

Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

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

C Name of organization
RED CLAY EDUCATION ASSOCIATIONINC

Number and street (or P O box, if mail is not delivered to street address) Room/suite
4135 OGLETOWN-STANTON ROAD STE 103

City or town, state or province, country, and ZIP or foreign postal code
NEWARK, DE 197134180

D Employer identification number
51-0374491

E Telephone number
(302) 366-8440

F Group Exemption Number ▶

G Accounting Method ☐ Cash ☒ Accrual Other (specify) ▶

H Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ WWW.REDCLAYEA.ORG

J Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☐ Corporation ☐ Trust ☒ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 124,363

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)									
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>									
Revenue	1	Contributions, gifts, grants, and similar amounts received					1	30,482	
	2	Program service revenue including government fees and contracts					2		
	3	Membership dues and assessments					3	93,877	
	4	Investment income					4	4	
	5a	Gross amount from sale of assets other than inventory			5a		5c		
	b	Less cost or other basis and sales expenses			5b				
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)							
	6	Gaming and fundraising events					6d		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)			6a				
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)			6b				
c	Less direct expenses from gaming and fundraising events			6c					
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)								
7a	Gross sales of inventory, less returns and allowances			7a		7c			
b	Less cost of goods sold			7b					
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)								
8	Other revenue (describe in Schedule O)					8			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8					9	124,363		
Expenses	10	Grants and similar amounts paid (list in Schedule O)					10		
	11	Benefits paid to or for members					11	6,610	
	12	Salaries, other compensation, and employee benefits					12	22,133	
	13	Professional fees and other payments to independent contractors					13	82,321	
	14	Occupancy, rent, utilities, and maintenance					14	1,146	
	15	Printing, publications, postage, and shipping					15	370	
	16	Other expenses (describe in Schedule O)					16	35,416	
17	Total expenses. Add lines 10 through 16					17	147,996		
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)					18	-23,633	
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)					19	236,408	
	20	Other changes in net assets or fund balances (explain in Schedule O)					20		
	21	Net assets or fund balances at end of year. Combine lines 18 through 20					21	212,775	

Part II

Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

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	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	227,054	22	170,759
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	13,064	24	43,668
25 Total assets	240,118	25	214,427
26 Total liabilities (describe in Schedule O)	3,710	26	1,652
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	236,408	27	212,775

Part III

Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

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What is the organization's primary exempt purpose?
TEACHERS LABOR UNION ADVANCE THE INTERESTS OF UNION MEMBERSHIP

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28

See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here

☐

28a

29

(Grants \$) If this amount includes foreign grants, check here

☐

29a

30

(Grants \$) If this amount includes foreign grants, check here

☐

30a

31

Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here

☐

31a

32

Total program service expenses (add lines 28a through 31a)

☐

32

Part IV

List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

☐

(a) Name and title	(b) Average hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MICHAEL MATTHEWS PRESIDENT	000 00	0		3,247
KELLY FIRKO VICE PRESIDE	1 44	4,000		469
JILL LEAGUE SECRETARY	1 29	3,000		
LAURA STAROPOLI TREASURER	1 35	3,000		264
BEVERLY ALLEN COMMITTEE CH	0 81	1,350		197
BETH SCHWARTZ COMMITTEE CH	1 74	1,350		
STEVEN FACKENTHALL COMMITTEE CH	2 02	1,350		480
JANETTE VICKERS COMMITTEE CH	3 12	1,350		886
NICOLE BRADDOCK COMMITTEE CH	1 24	1,350		216
COURTNEY KALBACH COMMITTEE CH	1 56	1,350		340
VICTORIA SEIFRED COMMITTEE CH	1 25	675		550

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V)

Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
b	Did the organization file Form 1120-POL for this year?	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶, section 4912 ▶, section 4955 ▶		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed ▶		
42a	The organization's books are in care of ▶ LAURA STAROPOLI Telephone no ▶ (302) 777-5087 Located at ▶ 1625-A NUNION STREET WILMINGTON, DE ZIP + 4 ▶ 19806		
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)?	42b	No
	If "Yes," enter the name of the foreign country ▶		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c	No
	If "Yes," enter the name of the foreign country ▶		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

Additional Data

Software ID:

Software Version:

EIN: 51-0374491

Name: RED CLAY EDUCATION ASSOCIATIONINC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for 501(c)(3) and
501(c)(4) organizations and
4947(a)(1) trusts; optional
for others.)

28

PROTECTED AND PROMOTED INTEREST OF MORE THAN 1100 EDUCATIONAL PROFESSIONALS

(Grants \$)

If this amount includes foreign grants, check here . . . ☐

28a

SCHEDULE O
(Form 990 or
990-EZ)Department of the
Treasury
Internal Revenue
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2015**Open to Public
Inspection**Name of the organization
RED CLAY EDUCATION ASSOCIATIONINC**Employer identification number**

51-0374491

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES OFFICE SUPPLIES AND EXPENSE 490 TRAVEL 6,649 CONFERENCES & MEETINGS 13,253 DEPRECIATION 212 DSEA RA 2,317 EXECUTIVE FUNCTIONS 2,896 REPRESENTATIVE COUNCIL 7,530 STORAGE 1,515 GECAN TRAINING EXPENSE 504 TAXES 50 TOTAL 35,416
FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 12,837 43,653 FURNITURE & OFFICE EQUIPMENT 8,547 8,547 LESS ACCUMULATED DEPRECIATION 8,320 8,532 TOTAL 13,064 43,668

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 3,710 1,652