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Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2013**

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](http://www.irs.gov/form990).Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

<b>A</b> For the 2013 calendar year, or tax year beginning <b>SEP 1, 2013</b> and ending <b>AUG 31, 2014</b>	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Olympia Education Association</b> Number and street (or P O box, if mail is not delivered to street address) Room/suite <b>1619 State Ave. NE</b> City or town, state or province, country, and ZIP or foreign postal code <b>Olympia, WA 98840</b>
<b>G</b> Accounting Method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶	<b>D</b> Employer identification number <b>23-7332836</b>
<b>I</b> Website: ▶ <b>N/A</b>	<b>E</b> Telephone number <b>(360) 525-5255</b>
<b>J</b> Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 5 ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>F</b> Group Exemption Number ▶
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	<b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
<b>L</b> 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. ▶ \$ <b>149,538.</b>	

**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 ☒

<b>Revenue</b>	1	Contributions, gifts, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	148,007.
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5c	
	5b	Less cost or other basis and sales expenses		
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)		
	6b	Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6d	
	6c	Less direct expenses from gaming and fundraising events		
7a	Gross sales of inventory, less returns and allowances	7c		
7b	Less cost of goods sold			
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			
8	Other revenue (describe in Schedule O)	8	1,531.	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	149,538.	
<b>Expenses</b>	10	Grants and similar amounts paid (list in Schedule O)	10	2,000.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	75,651.
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	3,404.
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	64,095.
	17	<b>Total expenses.</b> Add lines 10 through 16	17	145,150.
<b>Net Assets</b>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,388.
	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	205,877.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	210,265.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2013)

**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

☒ X

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	176,671.	22	179,463.
23 Land and buildings	22,272.	23	20,735.
24 Other assets (describe in Schedule O) See Schedule O	14,661.	24	14,502.
25 Total assets	213,604.	25	214,700.
26 Total liabilities (describe in Schedule O) See Schedule O	7,727.	26	4,435.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	205,877.	27	210,265.

**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 ☒ X**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose? See Schedule O

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 Schedule O

(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
*Adam Brickell President	30.00	68,776.	0.	0.
Anna Beraun Vice President	2.00	1,250.	0.	0.
Dan McCartan Secretary	2.00	1,750.	0.	0.
Jenny Morgan Treasurer	2.00	1,925.	0.	0.
Tim Brewer Board Member	2.00	400.	0.	0.
Marty Manley Board Member	2.00	250.	0.	0.
Janet O'Halloran Board Member	2.00	1,050.	0.	0.
Tom Parnell Board Member	2.00	250.	0.	0.
*compensation paid as a reimbursement of salary and benefits	0.00	0.	0.	0.

**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 Sch. O to respond to any question in this Part V ☐

	Yes	No
<b>33</b> 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		X
<b>34</b> 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)		X
<b>35a</b> 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)?		X
<b>b</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	N/A	
<b>c</b> 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		X
<b>36</b> 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		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
<b>b</b> Did the organization file Form 1120-POL for this year?	37b	X
<b>38a</b> 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	X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
<b>39</b> Section 501(c)(7) organizations. Enter	39a	N/A
<b>a</b> Initiation fees and capital contributions included on line 9	39b	N/A
<b>b</b> Gross receipts, included on line 9, for public use of club facilities		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <u>N/A</u> ; section 4912 <u>N/A</u> ; section 4955 <u>N/A</u>		
<b>b</b> Section 501(c)(3) and 501(c)(4) 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	N/A
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		N/A
<b>e</b> 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	X
<b>41</b> List the states with which a copy of this return is filed <u>None</u>		
<b>42a</b> The organization's books are in care of <u>Adam Brickell</u> Telephone no <u>(360) 525-5255</u> Located at <u>1619 State Ave. NE, Olympia, WA</u> ZIP + 4 <u>98840</u>		
<b>b</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)? If "Yes," enter the name of the foreign country: <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>	42b	X
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: <u></u>	42c	X
<b>43</b> 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	N/A
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
<b>b</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	X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?	44c	X
<b>d</b> 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	
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
<b>45b</b> 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	

