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OMB No 1545-0047 201

Open to Public

Inspection

Department of the Internal Revenue Service

**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 and its instructions is at <u>www IRS qov/form990</u>

For the 2015 calendar year, or tax year beginning 09-01-2015 , and ending 08-31-2016 C Name of organization D Employer identification number B Check if applicable Ohio Education Association Address change 31-4269414 Name change Doing business as Initial return -Fınal E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite return/terminated 225 East Broad Street PO Box 2550 (614) 227-3017 Amended return City or town, state or province, country, and ZIP or foreign postal code Columbus, OH  $\,$  43216  $\,$ Application pending G Gross receipts \$ 87,743,991 Name and address of principal officer **H(a)** Is this a group return for TIM MYERS subordinates? 225 East Broad Street PO Box 2550 Νo Columbus, OH 43216 H(b) Are all subordinates Tax-exempt status included? 501(c)(3) **✓** 501(c) ( 6 ) **◄** (insert no ) 4947(a)(1) or If "No," attach a list (see instructions) Website: ► WWW OHEA ORG Group exemption number 🕨 L Year of formation 1859 M State of legal domicile OH K Form of organization 
✓ Corporation 
Trust Summary 1 Briefly describe the organization's mission or most significant activities CONTINUOUS IMPROVEMENT OF PUBLIC EDUCATION WHILE ADVOCATING FOR MEMBERS & THEIR LEARNERS Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 56 Number of independent voting members of the governing body (Part VI, line 1b) 4 53 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 196 Total number of volunteers (estimate if necessary) . . . 6 53 Total unrelated business revenue from Part VIII, column (C), line 12 7a -9,165 **b** Net unrelated business taxable income from Form 990-T, line 34 7b -9,165 **Prior Year Current Year** 325,000 61,333 8 Contributions and grants (Part VIII, line 1h) . Ravenue 57,225,324 57,238,328 Program service revenue (Part VIII, line 2g) . 2,158,848 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,949,671 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -38,371 -13,496 11 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 59,670,801 59,235,836 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 1,936,133 1,960,310 Benefits paid to or for members (Part IX, column (A), line 4) . 2,579,400 2,579,400 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 30,908,131 32,406,476 Expenses 5 - 10)0 Professional fundraising fees (Part IX, column (A), line 11e) . 16a b Total fundraising expenses (Part IX, column (D), line 25)  $\blacktriangleright$ 0 17 12,220,065 11,920,070 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 47,643,729 48,866,256 18 12,027,072 10,369,580 19 Revenue less expenses Subtract line 18 from line 12 Assets or d Balances **End of Year** Beginning of Current Year 20 Total assets (Part X, line 16) . 87,437,278 90,637,822 21 43,137,985 39,410,126 Total liabilities (Part X, line 26) . Net assets or fund balances Subtract line 21 from line 20 44,299,293 51,227,696 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 2017-03-21

Sign	Sı	ignature of officer			Date		
Here	_	IM MYERS SECRETARY/TREASURER ype or print name and title					
Paid	, <b>,</b> , , ,	Print/Type preparer's name Jane E Pfeifer	Preparer's signature Jane E Pfeifer	Date 2017-03-21	Check If self-employed	PTIN P00014949	
Preparer Use Only		Firm's name	Firm's EIN ► 31-0800053				
		Firm's address ► 4449 Easton Way	Phone no (614) 885-2208				
USE OIII	У	Columbus, OH 4					

Total program service expenses ▶

Par	t IV Checklist of Required Schedules			
	<u> </u>		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{*}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I$	3	Yes	
4	Section 501(c)(3) organizations.  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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🔰	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	<b>11</b> a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🔰	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<b>11</b> c	•	No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 3	<b>11</b> d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?  If "Yes," complete Schedule D, Part X	<b>11</b> f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	<b>12</b> a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20</b> a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form	990 (2015)			Page <b>4</b>
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	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? If "Yes," complete Schedule I, Parts I and III	22		No
23	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? If "Yes," complete Schedule J	23	Yes	
24a	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? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		

25a

25b

26

27

28a

28b

28c

29

30

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32

33

34

352

35b

36

37

38

Yes

Yes

Yes

Yes

Form 990 (2015)

Νo

Nο

Nο

Νo

Νo

Nο

Nο

Nο

Νo

Νo

Nο

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

**b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

31

instructions for applicable filing thresholds, conditions, and exceptions)

