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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013

Department of the Treasury
Internal Revenue Service

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.Open to Public
InspectionA For the 2013 calendar year, or tax year beginning **SEP 1, 2013** and ending **AUG 31, 2014**

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization

Olympia Education Association

Number and street (or P O box, if mail is not delivered to street address)

1619 State Ave. NE

D Employer identification number

23-7332836

E Telephone number

(360) 525-5255

F Group Exemption

Number ►

G Accounting Method Cash Accrual Other (specify) ►I Website: ► **N/A**J Tax-exempt status (check only one) — 501(c)(3) 501(c) (5) ◀(insert no) 4947(a)(1) or 527K Form of organization Corporation Trust Association OtherL 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 ► \$ **149,538.****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

1 Contributions, gifts, grants, 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	5a
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)	5c
6 Gaming and fundraising events	6
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
b 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)	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)	6d
7a Gross sales of inventory, less returns and allowances	7a
b Less cost of goods sold	7b
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
8 Other revenue (describe in Schedule O)	8 1,531.
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 149,538.
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 Total expenses. Add lines 10 through 16	17 145,150.
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 Net assets or fund balances at end of year. Combine lines 18 through 20	21 210,265.

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

Form 990-EZ (2013)

P 23

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

22 Cash, savings, and investments

	(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)	14,661.24	14,502.
25 Total assets	213,604.25	214,700.
26 Total liabilities (describe in 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.

See Schedule O

26 Total liabilities (describe in Schedule O)

See Schedule O

27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

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

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

Expenses

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

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

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

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

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

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 N/A

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

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

37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.

b Did the organization file Form 1120-POL for this year? 37b

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

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A

39 Section 501(c)(7) organizations. Enter

a Initiation fees and capital contributions included on line 9 39a N/A

b Gross receipts, included on line 9, for public use of club facilities 39b N/A

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 40a N/A; section 4912 40b N/A, section 4955 40c N/A

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 40d N/A

c 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 40e N/A

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40f N/A

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 40g N/A

41 List the states with which a copy of this return is filed 41 None42a The organization's books are in care of 42a Adam Brickell Telephone no 42a (360) 525-5255
Located at 42a 1619 State Ave. NE, Olympia, WA ZIP + 4 42a 98840b 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 If "Yes," enter the name of the foreign country: 42b

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c 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. 42c N/A43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a 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 c Did the organization receive any payments for indoor tanning services during the year? 44c 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 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

	Yes	No
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35b	<input type="checkbox"/> N/A	<input type="checkbox"/>
35c	<input checked="" type="checkbox"/>	<input type="checkbox"/>
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>
37b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
38a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
38b	<input type="checkbox"/> N/A	<input type="checkbox"/>
39a	<input type="checkbox"/> N/A	<input type="checkbox"/>
39b	<input type="checkbox"/> N/A	<input type="checkbox"/>
40a	<input type="checkbox"/> N/A	<input type="checkbox"/>
40b	<input type="checkbox"/> N/A	<input type="checkbox"/>
40c	<input type="checkbox"/> N/A	<input type="checkbox"/>
40d	<input type="checkbox"/> N/A	<input type="checkbox"/>
40e	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/>

	Yes	No
42b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
42c	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/>

	Yes	No
44a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
44b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
44c	<input checked="" type="checkbox"/>	<input type="checkbox"/>
44d	<input type="checkbox"/>	<input type="checkbox"/>
45a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
45b	<input type="checkbox"/>	<input type="checkbox"/>

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

	Yes	No
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	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	
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 N/A	(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

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

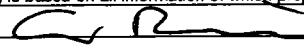
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

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

► Yes No
Signature of officer 
Date 1-28-15
Type or print name and title ADAM BRICKELL

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

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

► Yes No

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.					0.	0.
+ 990-EZ Pg 1 Total	Land					3,761.					0.	0.
	Other											
481/3	Original Building -	032480SL	40.00	16	9,207.					9,207.	7,692.	230.
491/3	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.
511/3	Upstairs Remodel -	021592SL	31.50	17	784.					784.	536.	25.
52 - 1/3	Basement Resealing	020193SL	31.50	17	387.					387.	253.	12.
531/3	Door & handrail -	022698SL	7.00	17	144.					144.	144.	0.
54	Storage shed - 1/3	020101SL	7.00	17	421.					421.	421.	0.
551/3	File cabinets (4)	020188SL	5.00	16							0.	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.
581/3	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.

