ESTABROOK BOARD MEMBER	5.00	X						0	0	0
(14) DALE FOREST BOARD MEMBER	5.00	X						0	0	0
(15) MARY FOYLE BOARD MEMBER	5.00	X						0	0	0
(16) JANINA GARRO BOARD MEMBER	5.00	X						0	0	0
(17) LAURIANNE GILBERT BOARD MEMBER	5.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JACQUELINE GORRIE BOARD MEMBER	5.00	X						0	0	0
(19) DONNA GRADY BOARD MEMBER	5.00	X						0	0	0
(20) KELLY HENDERSON BOARD MEMBER	5.00	X						0	0	0
(21) CHRISTEN HERLAND BOARD MEMBER	5.00	X						0	0	0
(22) FRED HOPKINS BOARD MEMBER	5.00	X						0	0	0
(23) RYAN HOYT BOARD MEMBER	5.00	X						0	0	0
(24) TAMMY JOHNSON BOARD MEMBER	5.00	X						0	0	0
(25) HEIDI LAHEY BOARD MEMBER	5.00	X						0	0	0
(26) PETER LAHEY BOARD MEMBER	5.00	X						0	0	0
(27) JACQUELYN LAWRENCE BOARD MEMBER	5.00	X						0	0	0
(28) ALEXIZENDRIA LINK BOARD MEMBER	5.00	X						0	0	0
(29) BRUCE MALLORY BOARD MEMBER	5.00	X						0	0	0
(30) LESLIE MARSLAND BOARD MEMBER	5.00	X						0	0	0
(31) DEBORAH MCCARTHY BOARD MEMBER	5.00	X						0	0	0
(32) DAVID MCGLOTHLIN BOARD MEMBER	5.00	X						0	0	0
(33) SARAH MCKEON BOARD MEMBER	5.00	X						0	0	0
(34) MERRIE NAJIMY PRESIDENT	40.00	X		X			143,654	0	9,186	
(35) JOSEPH NARDONI BOARD MEMBER	5.00	X						0	0	0
(36) CHRISTOPHER O'DONNELL BOARD MEMBER	5.00	X						0	0	0
(37) KURT OSTROW BOARD MEMBER	5.00	X						0	0	0
(38) TODD OSTROWSKI BOARD MEMBER	5.00	X						0	0	0
(39) MAX PAGE VICE PRESIDENT	40.00	X		X			98,470	0	28,541	
(40) ANDREA PIRES-MCCORMICK BOARD MEMBER	5.00	X						0	0	0
(41) ELIZABETH PREVAL BOARD MEMBER	5.00	X						0	0	0
(42) JANELLE QUARLES BOARD MEMBER	5.00	X						0	0	0
(43) DEAN ROBINSON BOARD MEMBER	5.00	X						0	0	0
(44) GERARD RUANE BOARD MEMBER	5.00	X						0	0	0
(45) PETER SCHOONMAKER BOARD MEMBER	5.00	X						0	0	0
(46) JODY SHEEHAN BOARD MEMBER	5.00	X						0	0	0
(47) BRENDAN SHERAN BOARD MEMBER	5.00	X						0	0	0
(48) CANDACE SHIVERS BOARD MEMBER	5.00	X						0	0	0
(49) ALANA STERN BOARD MEMBER	5.00	X						0	0	0
(50) KAITLIN TAFE BOARD MEMBER	5.00	X						0	0	0
(51) KRISTEN TRACY BOARD MEMBER	5.00	X						0	0	0
(52) ROBERT TRAVERS JR BOARD MEMBER	5.00	X						0	0	0
(53) CHRISTINE TURNER BOARD MEMBER	5.00	X						0	0	0
(54) LAURA VAGO BOARD MEMBER	5.00	X						0	0	0
(55) KEITH WASHINGTON BOARD MEMBER	5.00	X						0	0	0
(56) ANNE WASS BOARD MEMBER	5.00	X						0	0	0
