

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2021

Open to Public Inspection

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

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

Form 990 Department of the Treasury

For the 2021 calendar year, or tax year beginning 07-01-2021, and ending 06-30-2022

- 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 \$ 123,868,733

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? No. H(b) Are all subordinates included? No. H(c) Group exemption number

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. 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.

Table with 2 columns: Description, Amount. Rows 2-7a: 2 Check this box, 3 Number of voting members (73), 4 Number of independent voting members (70), 5 Total number of individuals employed (274), 6 Total number of volunteers (0), 7a Total unrelated business revenue (246,892), 7b Net unrelated business taxable income (84,409)

Table with 3 columns: Description, Prior Year, Current Year. Rows 8-12: 8 Contributions and grants (0), 9 Program service revenue (43,839,010), 10 Investment income (6,324,666), 11 Other revenue (4,975,680), 12 Total revenue (55,139,356)

Table with 3 columns: Description, Prior Year, Current Year. Rows 13-19: 13 Grants and similar amounts paid (0), 14 Benefits paid (0), 15 Salaries, other compensation (36,694,254), 16a Professional fundraising fees (0), 16b Total fundraising expenses (0), 17 Other expenses (13,415,972), 18 Total expenses (50,110,226), 19 Revenue less expenses (5,029,130)

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows 20-22: 20 Total assets (117,820,111), 21 Total liabilities (36,177,755), 22 Net assets or fund balances (81,642,356)

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 2023-04-11

Paid Preparer Use Only: Print/Type preparer's name CITRIN COOPERMAN ADVISORS LLC, Preparer's signature, Date 2023-04-11, Firm's name, Firm's address, PTIN P01718349, Firm's EIN 87-2525370, Phone no. (401) 421-4800

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 \$ 5,849,202 including grants of \$ ) (Revenue \$ ) ASSIST LOCAL ASSOCIATIONS IN PROTECTING MEMBERS' RIGHTS, INCLUDING BUT NOT LIMITED TO CONTRACT INTERPRETATIONS AND ENFORCEMENT, DEPARTMENT OF LABOR FILINGS, ADVISING LOCAL LEADERS ON TRAINING, INTERNAL PROCEDURES AND COMMUNICATION.

4b (Code: ) (Expenses \$ 4,225,728 including grants of \$ ) (Revenue \$ ) ASSIST OVER 400 LOCAL ASSOCIATIONS IN THE COLLECTIVE BARGAINING PROCESS.

4c (Code: ) (Expenses \$ 4,043,479 including grants of \$ ) (Revenue \$ ) PLANNING, ADVISING AND PARTICIPATION WITH LOCALS ON GENERAL/INTERNAL MEMBERSHIP ORGANIZING OR MOBILIZING ACTIVITIES.

(Code: ) (Expenses \$ 30,578,027 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 \$ 30,578,027 including grants of \$ ) (Revenue \$ )

4e Total program service expenses 44,696,436

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
<b>22</b>	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
<b>23</b>	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	
<b>24a</b>	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
<b>24b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>24c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>24d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> . . . . .		
<b>25b</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? <i>If "Yes," complete Schedule L, Part I</i>		
<b>26</b>	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
<b>27</b>	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
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>28a</b>	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
<b>28b</b>	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>28c</b>	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
<b>32</b>	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
<b>33</b>	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
<b>34</b>	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	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
<b>35b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		
<b>37</b>	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
<b>38</b>	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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
<b>1a</b>	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments and reportable gaming (gambling) winnings to prize winners? . . . . .	Yes	