Par		Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this I		V			_
		Check if Schedule o contains a response of flote to any line in this i	rait	<u>v</u>	· ·	Yes	No
1a	Entert	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	75			
b	Entert	the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c		ــ e organization comply with backup withholding rules for reportable payments to 	vend	dors and reportable	1c	Yes	
2a	-	the number of employees reported on Form W-3, Transmittal of Wage and	•			1 03	
	Tax St	atements, filed for the calendar year ending with or within the year covered return	2a	196			
b		ast one is reported on line 2a, did the organization file all required federal emp f the sum of lines 1a and 2a is greater than 250, you may be required to e-file			2b	Yes	
3a	Did the	e organization have unrelated business gross income of \$1,000 or more during	the	year <sup>,</sup>	3a	Yes	
b	If "Yes	," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation	n in S	Schedule O	3b	Yes	
4a	over, a	time during the calendar year, did the organization have an interest in, or a significancial account in a foreign country (such as a bank account, securities account)?			4a		No
b	If "Yes See ins (FBAR)	s," enter the name of the foreign country    structions for filing requirements for FinCEN Form 114, Report of Foreign Bank )	and	Financial Accounts			
5a	Was th	ne organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		No
b	Did any	y taxable party notify the organization that it was or is a party to a prohibited t	ax sh	elter transaction?	5b		No
С	If"Yes	s," to line 5a or 5b, did the organization file Form 8886-T?					
		,			5c		
	organiz	the organization have annual gross receipts that are normally greater than \$10 zation solicit any contributions that were not tax deductible as charitable conti	rıbutı	ons?	6a	Yes	
	were no	s," did the organization include with every solicitation an express statement the ot tax deductible?			6b	Yes	
	_	zations that may receive deductible contributions under section 170(c).					
	service	e organization receive a payment in excess of \$75 made partly as a contribution of the payor?		· · · · ·	7a		
		s," did the organization notify the donor of the value of the goods or services pr		ŀ	7b		
	file For	e organization sell, exchange, or otherwise dispose of tangible personal proper rm 8282?	•		<b>7</b> c		
đ	If "Yes	s," indicate the number of Forms 8282 filed during the year	7d				
е	Did the	e organization receive any funds, directly or indirectly, to pay premiums on a po	erson	al benefit contract?	7e		
f	Did the	e organization, during the year, pay premiums, directly or indirectly, on a perso	nal b	enefit contract?	<b>7</b> f		
g	If the c	organization received a contribution of qualified intellectual property, did the or	rganız • •	zation file Form 8899 as	<b>7</b> g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles	, dıd •	the organization file a	7h		
8	Did a d	oring organizations maintaining donor advised funds.  Idonor advised fund maintained by the sponsoring organization have excess bus  the year?	ines:	s holdings at any time	8		
9a	Did the	e sponsoring organization make any taxable distributions under section 4966?			9a		
		e sponsoring organization make a distribution to a donor, donor advisor, or rela		erson?	9b		
10		n 501(c)(7) organizations. Enter					
а	Initiati	on fees and capital contributions included on Part VIII, line 12	10a				
b	Gross facilitie		10b				
11	Section	n 501(c)(12) organizations. Enter					
а	Gross	income from members or shareholders	11a				
b		income from other sources (Do not net amounts due or paid to other sources t amounts due or received from them )	11b				
12a	Section	n 4947(a)(1) non-exempt charitable trusts.Is the organization filing Form 990	ın lıe	u of Form 1041?	12a		
b	If "Yes year	s," enter the amount of tax-exempt interest received or accrued during the	12b				
13	Section	n 501(c)(29) qualified nonprofit health insurance issuers.					
а		organization licensed to issue qualified health plans in more than one state? <b>N</b> o anal information the organization must report on Schedule O	ote. S	See the instructions for	13a		
b		the amount of reserves the organization is required to maintain by the states the organization is licensed to issue qualified health plans	13b				
c	Entert	the amount of reserves on hand	13c				
14a	Did the	ے e organization receive any payments for indoor tanning services during the tax	year	7	14a		No
b	If"Yes	s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i> t	tion ir	Schedule O	14b		

-orm 990 (.	2015)
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,
	describe the circumstances, processes, or changes in Schedule O. See instructions,

or 10b below, 

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	56		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	53		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with an other officer, director, trustee, or key employee?			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	. з		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νο
6	Did the organization have members or stockholders?	. 6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one more members of the governing body?		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockhold or persons other than the governing body?		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b		. 8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at organization's mailing address? If "Yes," provide the names and addresses in Schedule O	the <b>9</b>		No
Se	ection B. Policies (This Section B requests information about policies not required by the Intern	al Reven	ue Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	<b>10</b> a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fithe form?	ling <b>11a</b>	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could giv	e . <b>12b</b>	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," desci</i> in Schedule O how this was done	71be <b>12c</b>	Yes	
13	Did the organization have a written whistleblower policy?	. 13	Yes	
14	Did the organization have a written document retention and destruction policy?	. 14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	n?		
а	The organization's CEO, Executive Director, or top management official	. 15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement wit taxable entity during the year?			No
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	<b>16</b> b		
Se	ection C. Disclosure			
	ection c. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			

Own website Another's website Vpon request Other (explain in Schedule O)

▶KRISTY SPIRES 225 East Broad Street PO Box 2550 Columbus, OH 43216 (614) 227-3017

interest policy, and financial statements available to the public during the tax year

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

State the name, address, and telephone number of the person who possesses the organization's books and records

Part VII

# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### 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 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 and/or Box 7 of Form 1099-MISC) 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (B) (C) (D) (F) (A) (E) Name and Title Average Position (do not check Reportable Reportable Estimated hours per more than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations from the (W-2/1099for related 2/1099-MISC) organization and Former Highest compensat employee Individual trustee É organizations MISC) related ũ stitutional below organizations employee 医含 dotted line) Trustee See Additional Data Table

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	(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)	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2,2033 11300,	2/1099-MISC)	organization and related organizations
See Additional Data Table										
						<b>*</b>				
c Total from continuation shed d Total (add lines 1b and 1c)	•			-	٠.			2,236,954	0	754,005
Total number of individuals ( \$100,000 of reportable com	ncluding but not	limited 1	o the	se I	ıste		e) wl	no received more th	nan	

3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		No
4	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? If "Yes," complete Schedule J for such individual	4	Yes	110
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

#### **Section B. Independent Contractors**

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.

Compensation from the organization Report Compensation for the Calendar year ending with or within the organization's tax y								
(A)	(B)	(c)						
Name and business address	Description of services	Compensation						
CLOPPERT LATANICK SAUTER & WASHBURN	LEGAL SERVICES	1,031,778						
225 E BROAD STREET								
COLUMBUS, OH 43215								
BAASTEN MCKINLEY & COMPANY LPA	LEGAL SERVICES	685,465						
4150 BELDEN VILLAGE ST								
CANTON, OH 44718								
GREEN HAINES SGAMBATI CO LPA	LEGAL SERVICES	383,447						
PO BOX 849								
YOUNGSTOWN, OH 44501								
KALNIZ IORIO & FELDSTEIN	LEGAL SERVICES	334,399						
PO BOX 352170								
TOLEDO, OH 43635								
Doll Jansen Ford & Rakay	LEGAL SERVICES	244,850						
111 W First St								
Dayton, OH 42402								
2 Total number of independent contractors (including but not limited to th	ose listed above) who received more than							