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 Pictures & plants	020102SL	5.00	17	200.				200.	200.	0.	0.
631/3		020197SL	7.00	17	100.				100.	100.	0.	0.
64	A/C unit - 1/3 Apple computer	020193SL	7.00	17	1,810.				1,810.	1,810.	0.	0.
651/3		013198SL	5.00	17	1,273.				1,273.	1,273.	0.	0.
66	Computer - 1/3	053102SL	5.00	17	461.				461.	461.	0.	0.
67	File server - 1/3 2 desks & corners,	020103SL	5.00	17	1,258.				1,258.	1,258.	0.	0.
69	Oly & NT - 1/3 Minolta Copier	071407SL	7.00	17	819.				819.	757.	62.	62.
701/3	2 drwr storage	012206SL	5.00	16	4,331.				4,331.	4,331.	0.	0.
71	cabinets, Oly & NT	071107SL	7.00	17	231.				231.	213.	17.	17.
721/3	patio furniture	080307SL	5.00	17	136.				136.	136.	0.	0.
73	task chairs - 1/3	081407SL	7.00	17	145.				145.	134.	11.	11.
74	remodel bathroom & other - 1/3	080107SL	39.00	17	3,435.				3,435.	532.	88.	88.
75	2 shelf bookcase & file cab - 1/3	080707SL	5.00	17	344.				344.	344.	0.	0.
76	Computer-100%	100406SL	5.00	17	1,556.				1,556.	1,556.	0.	0.
77	Computer-100%	100406SL	5.00	17	1,489.				1,489.	1,489.	0.	0.
78	refridgerator 1/3	091507SL	7.00	17	188.				188.	150.	25.	25.
79(30)	Stacking chairs - 1/3	091907SL	7.00	17	454.				454.	362.	61.	61.
80	television 1/3	100107SL	7.00	17	98.				98.	78.	13.	13.

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 Telephone System (1/3)	121411SL	5.00	17	1,636.			1,636.	491.		327.	
91	Alarm System (1/3)	110112SL	5.00	16	490.			490.	82.		98.	
92	Furnace 1/3	120112SL	5.00	16	138.			138.	21.		28.	
93	Other	093013SL	10.00	16	875.			875.			80.	
	* 990-EZ Pg 1 Total				86,978.			86,978.	64,464.		3,404.	
	* Grand Total 990-EZ Pg 1 Depr				90,739.			0.	64,464.		0.	3,404.

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

2013Open to Public
Inspection

Name of the organization

Olympia Education Association

Employer identification number
23-7332836Form 990-EZ, Part I, Line 8, Other Revenue:

<u>Description of Other Revenue:</u>	<u>Amount:</u>
Other Income	1,531.

Form 990-EZ, Part I, Line 10, Grants and Allocations:Activity Classification: ScholarshipGrantee Relationship: none

<u>Amount Given:</u>	<u>1,000.</u>
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Activity Classification: ScholarshipGrantee Relationship: none

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

<u>Description of Expenses:</u>	<u>Amount:</u>
Depreciation	3,404.

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

<u>Description of Other Expenses:</u>	<u>Amount:</u>
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

Name of the organization

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

2013

Open to Public
Inspection

Olympia Education Association

Employer identification number
23-7332836

<u>WEA/NEA Representative Assembly</u>	<u>11,246.</u>
<u>AAA Expense</u>	<u>891.</u>
<u>Total to Form 990-EZ, line 16</u>	<u>64,095.</u>

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

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

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

<u>Description</u>	<u>Beg. of Year</u>	<u>End of Year</u>
<u>Accounts Payable</u>	<u>7,727.</u>	<u>4,435.</u>

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.