(57) HANNAH WEINSAFT BOARD MEMBER	5.00	X						0	0	0
(58) JONATHAN WOLAN BOARD MEMBER	5.00	X						0	0	0
(59) YAN YII BOARD MEMBER	5.00	X						0	0	0
(60) MICHAEL ZILLES BOARD MEMBER	5.00	X						0	0	0
(61) SUE DOHERTY BOARD MEMBER	5.00	X						0	0	0
(62) JOSEPH FAILS BOARD MEMBER	5.00	X						0	0	0
(63) CHRISTOPHER GARCIA BOARD MEMBER	5.00	X						0	0	0
(64) JUNE GUSTAFSON BOARD MEMBER	5.00	X						0	0	0
(65) MARIA HEGBLOOM BOARD MEMBER	5.00	X						0	0	0
(66) MARY MALINOWSKI BOARD MEMBER	5.00	X						0	0	0
(67) CHERIE PETERSON BOARD MEMBER	5.00	X						0	0	0
(68) BRIA PICHETTE BOARD MEMBER	5.00	X						0	0	0
(69) ADAM SNODGRASS BOARD MEMBER	5.00	X						0	0	0
(70) JOSEPH SPREMULLI BOARD MEMBER	5.00	X						0	0	0
(71) NELLIE TAYLOR BOARD MEMBER	5.00	X						0	0	0
(72) JESSICA WENDER-SHUBOW BOARD MEMBER	5.00	X						0	0	0
(73) LISA GALLATIN EXECUTIVE DIRECTOR-TREASUR	40.00	X		X			147,134	0	110,923	
(74) IRA FADER GENERAL COUNSEL	40.00				X		216,015	0	674,660	
(75) KATHLEEN CONWAY DIRECTOR, FINANCE & ACCOUN	40.00				X		187,841	0	355,879	
(76) JAMES SACKS DIRECTOR OF COMMUNICATIONS	40.00				X		199,292	0	396,910	
(77) ANN SULLIVAN DIRECTOR OF AFFILIATE SERV	40.00				X		249,137	0	370,945	
(78) LAURIE HOULE COUNSEL	40.00					X	180,001	0	0	0
(79) MARK HICKERNELL COUNSEL	40.00					X	180,210	0	0	0
(80) MAURA SWEENEY COUNSEL	40.00					X	236,578	0	0	0
(81) MATTHEW JONES COUNSEL	40.00					X	179,393	0	0	0
(82) BEVERLY MIYARES COUNSEL	40.00					X	184,575	0	0	0
(83) ANN CLARKE FORMER EXECUTIVE DIRECTOR/	40.00					X	136,649	0	-179,149	
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							2,338,949	0	1,767,895	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 110**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
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 Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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
SANDULLI GRACE PC 44 SCHOOL STREET SUITE 1100 BOSTON, MA 02108	LEGAL	785,656
SHAVEL & KREMS 141 TREMONT STREET 3RD FLOOR BOSTON, MA 02108	LEGAL	754,293
THE NEW MEDIA FIRM INC 1730 RHODE ISLAND AVENUE SUITE 213 WASHINGTON, DC 20036	MEDIA PLACEMENT & PRODUCTION	683,106
SEGAL ROITMAN LLP 33 HARRISON AVENUE 7TH FLOOR BOSTON, MA 02111	LEGAL	216,119
ANDERSON GOLDMAN TOBIN & PASCIUCCO LLP 50 REDFIELD STREET BOSTON, MA 02122	LEGAL	139,232