Yes

No

Form 99								Page <b>9</b>
Part V	/##	Statement of						_
		Check If Sched	ule O contains a respoi	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s	1a	Federated cam	paigns 1a					012 011
ants	ь	Membership du	ues <b>1b</b>					
Gr.	С	Fundraising ev	ents <b>1c</b>					
fts. ⊨r A	d	Related organiz						
n	e	Government grant						
Sin S		-						
utic ne r	f	similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above	61,333				
E E	g	Noncash contributi 1a-1f \$	ions included in lines					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add line	s 1a-1f		61,333			
				Business Code				
Program Service Revenue	2a	MEMBERSHIP DUE	:S	900099	52,165,064	52,165,064		
	ь	NEA UNISERV INC	OME	900099	3,531,164	3,531,164		
Çe E	С	LEGAL SERVICES P	,LAN	541100	1,346,571	1,346,571		
Ę.	d	SUBSIDIES MEMBE	RSHIP	900099	120,629	120,629		
S	е	IPD CONFERENCE	S	611710	41,374	41,374		
gra	f	All other progra	am service revenue		33,526	33,526		
Ĕ	g	Total. Add line	s 2a-2f		57,238,328			
	3		come (including dividen		1,944,801			1,944,801
	4		ar amounts)	F	1,544,001			1,544,601
	5			· · · · · ·				
		,	(ı) Real	(II) Personal				
	6a	Gross rents	106,374					
	ь	Less rental	111,824					
	c	expenses Rental income	-5,450					
	d	or (loss)	me or (loss)		-5,450	-5,136	-314	
	ı u	Net lental med	(i) Securities	(II) O ther	-,	-,		
	7a	Gross amount from sales of assets other than inventory	28,401,201					
	ь	Less cost or other basis and	28,396,331					
		sales expenses Gain or (loss)	4,870					
	c d	Net gain or (los			4,870			4,870
	8a	5 (	•		,			,
Other Revenue		events (not inc \$ of contributions See Part IV, lin	s reported on line 1c)					
∯ the	b	Less direct ex	penses b					
0	С		(loss) from fundraising	events ▶				
	9a		from gaming activities ne 19 a					
	b		penses b					
	С	Net income or	(loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo						
	b	Less cost of g	oods sold b					
	С		(loss) from sales of Inv					
		Mıscellaneou		Business Code				22-
	11a	SUBSCRIPTIO		511120	805		0.051	805
	b	ADVERTISING COSTS - OHI	ELESS DIR	511120	-8,851		-8,851	
	С	220.0 0111						
	d	All other reven	ue					
	е	Total. Add line	s 11a-11d	•	-8,046			
	12	Total revenue.	See Instructions .	•	59,235,836	57,233,192	-9,165	1,950,476

# Form 990 (2015) Part IX Statement of Functional Expenses

Section $501(c)(3)$ and $501(c)(4)$	) organizations must complete al.	I columns All other organizations	must complete column (A

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

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,960,310			
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members	2,579,400			
5	Compensation of current officers, directors, trustees, and key employees	1,861,752			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	17,060,557			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,584,702			
9	Other employee benefits				
10	Payroll taxes	2 000 465			
	Fees for services (non-employees)	2,899,465			
11	, , ,				
a	Management	471 455			
Ь	Legal	471,455			
c d	Accounting	119,591 82,087			
u e	Professional fundraising services See Part IV, line 17	82,087			
f	Investment management fees				
ı g	Other (If line 11q amount exceeds 10% of line 25, column (A)				
9	amount, list line 11g expenses on Schedule O)	976,585			
12	Advertising and promotion	858,788			
13	Office expenses	677,796			
14	Information technology	612,941			
15	Royalties				
16	Occupancy	1,962,733			
17	Travel	2,261,483			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	8,036			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	584,482			
23	Insurance	67,172			
24	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)				
а	COALITIONS	1,329,302			
b	EQUIPMENT RENTAL & REPA	504,137			
c	CONTINGENCY	500,000			
d	POSTAGE	349,731			
е	All other expenses	553,751			
25	<b>Total functional expenses.</b> Add lines 1 through 24e	48,866,256			
26	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 ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X	ва	an	ce :	>ne	e

O contains a response or note to any line in this Part X . . . (A) Beginning of year

10a

10b

Part X	Balance Sheet
	Check if Schedule O contains a respon
1	Cash-non-interest-bearing
2	Savings and temporary cash investme
3	Pledges and grants receivable, net .
4	Accounts receivable, net

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10a

b

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Net Assets or Fund Balances

Form 990 (2015)

2	Balance Sneet
	Check if Schedule C

Schedule L .

II of Schedule L

Grants payable

Deferred revenue .

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets

Total liabilities. Add lines 17 through 25

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets

Permanently restricted net assets

complete lines 30 through 34.

Total net assets or fund balances

Notes and loans receivable, net . .

Prepaid expenses and deferred charges

Investments—publicly traded securities .

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments-program-related See Part IV, line 11

**Total assets.** Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Inventories for sale or use .

Complete Part VI of Schedule D

Less accumulated depreciation .

Intangible assets . . . . .

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Cash-non-interest-bearing .									
Savings and temporary cash in	ives	tm	ents	5					

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part

(B)	
End of year	
7,783,70	08

4,217,460

5,379,337

55,534,242

17,723,075

90,637,822

38,630,142

39,410,126

51,227,696

51,227,696

90,637,822 Form 990 (2015)

0

779 984

10, 132, 189

3,911,804

5,518,914

46,222,600

21.651.771

87,437,278

863,403

459,633

41,814,949

43,137,985

44,253,319

44,299,293

87,437,278

45,974

25 991 963

20,612,626

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# 44,299,293 40,956 6 Investment expenses .