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

<p><b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .</p>	<p><b>2a</b> <span style="float: right;">274</span></p>			
<p><b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.</p>	<p><b>2b</b></p>	<p>Yes</p>		
<p><b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .</p>	<p><b>3a</b></p>	<p>Yes</p>		
<p><b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i></p>	<p><b>3b</b></p>	<p>Yes</p>		
<p><b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</p>	<p><b>4a</b></p>		<p>No</p>	
<p><b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .</p>	<p><b>5a</b></p>		<p>No</p>	
<p><b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>	<p><b>5b</b></p>		<p>No</p>	
<p><b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .</p>	<p><b>5c</b></p>			
<p><b>6a</b> 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? . . . . .</p>	<p><b>6a</b></p>		<p>No</p>	
<p><b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .</p>	<p><b>6b</b></p>			
<p><b>7 Organizations that may receive deductible contributions under section 170(c).</b></p>				
<p><b>a</b> 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? . . . . .</p>	<p><b>7a</b></p>		<p>No</p>	
<p><b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .</p>	<p><b>7b</b></p>			
<p><b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .</p>	<p><b>7c</b></p>		<p>No</p>	
<p><b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .</p>	<p><b>7d</b></p>			
<p><b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>	<p><b>7e</b></p>		<p>No</p>	
<p><b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>	<p><b>7f</b></p>		<p>No</p>	
<p><b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .</p>	<p><b>7g</b></p>			
<p><b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .</p>	<p><b>7h</b></p>			
<p><b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>	<p><b>8</b></p>			
<p><b>9 Sponsoring organizations maintaining donor advised funds.</b></p>				
<p><b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?</p>	<p><b>9a</b></p>			
<p><b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .</p>	<p><b>9b</b></p>			
<p><b>10 Section 501(c)(7) organizations.</b> Enter:</p>				
<p><b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .</p>	<p><b>10a</b></p>			
<p><b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	<p><b>10b</b></p>			
<p><b>11 Section 501(c)(12) organizations.</b> Enter:</p>				
<p><b>a</b> Gross income from members or shareholders . . . . .</p>	<p><b>11a</b></p>			
<p><b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)</p>	<p><b>11b</b></p>			
<p><b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?</p>				
<p><b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.</p>	<p><b>12b</b></p>			
<p><b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b></p>				
<p><b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . .</p>	<p><b>13a</b></p>			
<p><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.</p>				
<p><b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .</p>	<p><b>13b</b></p>			
<p><b>c</b> Enter the amount of reserves on hand . . . . .</p>	<p><b>13c</b></p>			
<p><b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .</p>	<p><b>14a</b></p>		<p>No</p>	
<p><b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . . . .</i></p>	<p><b>14b</b></p>			
<p><b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . .</p>	<p><b>15</b></p>		<p>No</p>	
<p><b>16</b> If the organization is a trust, did it file Form 720, Schedule E, to report the section 4968 excise tax on net investment income? . . . . .</p>	<p><b>16</b></p>		<p>No</p>	
<p><i>If "Yes," complete Form 4720, Schedule O.</i></p>				
<p><b>17 Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . .</p>	<p><b>17</b></p>			
<p><i>If "Yes," complete Form 6069.</i></p>				

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 (73), 1b (70), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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, 10b, 11a, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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: ANN MAGUIRE CONTROLLER 2 HERITAGE DRIVE 8TH FLOOR QUINCY, MA 02171 (617) 878-8309