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 7**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line 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
--	--	----------------------	--	---	--

Contributions, Gifts, Grants and Other Similar Amounts

1a Federated campaigns . . .	1a	
b Membership dues . . .	1b	
c Fundraising events . . .	1c	
d Related organizations	1d	
e Government grants (contributions)	1e	
f All other contributions, gifts, grants, and similar amounts not included above	1f	
g Noncash contributions included in lines 1a - 1f:\$	1g	
h Total. Add lines 1a-1f		

Program Service Revenue

		Business Code	(A)	(B)	(C)	(D)
2a MEMBERSHIP DUES						
	900099		44,248,365	44,248,365		
b						
c						
d						
e						
f All other program service revenue.						
g Total. Add lines 2a-2f.		44,248,365				

Other Revenue

3 Investment income (including dividends, interest, and other similar amounts)			1,371,885			1,371,885
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross rents	6a	(i) Real				
		(ii) Personal				
b Less: rental expenses	6b					
c Rental income or (loss)	6c					
d Net rental income or (loss)						
7a Gross amount from sales of assets other than inventory	7a	(i) Securities	48,152,684	114,338		
		(ii) Other				
b Less: cost or other basis and sales expenses	7b		48,421,555	282,412		
c Gain or (loss)	7c		-268,871	-168,074		
d Net gain or (loss)			-436,945	-436,945		
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b Less: direct expenses	8b					
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities						

10a Gross sales of inventory, less returns and allowances . . .	10a				
b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory . . .					
Miscellaneous Revenue	Business Code				
11a NEA UNISERVE	541900	2,485,811	2,485,811		
b NEA LEGAL	541900	1,540,979	1,540,979		
c MGMT & PERSONNEL FEE	541900	105,343	0	105,343	
d All other revenue		1,207,142	1,068,532	138,610	
e Total. Add lines 11a-11d ▶		5,339,275			
12 Total revenue. See instructions ▶		50,522,580	48,906,742	243,953	1,371,885

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).
 Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 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	3,203,842			
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	18,585,408			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,142,921			
9 Other employee benefits	4,747,164			
10 Payroll taxes	1,505,643			
11 Fees for services (non-employees):				
a Management				
b Legal	2,023,800			
c Accounting	52,360			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	435,767			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,532,205			
12 Advertising and promotion	212,669			
13 Office expenses	1,050,283			
14 Information technology				
15 Royalties				
16 Occupancy	1,596,279			
17 Travel	353,254			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,661,120			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,003,651			
23 Insurance	106,308			
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.)				
a UNRELATED BUSINESS TAXE	8,008			
b LOCAL OFFICE SUPPORT	1,828,950			
c PUBLIC RELATIONS	1,119,180			
d DUES & SUBSCRIPTIONS	376,804			
e All other expenses	130,698			
25 Total functional expenses. Add lines 1 through 24e	43,676,314			
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

Table with columns (A) Beginning of year, (B) End of year. Rows include Assets (1-16) and Liabilities (17-26). Total assets: 88,765,329. Total liabilities: 77,455,297. Net assets or fund balances: 20,024,970.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	50,522,580
2	Total expenses (must equal Part IX, column (A), line 25)	2	43,676,314
3	Revenue less expenses. Subtract line 2 from line 1	3	6,846,266
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	37,438,033
5	Net unrealized gains (losses) on investments	5	3,360,489
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-27,619,818
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (A))	10	20,024,970

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	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.		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

2019

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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization MASSACHUSETTS TEACHERS ASSOCIATION

Employer identification number

04-1591200

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
2 Political campaign activity expenditures (see instructions) \$ 105,503
3 Volunteer hours for political campaign activities (see instructions) 0

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ 0
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ 0
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b. \$ 0
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received. Rows include VOICE OF TEACHERS FOR EDUCATION, RAISE UP MASSACHUSETTS, and MASSACHUSETTS TEACHERS ASSOCIATION INDEPENDENT EXPENDITURE PAC.

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 activity.

	(a)		(b)
	Yes	No	Amount
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:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e 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			
c 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	Yes
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
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).	
a Current year	2a
b Carryover from last year	2b
c 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.

Return Reference	Explanation
PART I-A, LINE 1:	POLITICAL ACTIVITIES THAT DO NOT CONSTITUTE AN "EXEMPT FUNCTION" AS DEFINED BY IRC 527, INCLUDING COMMUNICATIONS TO MEMBERS AND MEMBER ENGAGEMENT CONCERNING IDENTIFIABLE FEDERAL AND MASSACHUSETTS CANDIDATES AND EXPENSES FOR THE ADMINISTRATION AND FUNDRAISING FOR THE TAXPAYER'S SEPARATE SEGREGATED FUNDS.