Page **12** 

3a

3b

Nο

Form 990 (2015)

7 Prior period adjustments . 8 Other changes in net assets or fund balances (explain in Schedule O) . 9

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, 10 column (B)) Check if Schedule O contains a response or note to any line in this Part XII . . . . . . . . . . . . . . . . . ▽

-3,482,133 51,227,696 Part XIII Financial Statements and Reporting Yes No 1 Accounting method used to prepare the Form 990 Cash ✓ Accrual COther

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Νo 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 Separate basis Consolidated basis Both consolidated and separate basis

2b **b** Were the organization's financial statements audited by an independent accountant? Yes 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

Separate basis Consolidated basis Both consolidated and separate basis c 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? 2c Yes

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**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

Single Audit Act and OMB Circular A-133?

## **Additional Data**

Software ID: Software Version:

**EIN:** 31-4269414

Name: Ohio Education Association

#### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$
Education Policy Research & Member Advocacy - provides professional development activities for staff and members and assists the
Association in understanding and responding to critical educational reform issues

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Inde	pendent co	יונו מנ	LOIS	5				i ·	1	1
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore t ss pe	than erso icer	not one on is and		,	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
IOY BOCK	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
JOY BOCK DIRECTOR	3 00	×						0	0	0
ANNE BOWLES DIRECTOR	3 00	×						0	0	0
Samuel Adu-Poku DIRECTOR	3 00	x						0	0	C
Linna Jordan DIRECTOR	3 00	x						0	0	C
Kevin Cain DIRECTOR	3 00	×						0	0	C
Karen Wnght DIRECTOR	3 00	×						0	0	C
Barb Armour	3 00	х						0	0	С

3 00

3 00

3 00

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DIRECTOR

Andrew Boso

Michael Dossie

DIRECTOR

DIRECTOR

...... DIRECTOR

Susan R Kish-Hetterscheidt

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** 

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	m unles	ore t ss pe	han erso cer tor/t	not one n is and trus	tee)		(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			and related organizations
Lonnie Dusch DIRECTOR	3 00	×						0	0	0
JORGE GONZALEZ DIRECTOR	3 00	x						0	0	0
Amelia GRITTANI DIRECTOR	3 00	×						0	0	0
MELANIE HAMEED DIRECTOR	3 00	×						0	0	0
William Van Pelt II DIRECTOR	3 00	×						0	0	0
MARK HILL DIRECTOR	3 00	x						0	0	0
ELLA JORDAN ISAAC DIRECTOR	3 00	x						0	0	0

3 00

3 00

3 00

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BRENDA LEMON

DIRECTOR

DIRECTOR

Sandra Lewis

Hasheen Wilson DIRECTOR

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Inde	pendent Co	ntrac	tor	5						,
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles d	ore tl ss pe	than ersoi icer i tor/t	not one on is and trust	tee)	an	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	MISC)		and related organizations
Diana Charters DIRECTOR	3 00	x						0	0	0
Debra Lipnos DIRECTOR	3 00	x						0	0	0
Jerry Oberhaus DIRECTOR	3 00	x						0	0	C
Susan Bills DIRECTOR	3 00	x						0	0	C
Kecia Sanders-Stewart DIRECTOR	3 00	x						0	0	C
Bill Sears DIRECTOR	3 00	x						0	0	(
Dwayne Marshall	3 00		$\Box$		$\Box$			,	,	

3 00

3 00

3 00

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DIRECTOR

DIRECTOR

Larry Ellis

DIRECTOR

DIRECTOR

Danielle Russo

.....

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

compensated Employees, and Inde	penaent co	, , , , , , , , , , , , , , , , , , ,		•			1	I	ı
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	m unle:	ore t ss pe	han erso cer	onot one n is and trus	an Forme	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Andrea Beeman	3 00	×					0	0	0
DIRECTOR									
Janice Vaughan	3 00	x					0	0	0
DIRECTOR									
John Howell-Sanchez DIRECTOR	3 00	×					0	0	0
Jeffrey Wensing DIRECTOR	3 00	×					0	0	0
Rhea Young DIRECTOR	3 00	×					0	0	0
Joel Gleason	3 00	v					0	0	0

3 00

3 00

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DIRECTOR

DIRECTOR

DIRECTOR

Ty Tatman

DIRECTOR

Ten Mackey DIRECTOR

Tammy Koontz .....

ANGELA STEWART

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** 

(A) Name and Title	(B) A verage hours per week (list any hours for related	m unle:	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			organization and related organizations
Thomas McOwen	3 00	x						0	0	0
DIRECTOR										
Amanda Dyer DIRECTOR	3 00	х						0	0	0
Theresa Lemus Santos DIRECTOR	3 00	×						0	0	0
Chris Menier DIRECTOR	3 00	х						0	0	0
Lisa Steigerwald-Kana DIRECTOR	3 00	x						0	0	0
Janifer Trowles DIRECTOR	3 00	х						0	0	0
Randy Turner	3 00									

3 00

3 00

3 00

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Randy Turner ...... DIRECTOR

Robin Jeffries

DIRECTOR (NEA)

**Emilly Osterling** 

DIRECTOR (NEA)

BRIAN MCCONNELL DIRECTOR (NEA)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

37,569

73,228

68,262

19,356

80,550

ol

170,604

195,473

173,412

198,488

164,841

Compensated Employees, and Inde					ı u.	stee.	3, r			
(A) Name and Title	(B) A verage hours per week (list any hours for related	Pos mo unles	sition nore tl ss pe	(C)  than ersoi cer a tor/t	not one on is and trust		,	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)		organization and related organizations
Jeff Rhodes DIRECTOR (NEA)	3 00	x						0	0	0
Sophia Rodnguez DIRECTOR (NEA)	3 00	x						0	0	0
Gretchen Washington DIRECTOR (NEA)	3 00	x						0	0	C
BECKY HIGGINS PRESIDENT	60 00	x		×				196,017	0	40,866
SCOTT DIMAURO VICE PRESIDENT	50 00	x		×				165,041	. 0	51,517
Tim Myers	60 00									