**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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) ADAM SNODGRASS BOARD MEMBER	5.00	X						0	0	0
(2) ALEXIZENDRIA LINK BOARD MEMBER	5.00	X						0	0	0
(3) AM CECIL FUOTI BOARD MEMBER	5.00	X						0	0	0
(4) ANDREA PIRES-MCCORMICK BOARD MEMBER	5.00	X						0	0	0
(5) ANDREI JOSEPH BOARD MEMBER	5.00	X						0	0	0
(6) ANNE WASS BOARD MEMBER	5.00	X						0	0	0
(7) ANNETA ARGYRES BOARD MEMBER	5.00	X						0	0	0
(8) BENJAMIN EISEN BOARD MEMBER	5.00	X						0	0	0
(9) BARRY DAVIS BOARD MEMBER	5.00	X						0	0	0
(10) BERNADETTE MURPHY BOARD MEMBER	5.00	X						0	0	0
(11) BRIA HANSON BOARD MEMBER	5.00	X						0	0	0
(12) CANDACE SHIVERS BOARD MEMBER	5.00	X						0	0	0
(13) CEDRIC CUNNINGHAM BOARD MEMBER	5.00	X						0	0	0
(14) CHERI CLUFF BOARD MEMBER	5.00	X						0	0	0
(15) CHERI ARMSTRONG BOARD MEMBER	5.00	X						0	0	0
(16) CHRISTEN HERLAND BOARD MEMBER	5.00	X						0	0	0
(17) CHRISTINE TURNER 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) CHRISTOPHER SAULNIER BOARD MEMBER	5.00	X						0	0	0
(19) CHRISTOPHER GUSMAN BOARD MEMBER	5.00	X						0	0	0
(20) CHRISTINE MULRONEY BOARD MEMBER	5.00	X						0	0	0
(21) CYNTHIA ROY BOARD MEMBER	5.00	X						0	0	0
(22) DALE FOREST BOARD MEMBER	5.00	X						0	0	0
(23) DAPHNEE BALAN BOARD MEMBER	5.00	X						0	0	0
(24) DEBORAH MCCARTHY BOARD MEMBER	5.00	X						0	0	0
(25) DIANA MARCUS BOARD MEMBER	5.00	X						0	0	0
(26) DONNA GRADY BOARD MEMBER	5.00	X						0	0	0
(27) ELIZABETH PREVAL BOARD MEMBER	5.00	X						0	0	0
(28) FRED HOPKINS BOARD MEMBER	5.00	X						0	0	0
(29) GINGER ARMSTRONG BOARD MEMBER	5.00	X						0	0	0
(30) GRACIELA MOHAMEDI BOARD MEMBER	5.00	X						0	0	0
(31) HANNAH WEINSAFT BOARD MEMBER	5.00	X						0	0	0
(32) TINA MANSFIELD BOARD MEMBER	5.00	X						0	0	0
(33) HEIDI LAHEY BOARD MEMBER	5.00	X						0	0	0
(34) JENNIFER SILVA BOARD MEMBER	5.00	X						0	0	0
(35) JACQUELINE GORRIE BOARD MEMBER	5.00	X						0	0	0
(36) JESSICA BOOTS BOARD MEMBER	5.00	X						0	0	0
(37) JESSICA WENDER-SHUBOW BOARD MEMBER	5.00	X						0	0	0
(38) JODY SHEEHAN BOARD MEMBER	5.00	X						0	0	0
(39) JOHN SULLIVAN BOARD MEMBER	5.00	X						0	0	0
(40) JONATHAN WOLAN BOARD MEMBER	5.00	X						0	0	0
(41) JOSEPH NARDONI BOARD MEMBER	5.00	X						0	0	0
(42) JOSEPH SPREMULLI BOARD MEMBER	5.00	X						0	0	0