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

If "Yes," complete Schedule C, Part I

	Yes	No
46		X

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

	Yes	No
47		
48		
49a		
49b		

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

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt

charitable trusts must attach a completed Schedule A

☐ Yes ☐ No

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 Adam Brickell Date 1-28-15  
Type or print name and title

Paid Preparer Use Only: Print/Type preparer's name Laird S. Vanetta Preparer's signature Laird S. Vanetta Date 1/26/15 Check ☐ if self-employed PTIN P00171649  
Firm's name Tremper & Co., LLP Firm's EIN 91-0872222  
Firm's address 3131 Elliott Avenue; Ste 290 Phone no (206) 285-4456  
Seattle, WA 98121

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

## 2013 DEPRECIATION AND AMORTIZATION REPORT

Form 990-EZ Page 1

990-EZ

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	Land											
68	Original land - 1/3032480L			.000		3,761.			3,761.			0.
	* 990-EZ Pg 1 Total											
	Land					3,761.		0.	3,761.	0.	0.	0.
	Other											
48	Original Building -	032480SL		40.00	16	9,207.			9,207.	7,692.		230.
49	Building Rebuild -	061588SL		31.50	17	42,285.			42,285.	33,839.		1,336.
50	Sign - 1/3	061087SL		7.00	17	91.			91.	91.		0.
51	Upstairs Remodel -	021592SL		31.50	17	784.			784.	536.		25.
52	Basement Resealing	020193SL		31.50	17	387.			387.	253.		12.
53	Door & handrail -	022698SL		7.00	17	144.			144.	144.		0.
54	Storage shed - 1/3	020101SL		7.00	17	421.			421.	421.		0.
55	File cabinets (4) -	020188SL		5.00	16							0.
56	Rug - 1/3	020101SL		7.00	17	90.			90.	90.		0.
57	Tables (6) - 1/3	020198SL		7.00	17	267.			267.	267.		0.
58	Window coverings -	020198SL		7.00	17	233.			233.	233.		0.
59	Chair - 1/3	020198SL		7.00	17	33.			33.	33.		0.
60	Bookcases (5 oak, 2 metal) - 1/3	020198SL		7.00	17	267.			267.	267.		0.
61	Shelving bricks & boards - 1/3	020103SL		7.00	17	928.			928.	928.		0.

328102  
05-01-13

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

## 2013 DEPRECIATION AND AMORTIZATION REPORT

Form 990-EZ Page 1

990-EZ

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction in Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
62	Color printer - 1/3	020102	SL	5.00	17	200.			200.	200.		0.
63	Pictures & plants - 1/3	020197	SL	7.00	17	100.			100.	100.		0.
64	A/C unit - 1/3	020193	SL	7.00	17	1,810.			1,810.	1,810.		0.
65	Apple computer - 1/3	013198	SL	5.00	17	1,273.			1,273.	1,273.		0.
66	Computer - 1/3	053102	SL	5.00	17	461.			461.	461.		0.
67	File server - 1/3	020103	SL	5.00	17	1,258.			1,258.	1,258.		0.
69	2 desks & corners, Oly & NT - 1/3	071407	SL	7.00	17	819.			819.	757.		62.
70	Minolta Copier - 1/3	012206	SL	5.00	16	4,331.			4,331.	4,331.		0.
71	2 drwr storage cabinets, Oly & NT - 1/3	071107	SL	7.00	17	231.			231.	213.		17.
72	patio furniture - 1/3	080307	SL	5.00	17	136.			136.	136.		0.
73	task chairs - 1/3	081407	SL	7.00	17	145.			145.	134.		11.
74	remodel bathroom & other - 1/3	080107	SL	39.00	17	3,435.			3,435.	532.		88.
75	2 shelf bookcase & file cab - 1/3	080707	SL	5.00	17	344.			344.	344.		0.
76	Computer-100%	100406	SL	5.00	17	1,556.			1,556.	1,556.		0.
77	Computer-100%	100406	SL	5.00	17	1,489.			1,489.	1,489.		0.
78	Refridgerator 1/3	091507	SL	7.00	17	188.			188.	150.		25.
79	Stacking chairs (30) - 1/3	091907	SL	7.00	17	454.			454.	362.		61.
80	television 1/3	100107	SL	7.00	17	98.			98.	78.		13.