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60 00

60 00

60 00

60 00

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Secretary - Treasurer

EXECUTIVE DIRECTOR

AED STRATEGIC & WORKFORCE

AED MEMBER SERVICES - FIEL

SHERYL MATHIS

Susan Babcock

Kevin Flanagan

Kristy Spires

AED Business Services

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (R) (A) (C)

73,389

43,027

63,913

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related organizations below	unle:	ore t ss pe offi direc	han erso cer tor/i	not one n is and trust	tee)	an	(D) Reportable compensation from the organization (W- 2/1099- MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	dotted line)	Individual trustee or director	Institutional Trustee	Officer	y employee	Highest compensated employee	Former			organizations
Parry Norns AED Member Services - Program	60 00				x			165,154	0	61,374
Jeanette Cooper HIGHEST COMPENSATED EMPLOY	60 00					х		162,463	0	60,186
Patricia Collins Murdock HIGHEST COMPENSATED EMPLOY	60 00					х		161,520	0	80,768

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157,451

165,055

161,435

60 00

60 00

60 00

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Joseph Cohagen

Linda Filey

HIGHEST COMPENSATED EMPLOY

HIGHEST COMPENSATED EMPLOY

HIGHEST COMPENSATED EMPLOY

CRISTINA MUNOZ-NEDROW

#### DLN: 93493087000497

Employer identification number

31-4269414

## **SCHEDULE C** (Form 990 or 990-EZ)

Department of the

Name of the organization

Political expenditures

Ohio Education Association

1

2

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

OMB No 1545-0047 Open to Public Inspection

Treasurv Internal Revenue Service

• Section 501(c)(4), (5), or (6) organizations Complete Part III

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-区, 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

Provide a description of the organization's direct and indirect political campaign activities in Part IV

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

3	Volunteer hours				200
Par	t I-B Complete if the or	ganization is exempt unde	r section 501(c)	)(3).	
1	Enter the amount of any excise	e tax incurred by the organization u	nder section 4955	•	\$
2	Enter the amount of any excise	e tax incurred by organization mana	agers under section	4955 ▶	\$
3	If the organization incurred a s	section 4955 tax, did it file Form 47	720 for this year?		☐ Yes ☐ No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt unde	r section <b>501</b> (c)	), except section 50	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for s	section 527 exempt	function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to	other organizations i	for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter her	e and on Form 1120	-POL, line 17b ►	\$
4	Did the filing organization file <b>F</b>	orm 1120-POL for this year?			Yes No
	amount of political contribution separate segregated fund or a	For each organization listed, enter in ns received that were promptly and political action committee (PAC)	directly delivered to	o a separate political orga	nization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter - 0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)	OEA POLITICAL CONTRIBUTING ENTITY	225 E BROAD STREET COLUMBUS,OH 43215	91-2066690		1,791,183
2					
3					
4					
5					
6					
For F	Paperwork Reduction Act Notice, se	ee the instructions for Form 990 or 9	<b>90-EZ.</b> Ca	t No 50084S Schedule C (	Form 990 or 990-EZ) 2015

Subtract line 1g from line 1a  $\,$  If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-

10	nedule (	, (F	orm 990 or 990-E2) 2015			Page 2
P	art II-	Α	Complete if the organization is exempt under section $501(c)(3)$ and under section $501(h)$ .	file	ed Form 5768	(election
١.	Check	<b>&gt;</b>	If the filing organization belongs to an affiliated group (and list in Part IV each affiliated expenses, and share of excess lobbying expenditures)	l gro	up member's nar	ne, address, EIN
3	Check	•	If the filing organization checked box A and "limited control" provisions apply			
			Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	lobby	ng)	oying expenditures to influence public opinion (grass roots			

		oying Expenditures means amounts paid or incurred.)	organization's totals	group totals
a	Total lobbying expenditures to influence public lobbying)	opinion (grass roots		•
b	Total lobbying expenditures to influence a legi	slative body (direct lobbying)		
c	Total lobbying expenditures (add lines $1a$ and	1b)		
d	Other exempt purpose expenditures			
e	Total exempt purpose expenditures (add lines	1c and 1d)		
f	Lobbying nontaxable amount Enter the amoun	t from the following table in both columns		
	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 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?

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.)											
Lobbying Expe	nditures During	4-Year Avera	ging Period								
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	(e) Total						
Lobbying nontaxable amount											
Lobbying ceiling amount (150% of line 2a, column(e))											
Total lobbying expenditures											
Grassroots nontaxable amount											
Grassroots ceiling amount (150% of line 2d, column (e))											
Grassroots lobbying expenditures											
	Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount  Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount  Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount (150% of line 2d, column (e))	Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount (150% of line 2d, column (e))  Grassroots lobbying expenditures	Calendar year (or fiscal year beginning in)  (a)2012 (b)2013 (c)2014 (d)2015  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount (150% of line 2d, column (e))						

scriedule C (Form 990 or 990-EZ) 2015									
Part II-B	Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	NOT							
F	Det IV-detected as the later of	( <u>a</u>							

Ear a	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(	a)		(b)	
activ		Yes	No		A mount	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	les				
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total Add lines 1c through 1i					
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?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c	)(5),	or s	ection	n
			,		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		Į	1		Νo
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		Νo

	Yes	No
1		Νo
2		Νo
3	Yes	
		3 Yes or section

	line 3, is answered "Yes."		
1	Dues, assessments and similar amounts from members	1	52,165,064
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).		