(43) JOSEPH VANDERGRIFT BOARD MEMBER	5.00	X						0	0	0
(44) JUNE GUSTAFSON BOARD MEMBER	5.00	X						0	0	0
(45) KATHLEEN MELTSAKOS BOARD MEMBER	5.00	X						0	0	0
(46) KATUSKA LECARO BOARD MEMBER	5.00	X						0	0	0
(47) KEITH WASHINGTON BOARD MEMBER	5.00	X						0	0	0
(48) KELLY HENDERSON BOARD MEMBER	5.00	X						0	0	0
(49) KRISTINE BARKER BOARD MEMBER	5.00	X						0	0	0
(50) KRISTEN MARTIN BOARD MEMBER	5.00	X						0	0	0
(51) KRISTY DYER BOARD MEMBER	5.00	X						0	0	0
(52) LAURIANNE GILBERT BOARD MEMBER	5.00	X						0	0	0
(53) LISA GALLATIN EXECUTIVE DIRECTOR-TREASUR	40.00	X		X			212,358	0	110,515	
(54) MARIA HEBBLOOM BOARD MEMBER	5.00	X					0	0	0	0
(55) MARY FOYLE BOARD MEMBER	5.00	X					0	0	0	0
(56) MARY MALINOWSKI BOARD MEMBER	5.00	X					0	0	0	0
(57) MATTHEW BACH BOARD MEMBER	5.00	X					0	0	0	0
(58) MAX PAGE VICE PRESIDENT	40.00	X		X			54,699	0	47,313	
(59) MERRIE NAJIMY PRESIDENT	40.00	X		X			138,083	0	37,337	
(60) NAOMI AKAN BOARD MEMBER	5.00	X					0	0	0	0
(61) NICOLE PREVOST BOARD MEMBER	5.00	X					0	0	0	0
(62) PAULA RIGANO-MURRAY BOARD MEMBER	5.00	X					0	0	0	0
(63) PETER LAHEY BOARD MEMBER	5.00	X					0	0	0	0
(64) ROSEMARIE FREELAND BOARD MEMBER	5.00	X					0	0	0	0
(65) ROSA LOPEZ-WHITEHILL BOARD MEMBER	5.00	X					0	0	0	0
(66) SAUL RAMOS BOARD MEMBER	5.00	X					0	0	0	0
(67) SHELLY FRASER BOARD MEMBER	5.00	X					0	0	0	0
(68) SUE DOHERTY BOARD MEMBER	5.00	X					0	0	0	0
(69) THOMAS ESTABROOK BOARD MEMBER	5.00	X					0	0	0	0
(70) TIMOTHY DWYER BOARD MEMBER	5.00	X					0	0	0	0
(71) TRACY LITTLE-SASANECKI BOARD MEMBER	5.00	X					0	0	0	0
(72) YAHAIRA RODRIGUEZ BOARD MEMBER	5.00	X					0	0	0	0
(73) YAN YII BOARD MEMBER	5.00	X					0	0	0	0
(74) JAMES SACKS DIRECTOR OF COMMUNICATIONS	40.00			X			206,665	0	180,955	
(75) KATHLEEN CONWAY DIRECTOR, FINANCE & ACCOUNTING THROUGH 7/31/21	40.00			X			193,272	0	-34,905	
(76) MIKE FADEL DIRECTOR	40.00			X			189,703	0	91,551	
(77) REBECCA YEE DIRECTOR	40.00			X			193,213	0	88,803	
(78) BEVERLY MIYARES DIRECTOR	40.00				X		213,546	0	0	0
(79) LAURIE HOULE COUNSEL	40.00				X		191,707	0	0	0
(80) MARK HICKERNELL COUNSEL	40.00				X		196,253	0	0	0
(81) QUESIYAH ALI COUNSEL	40.00				X		183,665	0	0	0
(82) RICHARD MULLANE COUNSEL	40.00				X		188,181	0	0	0
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							2,161,345	0	521,569	

