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Form 990-EZ

## 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)

2015

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- 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).

**A For the 2015 calendar year, or tax year beginning 09-01-2015, and ending 08-31-2016****B Check if applicable**

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

**C Name of organization**

Olympia Education Association

**D Employer identification number**

23-7332836

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

1619 State Ave NE

**F Telephone number**

(360) 525-5255

**G City or town, state or province, country, and ZIP or foreign postal code**

Olympia, WA 98840

**H 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:** ►N/A**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 ► \$ 166,266****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 . . . . . 

Revenue	1 Contributions, gifts, grants, and similar amounts received . . . . .	1
	2 Program service revenue including government fees and contracts . . . . .	2
	3 Membership dues and assessments . . . . .	3 163,921
	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 0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c
	6 Gaming and fundraising events	
	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) . . . . .	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 2,345
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 166,266
Expenses	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10 4,000
	11 Benefits paid to or for members . . . . .	11
	12 Salaries, other compensation, and employee benefits . . . . .	12 96,330
	13 Professional fees and other payments to independent contractors . . . . .	13
	14 Occupancy, rent, utilities, and maintenance . . . . .	14 38,126
	15 Printing, publications, postage, and shipping . . . . .	15
	16 Other expenses (describe in Schedule O) . . . . .	16 29,676
	17 Total expenses. Add lines 10 through 16 ►	17 168,132
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 -1,866
	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) . . . . .	19 206,102
	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 . . . . .	21 204,236

**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 

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	179,912	22 179,877
23 Land and buildings	18,316	23 15,939
24 Other assets (describe in Schedule O)	13,663	24 14,209
25 <b>Total assets</b>	211,891	25 210,025
26 <b>Total liabilities</b> (describe in Schedule O)	5,789	26 5,789
27 <b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	206,102	27 204,236

**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?

To promote the cause of public education on behalf of its members

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 . . . ► <input type="checkbox"/>	28a
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**29**

(Grants \$ )	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a
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**30**

(Grants \$ )	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a
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**31 Other program services** (describe in Schedule O)

(Grants \$ )	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a
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**32 Total program service expenses** (add lines 28a through 31a)

32	► <input type="checkbox"/>	32
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**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) <b>(if not paid, enter -0-)</b>	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Adam Brickell President	30 00	88,930	0	0
Anna Beraun Vice President	2 00	800	0	0
Dan McCartan Secretary	2 00	1,900	0	0
Jenny Morgan Treasurer	2 00	2,725	0	0
Tim Brewer Board Member	2 00	500	0	0
Marty Manley Board Member	2 00	500	0	0
Janet O'Halloran Board Member	2 00	575	0	0
Tom Parnell Board Member	2 00	400	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 Schedule O to respond to any question in this Part V. 

	Yes	No
33	33	No
34	34	No
35a	35a	No
b	35b	
c	35c	No
36	36	No
37a	37a	0
b	37b	
38a	38a	No
b	38b	
39	39a	
a	39b	
40a	40b	
b	40c	
c	40d	
d	40e	No
41		
42a	Telephone no	(360) 525-5255
Located at	ZIP + 4	98840
b	42b	No
If "Yes," enter the name of the foreign country	42c	No
See the instructions for exceptions and filing requirements for <b>FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</b>		
c	42c	No
If "Yes," enter the name of the foreign country		
43	43	
44a	44a	No
b	44b	No
c	44c	No
d	44d	
45a	45a	No
45b	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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	46	No

**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 Schedule C, Part II  Yes  No

47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Yes  No

48

49a Did the organization make any transfers to an exempt non-charitable related organization?  Yes  No

49a

b If "Yes," was the related organization a section 527 organization?  Yes  No

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"  Yes  No

(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

f Total number of other employees paid over \$100,000  Yes  No

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"  Yes  No

(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.  Yes  No

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations 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 President Type or print name and title	2017-02-11 Date
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name Laird Vanetta	Preparer's signature	Date	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 Ave Suite 290 Seattle, WA 98121			Phone no (206) 285-4456	

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 23-7332836  
**Name:** Olympia Education Association

### 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.)
<b>28</b> 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 (Grants \$ 0)      If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a      0

**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).

**2015****Open to Public  
Inspection**Name of the organization  
Olympia Education Association**Employer identification number**

23-7332836

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990-EZ, Part I, Line 8 - Other Revenue	Description Other Income Amount 2,345 Total to Form 990-EZ, line 14 38,126
Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid	Activity Classification Scholarship Grantee Name Adan Espino Grantee Relationship none Amount Given 1,500

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid	Activity Classification Donation Grantee Name Olympia Education Foundation Grantee Address 1113 Legion Way SE Olympia, WA 98501 Grantee Relationship none Amount Given 1,000
Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid	Activity Classification Scholarship Grantee Name Jenna Loose Grantee Relationship Non-e Amount Given 1,500 Total included on Form 990-EZ, line 10 4,000

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 14	Description Depreciation Amount 3,172 Description Other Expenses Amount 34,954
Form 990-EZ, Part I, Line 16 - Other Expenses	Description Conferences and Workshops Amount 142 Description Association Release Amount 1,940 Description Honorarium Amount 8,970 Description Mileage Amount 800 Description WEA/NEA Representative Assembly Amount 13,632 Description Association advancement Amount 2,000 Description AAA Expense Amount 2,192 Total to Form 990-EZ, line 16 29,676

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part II, Line 24 - Other Assets	Description Accounts Receivable Beg of Year Amount 12,351 End of Year Amount 13,686 Description Other Depreciable Assets Beg of Year Amount 1,312 End of Year Amount 523
Form 990-EZ, Part II, Line 26 - Other Liabilities	Description Accounts Payable Beg of Year Amount 5,789 End of Year Amount 5,789