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).		2 260 70
_			
1	Dues, assessments and similar amounts from members	1	52,165,064

does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and

POLITICAL CONTRIBUTING ENTITY

3,360,795 Current year

2b Carryover from last year

**2**c 3,360,795 3 6,259,808 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess

4 political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) -2,899,013 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

Return Reference Explanation Part I-A, Line 1 THE OEA CONDUCTS CANDIDATE SCREENING SESSIONS BY INVITATION TO CANDIDATES FROM BOTH PARTIES THE OEA CONDUCTS MEMBER COMMUNICATIONS WITH RECOMMENDATIONS FOR CANDIDATES FAVORABLE TO EDUCATION POLICY The OEA IS

affiliated with the OHIO EDUCATION ASSOCIATION FUND FOR CHILDREN & PUBLIC

EDUCATION, the LEGISLATIVE CRISIS FUND PAC, and the OHIO EDUCATION ASSOCIATION

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

SCHEDULE D (Form 990)

Department of the

Internal Revenue Service

Name of the organization

Treasury

## **Supplemental Financial Statements**

► 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.

Information about Schedule D (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

Open to Public Inspection

DLN: 93493087000497

**Employer identification number** 

Ohio Education Association 31-4269414 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. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶\_ Number of states where property subject to conservation easement is located ▶\_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(I) and section 170(h)(4)(B)(II)? ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
  - If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenue included on Form 990, Part VIII, line 1
  - (ii) Assets included in Form 990, Part X
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a Revenue included on Form 990, Part VIII, line 1
  - Assets included in Form 990, Part X

the organization's accounting for conservation easements

	t III	Organizations Maintaining (continued)	Collections of	Art, His	storic	al Tr	easures, or	Oth	er Similar <i>F</i>	Asse	ets	Page 2
3		the organization's acquisition, accion items (check all that apply)	ession, and other re	cords,ch	neck an	y of th	ne following tha	t are	a significant us	se of	its	
а	☐ P	ublic exhibition		d	$\Gamma$	Loan	or exchange pr	ograr	ns			
b	┌ s	cholarly research		e	$\Gamma$	Other	-					
c	ΓР	reservation for future generations										
4	Provide Part XI	e a description of the organization	s collections and ex	oplain ho	w they 1	urthe	r the organizati	on's e	exempt purpose	e in		
5	During	the year, did the organization soli to be sold to raise funds rather th									_ <b></b> .	
Par		Escrow and Custodial Arra		as part	or the o	rgariiz	ation's conect	10111	Ye	es	No	)
		Complete if the organization a Part X, line 21.		n Form	990, P	art I	V, line 9, or r	epor	ted an amou	nt o	n Forr	n 990,
1a		organization an agent, trustee, cus ed on Form 990, Part Xॽ	stodian or other inte	rmediary	for cor	ntrıbut	ions or other a	ssets	not <b>Y</b> e	es	┌ No	•
b	If"Y	es," explain the arrangement in P	art XIII and comple	te the fol	llowing	table			An	noun	t	
c	Begi	nning balance					;	ıc 🗍				
d	A dd	tions during the year					<u> </u>	Ld				
е	Dist	ributions during the year					<u> </u>	Le				
f	Endi	ng balance					- :	1f				
<b>2</b> a	Did the	e organization include an amount o	n Form 990, Part X,	line 21,	for esc	row or	custodial acc	ount I	ıabılıty? <b>┌ Y</b> €	es	∏ No	•
b		," explain the arrangement in Part										
Pa	rt V	Endowment Funds. Comple	(a)Current year		nor year				Three years back		NEOUE VO	ars back
1a	Beainr	ning of year balance	(a)current year	(1)	ioi yeui	+	(C) WO Years Date	, (0,	Timee years back	,,e	ji our ye	dis back
b	_	butions										
c	Net inv	vestment earnings, gains, and										
d	Grants	orscholarships										
e		expenditures for facilities ograms										
f	A dmin	istrative expenses				+						
g		year balance										
2	Provide	e the estimated percentage of the	current vear end ba	i lance (lir	ne 1a. c	olumr	ı (a)) held as			I		
– a		designated or quasi-endowment <b>&gt;</b>	carrette year end ba	iance (iii	10 1970	orann.	, (4), 43					
b		nent endowment >										
c		rarily restricted endowment ► rcentages on lines 2a, 2b, and 2c	should equal 100%									
3a		ere endowment funds not in the pos eation by	ssession of the orga	inization	that are	e held	and administe	red fo	rthe		Yes	No
	(i) unre	elated organizations							3	a(i)		
b	` '	ated organizations		uıred on :	 Schedu	le R?			<u> </u>	a(ii) 3b		
4		be in Part XIII the intended uses o		endowm	ent fun	ds					•	
Pai		Land, Buildings, and Equip Complete if the organization a		Form 9	90 Pa	rt I\/	line 11a Sei	∍ For	m 990 Part '	X lu	ne 10	
		Description of property	answered res to		(a) ost or oth (investn	er bası	(b)		Accumulated (c) depreciation	i l		k value
1a	Land .				(, CSG)		+ ' '	2,172		$\dashv$		682,172
	Building									$\top$		
							14,00	5,603	9,745,6	550		4,259,953
		old improvements		•					10.000	<del>_</del>		270 771
	Equipme Other	:nt		•  -			11,24		10,866,9	7/6		378,764
					(5)	1		8,448		_		58,448
ıota	ıı. A dd lii	nes 1a through 1e <i>(Column (d) mus</i>	st equal Form 990, Pa	ır E X, COlu	rnn (B),	iine 1	υ(c))		▶			5,379,337