**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 **▶ 1 2 4**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b> 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>	Yes	
<b>5</b> 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>		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
DS OCONNOR & ASSOCIATES 639 GRANITE STREET BRAINTREE, MA 02184	LEGAL	934,843
SANDULLI GRACE PC 44 SCHOOL STREET SUITE 1100 BOSTON, MA 02108	LEGAL	740,082
THE NEW MEDIA FIRM INC 1730 RHODE ISLAND AVENUE SUITE 213 WASHINGTON, DC 20036	MEDIA PLACEMENT & PRODUCTION	315,094
SEGAL ROITMAN LLP 33 HARRISON AVENUE 7TH FLOOR BOSTON, MA 02111	LEGAL	255,586
BELLOW & WELSH LLP 125 SUMMER STREET SUITE 1200 BOSTON, MA 02110	LEGAL	123,448

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

Program Service Revenue		Business Code				
<b>2a</b>	MEMBERSHIP DUES	900099	44,757,853	44,757,853		
<b>b</b>						
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b>	All other program service revenue.					
<b>g Total.</b>	Add lines 2a-2f. . . . .		44,757,853			

Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		761,330			761,330	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real					
		(ii) Personal					
		<b>6b</b> Less: rental expenses					
		<b>6c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss) . . . . .						
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	73,086,600				
		(ii) Other					
		<b>7b</b> Less: cost or other basis and sales expenses	58,887,318				
		<b>7c</b> Gain or (loss)	14,199,282				
	<b>d</b> Net gain or (loss) . . . . .		14,199,282	14,199,282			
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .						
		<b>8b</b> Less: direct expenses					
	<b>c</b> Net income or (loss) from fundraising events . . . . .						
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .						
		<b>9b</b> Less: direct expenses					
	<b>c</b> Net income or (loss) from gaming activities . . . . .						
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .						
<b>10b</b> Less: cost of goods sold							
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
Miscellaneous Revenue		Business Code					
<b>11a</b>	NEA UNISERVE	541900	2,816,187	2,816,187			
<b>b</b>	NEA LEGAL	541900	1,524,720	1,524,720			
<b>c</b>	MGMT & PERSONNEL FEE	541900	117,732		117,732		
<b>d</b>	All other revenue . . . . .		804,311	675,151	129,160		
<b>e Total.</b>	Add lines 11a-11d . . . . .		5,262,950				
<b>12 Total revenue.</b>	See instructions . . . . .		64,981,415	63,973,193	246,892	761,330	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,709,653			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	20,404,865			
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,332,599			
<b>9</b> Other employee benefits	5,374,660			
<b>10</b> Payroll taxes	1,753,708			
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	2,204,117			
<b>c</b> Accounting	41,082			
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	500,075			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,933,686			
<b>12</b> Advertising and promotion	218,717			
<b>13</b> Office expenses	995,017			
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	1,650,223			
<b>17</b> Travel	438,947			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	1,659,548			
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	913,667			
<b>23</b> Insurance	143,252			
<b>24</b> 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.)				
<b>a</b> UNRELATED BUSINESS TAXE	17,777			
<b>b</b> PUBLIC RELATIONS	5,028,515			
<b>c</b> LOCAL OFFICE SUPPORT	1,878,024			
<b>d</b> DUES & SUBSCRIPTIONS	432,747			
<b>e</b> All other expenses	183,533			
<b>25</b> Total functional expenses. Add lines 1 through 24e	53,814,412			
<b>26</b> 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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash-non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments	13,717,130	<b>2</b>	15,952,691
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	4,813,442	<b>4</b>	4,337,847
	<b>5</b> Loans and other receivables from 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		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	859,572	<b>9</b>	1,058,727
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 8,461,531		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 6,219,197	3,141,387	<b>10c</b> 2,242,334
	<b>11</b> Investments—publicly traded securities . . . . .	91,444,273	<b>11</b>	77,435,636
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	3,844,307	<b>15</b>	3,737,898
<b>16 Total assets:</b> Add lines 1 through 15 (must equal line 33) . . . . .	117,820,111	<b>16</b>	104,765,133	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	7,456,811	<b>17</b>	7,618,747
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	533,880	<b>19</b>	551,712
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other 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		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	348,522	<b>23</b>	137,486
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	27,838,542	<b>25</b>	22,733,190	
<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	36,177,755	<b>26</b>	31,041,135	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	81,642,356	<b>27</b>	73,723,998
	<b>28</b> Net assets with donor restrictions		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32</b> Total net assets or fund balances	81,642,356	<b>32</b>	73,723,998
<b>33</b> Total liabilities and net assets/fund balances	117,820,111	<b>33</b>	104,765,133	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	64,981,415
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	53,814,412
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	11,167,003
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	81,642,356
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-25,277,199
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	6,191,838
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	<b>10</b>	73,723,998

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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 on Schedule O.		
<b>2a</b>	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
<b>2b</b>	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	
<b>2c</b>	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	
<b>3a</b>	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
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

**Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**Form 990, Special Condition Description:**

**Special Condition Description**

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

**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.**

<b>1</b>	Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."	
<b>2</b>	Political campaign activity expenditures. See instructions .....	\$ 652,483
<b>3</b>	Volunteer hours for political campaign activities. See instructions .....	0

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

<b>1</b>	Enter the amount of any excise tax incurred by the organization under section 4955 .....	\$	
<b>2</b>	Enter the amount of any excise tax incurred by organization managers under section 4955 .....	\$	
<b>3</b>	If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4a</b>	Was a correction made? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</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).**

<b>1</b>	Enter the amount directly expended by the filing organization for section 527 exempt function activities .....	\$	
<b>2</b>	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities .....	\$	
<b>3</b>	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.....	\$	
<b>4</b>	Did the filing organization file <b>Form 1120-POL</b> for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5</b>	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.		