Additional Data

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Software ID:

Software Version:

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

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

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
MASSACHUSETTS TEACHERS ASSOCIATION

Employer identification number

04-1591200

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of organization easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- 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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 4** 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		4,945,783	2,284,491	2,661,292
d Equipment		2,614,569	1,824,128	790,441
e Other		799,663	380,097	419,566
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				3,871,299

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	68,696,640

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	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 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
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 Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

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 X, LINE 2:	MTA AND SUBSIDIARY ACCOUNT FOR UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH FASB ASC TOPIC INCOME TAXES. FASB ASC TOPIC INCOME TAXES PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT PROCESS FOR FINANCIAL STATEMENT RECOGNITION OF UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE TOPIC ALSO PROVIDES GUIDANCE ON RECOGNITION, DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION. AT JUNE 30, 2020, MANAGEMENT OF MTA AND SUBSIDIARY IS NOT AWARE OF ANY UNCERTAIN TAX POSITIONS TAKEN BY THE ORGANIZATION.

Additional Data

[**Return to Form**](#)

Software ID:

Software Version:

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
MASSACHUSETTS TEACHERS ASSOCIATION

Employer identification number

04-1591200

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b	Yes	
2		
3		
4a		No
4b		No
4c		No
5a		
5b		
6a		
6b		
7		
8		
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MERRIE NAJIMY PRESIDENT	(i)	143,654	0	0	0	9,186	152,840	0
	(ii)	0	0	0	0	0	0	0
2 LISA GALLATIN EXECUTIVE DIRECTOR-TREASUR	(i)	147,134	0	0	98,376	12,547	258,057	0
	(ii)	0	0	0	0	0	0	0
3 IRA FADER GENERAL COUNSEL	(i)	216,015	0	0	646,119	28,541	890,675	0
	(ii)	0	0	0	0	0	0	0
4 KATHLEEN CONWAY DIRECTOR, FINANCE & ACCOUN	(i)	187,841	0	0	346,693	9,186	543,720	0
	(ii)	0	0	0	0	0	0	0
5 JAMES SACKS DIRECTOR OF COMMUNICATIONS	(i)	199,292	0	0	368,369	28,541	596,202	0
	(ii)	0	0	0	0	0	0	0
6 ANN SULLIVAN DIRECTOR OF AFFILIATE SERV	(i)	249,137	0	0	362,543	8,402	620,082	0
	(ii)	0	0	0	0	0	0	0
7 LAURIE HOULE COUNSEL	(i)	180,001	0	0	0	0	180,001	0
	(ii)	0	0	0	0	0	0	0
8 MARK HICKERNELL COUNSEL	(i)	180,210	0	0	0	0	180,210	0
	(ii)	0	0	0	0	0	0	0
9 MAURA SWEENEY COUNSEL	(i)	236,578	0	0	0	0	236,578	0
	(ii)	0	0	0	0	0	0	0
10 MATTHEW JONES COUNSEL	(i)	179,393	0	0	0	0	179,393	0
	(ii)	0	0	0	0	0	0	0
11 BEVERLY MIYARES COUNSEL	(i)	184,575	0	0	0	0	184,575	0
	(ii)	0	0	0	0	0	0	0
12 ANN CLARKE FORMER EXECUTIVE DIRECTOR/	(i)	136,649	0	0	-180,959	1,810	-42,500	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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Additional Data

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SCHEDULE O
(Form 990 or 990-
EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

2019**Open to Public
Inspection**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.

▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury

Name of the organization
MASSACHUSETTS TEACHERS ASSOCIATION

Employer identification number

04-1591200

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS APPROXIMATELY 116,000 MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7A	THE ORGANIZATION'S MEMBERS ELECT THE DELEGATES, WHO REPRESENT THEM IN VOTING TO ELECT THE GOVERNING BODY, THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION A, LINE 7B	THE ANNUAL MEETING OF DELEGATES HAS THE RIGHT TO ADDRESS ANY ITEMS OR ACTIONS TAKEN BY THE BOARD DURING THE YEAR.
FORM 990, PART VI, SECTION B, LINE 11B	A COPY OF FORM 990 IS PROVIDED TO EACH BOARD MEMBER ALLOWING THEM AN OPPORTUNITY TO ADDRESS ANY QUESTIONS REGARDING THE RETURN.
FORM 990, PART VI, SECTION B, LINE 12C	THERE IS AN ANNUAL UPDATE TO THE POLICY DOCUMENTED BY SIGNED STATEMENTS OF THE BOARD AND MANAGEMENT GROUP.
FORM 990, PART VI, SECTION B, LINE 15	THERE IS A PERSONNEL SELECTION TEAM USED FOR MANAGEMENT AND KEY PERSONNEL HIRES.
FORM 990, PART VI, SECTION C, LINE 19	COPIES ARE AVAILABLE UPON REQUEST.
FORM 990, PART XI, LINE 9:	PENSION ADJUSTMENT -24,971,542. CURRENT YEAR SUBSIDIARY OPERATING INCOME -963,343. POST RETIREMENT HEALTH ADJUSTMENT -1,684,933.
FORM 990, PART XI, LINE 2C	THERE HAVE BEEN NO CHANGES FROM THE PRIOR YEAR IN THE METHODS USED BY THE COMMITTEE RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

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**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
MASSACHUSETTS TEACHERS ASSOCIATION

Employer identification number

04-1591200

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II 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 during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) MASSACHUSETTS CHILD INC 2 HERITAGE DRIVE 8TH FLOOR QUINCY, MA 02171 14-1859485	TO PROVIDE SUPPORT FOR STUDENTS OF MTA MEMBERS IN TIMES OF HARDSHIP	MA	501(C)(3)	LINE 7	MASSACHUSETTS TEACHERS ASSOCIATION		No
(2) MASSACHUSETTS TEACHERS ASSOCIATION INDEPENDENT EXPENDITURE PAC 2 HERITAGE DRIVE 8TH FLOOR QUINCY, MA 02171 48-4820113	TO SUPPORT THE ELECTION OF PRO-PUBLIC EDUCATION CANDIDATES	MA	527	LINE 10	MASSACHUSETTS TEACHERS ASSOCIATION		No

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	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(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
(1) MASSACHUSETTS TEACHERS ASSOCIATION BENEFITS INC 2 HERITAGE DRIVE 8TH FLOOR QUINCY, MA 02171 04-2455608	TO PROVIDE INSURANCE AND BENEFITS FOR MTA MEMBERS	MA	MASSACHUSETTS TEACHERS ASSOCIATION	C	-963,343	1,691,483	100.000 %		No

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 organization 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 Yes	
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
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)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n Yes	
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	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) MASSACHUSETTS TEACHERS ASSOCIATION BENEFITS INC	A	47,815	ACTIVITY BASED ROYALTY
(2) MASSACHUSETTS TEACHERS ASSOCIATION BENEFITS INC	L	7,281	ACTIVITY BASED PRINTING FEES
(3) MASSACHUSETTS TEACHERS ASSOCIATION BENEFITS INC	L	132,976	ACTIVITY BASED ADVERTISING SUPPOR
(4) MASSACHUSETTS TEACHERS ASSOCIATION BENEFITS INC	L	183,365	ACTIVITY BASED ADMINISTRATIVE FEE
(5) MASSACHUSETTS CHILD INC	L	71	ACTIVITY BASED PRINTING FEES
(6) MASSACHUSETTS CHILD INC	B	20,000	CONTRIBUTIONS

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference

Explanation

Schedule R (Form 990) 2019

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