Part VII Investments—Other Securities. C See Form 990, Part X, line 12.	omplete if the organiza	ition answered 'Ye	es' on Form 990, Part IV, line 11b.
(a) Description of security or categor (including name of security)	гу	<b>(b)</b> Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives			,
(2)Closely-held equity interests (3)O ther			
			_
_			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. Complete if the organization answere	ed 'Yes' on Form 990, P	art IV, line 11c. <sub>S</sub>	ee Form 990, Part X, line 13.
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>&gt;</b>		
Part IX Other Assets. Complete if the organization		m 990, Part IV, line	
(1) DEFERRED COMPENSATION RETIREMENT ASSE	scription T		<b>(b)</b> Book value 296,828
(2) POSTRETIREMENT HEALTHCARE BENEFITS			17,426,247
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the or	•		> 17,723,075
See Form 990, Part X, line 25.			raitiv, iiile lie or lir.
1. (a) Description of liability	(b) Book value	_	
Federal income taxes		_	
ACCRUED VACATION AND SEVERANCE	4,485,176	5	
OTHER ACCRUED EXPENSES	1,512,62	3	
DEFINED BENEFIT PENSION	21,433,96	L	
Post RETIREMENT HEALTHCARE BENEFITS	11,001,139	•	
RETIREE MEDICAL HEALTH CARE			
ACTIVE HEATONE HEATTH CARE	197,243	4	
		-	
		-	
		-	
Total (Column (h) must equal Form 000, but V1/0) ( 25)	<b>▶</b> 38.630.142		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25) <b>2.</b> Liability for uncertain tax positions. In Part XIII, prov			's financial statements that reports the

Total revenue, gains, and other support per audited financial statements .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Amounts included on Form 990, Part VIII, line 12, but not on line 1

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) .

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

restricted net assets 45,974

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

Explanation

RENTAL EXPENSES 111,824 DIRECT ADVERTISING COSTS 46,843 Change in temporarily

Net unrealized gains (losses) on investments .

Donated services and use of facilities .

Recoveries of prior year grants .

Other (Describe in Part XIII)

Add lines 2a through 2d .

Add lines 4a and 4b .

Return Reference

**Supplemental Information** 

Subtract line 2e from line 1

1

2

3

c

Part XIII

information

A dius tments

Part XI. Line 2d - Other

а

59,481,433

245,597

59,235,836

а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII ) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	59,235,83
Part	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1	Total expenses and losses per audited financial statements	1	49,024,92
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	158,66
3	Subtract line <b>2e</b> from line <b>1</b>	3	48,866,25
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII )	1	

2a

2b

2c

2d

40,956

204,641

2e

3

4c

48,866,256

Schedule D (Form 990) 2015	Page <b>5</b>					
Part XIII Supplemental Information (continued)						
Return Reference	Explanation					

efile GRAPHIC print - DO NOT PROCESS As Filed Data Schedule I
(Form 990)

Grants and C
Governments
Complete if the organization

Department of the
Treasury
Internal Revenue Service

Name of the organization
O hio Education Association

## Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

OMB No 1545-0047

Employer identification number

Open to Public

DLN: 93493087000497

Inspection

						31-4269414	
Part I General Information	on on Grants an	d Assistance				·	
<ul> <li>Does the organization maintain the selection criteria used to a</li> <li>Describe in Part IV the organization</li> </ul>	ward the grants or a	ssistance?				stance, and	✓ Yes No
Part II Grants and Other Assist that received more than				plete if the organization	answered "Yes" on F	Form 990, Part IV, line 2:	l , for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of section 5	(0.1/c)(3) and dover	nment organizations lis	stad in the line 1 table			•	<u> </u>
3 Enter total number of other org		-					38
For Paperwork Reduction Act Notice, se		Cat No 50055P			Schedule I (Form 990) 2015		

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Explanation

INTERNAL ORGANIZING, LEADERSHIP DEVELOPMENT, IMPROVING TEACHER QUALITY, ETC

Return Reference Part I, Line 2 GRANTS ARE AVAILABLE TO LOCAL ASSOCIATIONS OF THE OEA UPON APPROVAL OF APPLICATION GRANTS ARE MONITORED BY THE ASSISTANT EXECUTIVE DIRECTOR, MEMBER SERVICES GRANTS MUST BE FOR A PURPOSE RELATED TO OEA INITIATIVES, SUCH AS

#### **Additional Data**

CEA

Software ID: Software Version:

501(c)(5)

31-0946049

**EIN:** 31-4269414

Name: Ohio Education Association

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANTON EA	34-1097334	501(C)(5)	181,035				LOCAL OPTION
FIRELANDS LOCAL EA	23-7083283	501(c)(6)	306,318				LOCAL OPTION

924,947

OPERATING GRANT

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance DAYTON EA 31-0712642 501(C)(5) 1,768 OPERATING GRANT g Grant

GRANT

Forest Hills	23-7088249	501(C)(4)	1,800		Operating Grant
BIG WALNUT EA	31-1229522	501(C)(5)	21,168		EFFECTIVE LOCAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) BLOOM CARROLL EA 31-0963152 501(C)(5) 1,149 One Year Special Grant BRUNSWICK FA 34-1331606 501(C)(5) 14,111 EFFECTIVE LOCAL GRANT

2,062

One Year Special Grant

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(5)

CUYAHOGA FALLS

34-1022330

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) DAYTON EA 31-0712642 501(C)(5) 36,684 EFFECTIVE LOCAL GRANT FAST CLEVELAND FA 34-1459862 501(C)(5) 3,171 One Year Special Grant

5,320

EFFECTIVE LOCAL

GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(7)

GAHANNA FA

23-7086942

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) HAMILTON CTA - BUTLER 23-7183346 501(C)(5) 33,077 EFFECTIVE LOCAL GRANT HILLIARD 23-7085490 501(C)(6) 57,266 EFFECTIVE LOCAL GRANT

9,352

EFFECTIVE LOCAL

GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(6)

HILLIARD

23-7080462

Lakewood

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) Mansfield EA 23-7076425 501(C)(6) 45,360 EFFECTIVE LOCAL GRANT Mentor Classified Employees 34-1492543 501(C)(6) 23,059 Effective Local Grant

One Year Special Grant

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(5)

NEWARK TA

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) PATMR (LEAD) Lake Emp 30-0062676 501(C)(5) 2,539 Effective Local Grant Assoc DD Sheffield-Sheffield TA 34-1415813 501(C)(5) 8,693 Effective Local Grant

EFFECTIVE LOCAL

GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(4)