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1) VOICE OF TEACHERS FOR EDUCATION	2 HERITAGE DRIVE 8TH FLOOR QUINCY, MA 02171	04-1591200		500
(2) RAISE UP MASSACHUSETTS	202 BONHAM RD DEDHAM, MA 02026	46-3152328		4,050,000
(3) MASSACHUSETTS TEACHERS ASSOCIATION INDEPENDENT EXPENDITURE PAC	2 HERITAGE DRIVE 8TH FLOOR QUINCY, MA 02171	46-4820113		10,000
(4) MA NOT FOR SALE	8 BEACON STREET 3RD FLOOR BOSTON, MA 02108	87-0899712		95,000
5				
6				

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> <b>(The term "expenditures" means amounts paid or incurred.)</b>	<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%; text-align:left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%; text-align:left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	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.		
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.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes <input type="checkbox"/> 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.)**

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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 activity.

Table with 3 main columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total...; 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).**

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

**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."**

Table with 2 main columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 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; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 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?; 5 Taxable amount of lobbying and political expenditures. See Instructions

**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.

Table with 2 columns: Return Reference, Explanation. Row 1: 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**

**Return to Form**

**Software ID:**

**Software Version:**

Supplemental Financial Statements

2021

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor informed status.

Part II Conservation Easements.

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

Form for Part II Conservation Easements. Includes checkboxes for various purposes (land for public use, natural habitat, open space, etc.), a table for 'Held at the End of the Year' with rows 2a-2d, and several text-based questions about monitoring and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements and amounts for art and historical treasures.

**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    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 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
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> 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** Term 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
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**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
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements		4,919,875	3,222,883	1,696,992
<b>d</b> Equipment . . . . .		2,717,004	2,475,473	241,531
<b>e</b> Other . . . . .		824,652	520,841	303,811
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				2,242,334

**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 _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (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	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	22,733,190

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>

**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.

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

**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, 2022, 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](http://www.irs.gov/Form990) for instructions and the latest information.**

**2021**

**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
<b>1a</b>	Yes	
<b>2</b>	Yes	
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		
<b>5b</b>		
<b>6a</b>		
<b>6b</b>		
<b>7</b>		
<b>8</b>		
<b>9</b>		

**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, 1099-MISC compensation, and/or 1099-NEC			(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				
<b>1</b> JAMES SACKS DIRECTOR OF COMMUNICATIONS	(i)	206,665	0	0	150,330	30,625	387,620	0
	(ii)	0	0	0	0	0	0	0
<b>2</b> LISA GALLATIN EXECUTIVE DIRECTOR-TREASUR	(i)	212,358	0	0	83,937	26,578	322,873	0
	(ii)	0	0	0	0	0	0	0
<b>3</b> REBECCA YEE DIRECTOR	(i)	193,213	0	0	78,948	9,855	282,016	0
	(ii)	0	0	0	0	0	0	0
<b>4</b> MIKE FADEL DIRECTOR	(i)	189,703	0	0	81,696	9,855	281,254	0
	(ii)	0	0	0	0	0	0	0
<b>5</b> BEVERLY MIYARES DIRECTOR	(i)	213,546	0	0	0	0	213,546	0
	(ii)	0	0	0	0	0	0	0
<b>6</b> MARK HICKERNELL COUNSEL	(i)	196,253	0	0	0	0	196,253	0
	(ii)	0	0	0	0	0	0	0
<b>7</b> LAURIE HOULE COUNSEL	(i)	191,707	0	0	0	0	191,707	0
	(ii)	0	0	0	0	0	0	0
<b>8</b> RICHARD MULLANE COUNSEL	(i)	188,181	0	0	0	0	188,181	0
	(ii)	0	0	0	0	0	0	0
<b>9</b> QUESIYAH ALI COUNSEL	(i)	183,665	0	0	0	0	183,665	0
	(ii)	0	0	0	0	0	0	0
<b>10</b> MERRIE NAJIMY PRESIDENT	(i)	138,083	0	0	10,759	26,578	175,420	0
	(ii)	0	0	0	0	0	0	0
<b>11</b> KATHLEEN CONWAY DIRECTOR, FINANCE & ACCOUNTING THROU	(i)	193,272	0	0	-41,459	6,554	158,367	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
------------------	-------------