328102  
05-01-13

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

## 2013 DEPRECIATION AND AMORTIZATION REPORT

Form 990-EZ Page 1

990-EZ

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
81	Remodel 1/3	083108SL		39.00	17	3,793.			3,793.	490.		97.
82	Phone-100%	102407SL		5.00	17	454.			454.	454.		0.
83	Video Camera 100%	120108SL		5.00	16	260.			260.	247.		13.
84	Hot Water heater 1/3	030109SL		7.00	16	600.			600.	386.		86.
85	Desk w/ credenza, TEA 1/3	081504SL		7.00	17	389.			389.	389.		0.
86	Armoire cabinets (2) 1/3	010199SL		7.00	17							0.
87	Carpeting - 1/3	082010SL		7.00	17	3,157.			3,157.	1,410.		451.
88	Two Apple Computers 1/3	091511SL		5.00	17	795.			795.	238.		159.
89	IPad	093011SL		5.00	17	926.			926.	278.		185.
90	Computer	121411SL		5.00	17	1,636.			1,636.	491.		327.
91	Telephone System (1/3)	110112SL		5.00	16	490.			490.	82.		98.
92	Alarm System (1/3)	120112SL		5.00	16	138.			138.	21.		28.
93	Furnace 1/3	093013SL		10.00	16	875.			875.			80.
	* 990-EZ Pg 1 Total					86,978.		0.	86,978.	64,464.	0.	3,404.
	Other											
	* Grand Total					90,739.		0.	90,739.	64,464.	0.	3,404.
	990-EZ Pg 1 Depr											



**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

Olympia Education Association

Employer identification number  
23-7332836

**Form 990-EZ, Part I, Line 8, Other Revenue:**

Description of Other Revenue:	Amount:
Other Income	1,531.

**Form 990-EZ, Part I, Line 10, Grants and Allocations:**

Activity Classification: Scholarship

Grantee Relationship: none

Amount Given:	1,000.
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Activity Classification: Scholarship

Grantee Relationship: none

Amount Given:	1,000.
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Total included on Form 990-EZ, line 10	2,000.
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**Form 990-EZ, Part I, Line 14, Occupancy, Rent, Utilities, and Maintenance:**

Description of Expenses:	Amount:
Depreciation	3,404.

**Form 990-EZ, Part I, Line 16, Other Expenses:**

Description of Other Expenses:	Amount:
Office Expense	37,060.
Conferences and Workshops	442.
Association Release	4,680.
Honorariums	8,976.
Mileage	800.

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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OMB No 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

Olympia Education Association

Employer identification number  
23-7332836

WEA/NEA Representative Assembly 11,246.

AAA Expense 891.

Total to Form 990-EZ, line 16 64,095.

Form 990-EZ, Part II, Line 24, Other Assets:

Description	Beg. of Year	End of Year
Accounts Receivable	11,518.	12,351.
Other Depreciable Assets	3,143.	2,151.
Total to Form 990-EZ, line 24	14,661.	14,502.

Form 990-EZ, Part II, Line 26, Other Liabilities:

Description	Beg. of Year	End of Year
Accounts Payable	7,727.	4,435.

Form 990-EZ, Part III, Primary Exempt Purpose - To promote the cause of  
public education on behalf of its members.

Form 990-EZ, Part III, Line 28, Program Service Accomplishments:

Contract maintenance for members. Organization is a  
teachers association for employees of the Olympia School  
District. Activities include grievance proceedings,  
arbitration and representation for teachers at the state and national  
levels.