## **Additional Data**

[Return to Form](#)

**Software ID:**  
**Software Version:**

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2021****Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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 116,244 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 1,482,634. CURRENT YEAR SUBSIDIARY OPERATING INCOME 43,591. POST RETIREMENT HEALTH ADJUSTMENT 4,665,613.
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.

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047  
**2021**  
**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](http://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
<b>(1)</b> 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
<b>(2)</b> 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	43,591	3,737,898	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.

**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 . . . . .
- b** Gift, grant, or capital contribution to related organization(s) . . . . .
- c** Gift, grant, or capital contribution from related organization(s) . . . . .
- d** Loans or loan guarantees to or for related organization(s) . . . . .
- e** Loans or loan guarantees by related organization(s) . . . . .
- f** Dividends from related organization(s) . . . . .
- g** Sale of assets to related organization(s) . . . . .
- h** Purchase of assets from related organization(s) . . . . .
- i** Exchange of assets with related organization(s) . . . . .
- j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .
- k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .
- o** Sharing of paid employees with related organization(s) . . . . .
- p** Reimbursement paid to related organization(s) for expenses . . . . .
- q** Reimbursement paid by related organization(s) for expenses . . . . .
- r** Other transfer of cash or property to related organization(s) . . . . .
- s** Other transfer of cash or property from related organization(s) . . . . .

	Yes	No
<b>1a</b>	Yes	
<b>1b</b>	Yes	
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>	Yes	
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>	Yes	
<b>1k</b>		No
<b>1l</b>	Yes	
<b>1m</b>	Yes	
<b>1n</b>	Yes	
<b>1o</b>		No
<b>1p</b>		No
<b>1q</b>		No
<b>1r</b>		No
<b>1s</b>		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
<b>(1)</b> MASSACHUSETTS TEACHERS ASSOCIATION BENEFITS INC	A	52,925	ACTIVITY BASED ROYALTY
<b>(2)</b> MASSACHUSETTS TEACHERS ASSOCIATION BENEFITS INC	L	14,562	ACTIVITY BASED PRINTING FEES
<b>(3)</b> MASSACHUSETTS TEACHERS ASSOCIATION BENEFITS INC	L	106,905	ACTIVITY BASED ADVERTISING SUPPOR
<b>(4)</b> MASSACHUSETTS TEACHERS ASSOCIATION BENEFITS INC	L	194,982	ACTIVITY BASED ADMINISTRATIVE FEE
<b>(5)</b> MASSACHUSETTS CHILD INC	L	82	ACTIVITY BASED PRINTING FEES
<b>(6)</b> MASSACHUSETTS CHILD INC	B	10,000	CONTRIBUTIONS
<b>(7)</b> MASSACHUSETTS TEACHERS ASSOCIATION BENEFITS INC	L	7,711	IEPAC MISC EXPENSE
<b>(8)</b> MASSACHUSETTS TEACHERS ASSOCIATION BENEFITS INC	J	20,000	ANNUAL MEETING BOOTH RENTAL
<b>(9)</b> MASSACHUSETTS TEACHERS ASSOCIATION BENEFITS INC	F	150,000	DIVIDEND



**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference

Explanation

Schedule R (Form 990) 2021

**Additional Data**[Return to Form](#)**Software ID:****Software Version:**