SOUTHWESTERN EA

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) SYLVANIA 34-1246767 501(c)(5) 2,400 One Year Special Grant TAI MADGE TA 34-1854438 501(c)(5) 13,800 EFFECTIVE LOCAL GRANT

EFFECTIVE LOCAL

GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(6)

WARREN EA

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) WESTERVILLE EA 23-7078693 501(C)(5) 30,828 Advocacy WILLOUGHBY FA 34-1423998 501(c)(6) 14,959 EFFECTIVE LOCAL **IGRANT** 

Advocacy

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(5)

WOOSTER FA

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) Worthington EA 31-0979604 501(C)(5) 41,474 Effective Local Grant Perry CTA-Stark County 34-1440291 501(C)(5) 1,242 One Year Special Grant

Advocacy

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(4)

INNOVATION OHIO

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) PROGRESS OHIO 20-5462965 501(C)(4) 2,500 Advocacy Great Lake Center for 38-3555110 501(C)(3) 10,000 Research Education

Advocacy

National Center for Fair and

Open Testing

22-2653502

501(C)(3)

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Support Ohio Schools 45-3212360 501(C)(3) 25,000 Levy Support Children's Defense Fund 52-0895622 501(C)(3) 2,500 Advocacy

Advocacy

20,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

One Ohio Now

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance Project Love 5.000 Training Building One Ohio 2,000 Advocacy

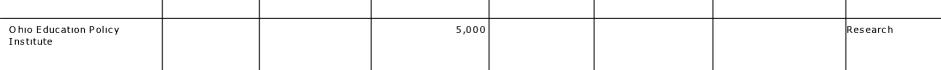
Blog

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(4)

Democratic Voices of Ohio

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) National Teachers Hall of 501(C)(3) 1,000 Advocacy Fame 5,000 Research



Advocacy

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Ohio Alliance LLC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant **(b)** EIN organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance arant or aovernment assistance other) 5.000 O hio Coalition for Equity & Research & Advocacy Adequacy

Schedule J (Form 990)

Department of the

Treasury

**Compensation Information** 

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.

▶ Information about Schedule J (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

DLN: 93493087000497 OMB No 1545-0047

2015

Open to Public Inspection

	nal Revenue Service   me of the organization			Employer identification	on nur	nber	
	o Education Association						
D-	Overtions Describes Companyation			31-4269414			
-6	rt I Questions Regarding Compensation					Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provide	ed ar	ny of the following to or for a person	listed on Form			
	990, Part VII, Section A, line 1a Complete Part III to						
	First-class or charter travel	~	Housing allowance or residence fo	r personal use			
	Travel for companions	$\Gamma$	Payments for business use of pers	sonal residence			
	Tax idemnification and gross-up payments	~	Health or social club dues or initia	ation fees			
	Discretionary spending account		Personal services (e g , maid, cha	uffeur, chef)		 	
b	If any of the boxes in line 1a are checked, did the organ reimbursement or provision of all of the expenses descr				1b	Yes	
2	Did the organization require substantiation prior to reim directors, trustees, officers, including the CEO/Executi				2	Yes	
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all that used by a related organization to establish compensation	apply	Do not check any boxes for metho	ods			
	✓ Compensation committee	✓	Written employment contract				
	Independent compensation consultant	<b>~</b>	Compensation survey or study				
	Form 990 of other organizations	<b>√</b>	Approval by the board or compens	ation committee			
4	During the year, did any person listed on Form 990, Paror a related organization	rt VII	I, Section A, line 1a with respect to	the filing organization			
а	Receive a severance payment or change-of-control pay	meni	t?		4a	Yes	
b	Participate in, or receive payment from, a supplemental	Inon	qualified retirement plan?		4b	Yes	
c	Participate in, or receive payment from, an equity-base	d cor	mpensation arrangement?		4c		Νo
				ın Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization	ıs mu	st complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, lir compensation contingent on the revenues of	ne 1a	, did the organization pay or accrue	any			
а	The organization?				5a		
b	Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?  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.  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				5b		
	If "Yes," on line 5a or 5b, describe in Part III						
6	For persons listed on Form 990, Part VII, Section A, lir compensation contingent on the net earnings of	ne 1a	, did the organization pay or accrue	any			
а	The organization?				<b>6</b> a		
b	Any related organization?				6b		
	If "Yes," on line 6a or 6b, describe in Part III						
7	For persons listed on Form 990, Part VII, Section A, lir payments not described in lines 5 and 6? If "Yes," desc			on-fixed	7		
8	Were any amounts reported on Form 990, Part VII, paid subject to the initial contract exception described in Rein Part III		•		8		
9	If "Yes" on line 8, did the organization also follow the resection 53 4958-6(c)?	ebutta	able presumption procedure describ	ed in Regulations	9		

Selledales (Form 550) 2015					r age 🕳								
Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.													
ınstructions, on row (II) Do not list ar	tion must be reported on Schedule J, report compensation from the ony individuals that are not listed on Form 990, Part VII for each listed individual must equal the total amount of Form 990, F	.,	-	·									
(A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation													

Page 2

Schedule J (Form 990) 2015

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation in
	B	(ii)	(ıiı)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
	Base (1) compensation	Bonus & incentive	Other reportable	compensation			as deferred on prior
	(1) compensation	compensation	compensation				Form 990

Schedule 1 (Form 990) 2015

See Additional Data Table

30110ddie 3 (1 01111 330) 2013	raye <b>3</b>									
Part III Supplemental Information										
Provide the information, explanation, o	r 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									
	SALARIES ARE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS THEY ARE BASED ON COMPARABILITY DATA, AVERAGE TEACHER'S SALARY AND/OR BARGAINED CONTRACT THE COMPARABILITY DATA FOR MANAGEMENT SALARIES INCLUDES COMPARISON TO THE OTHER STATES ASSOCIATED WITH THE NEA, BASED ON THE ANNUAL NEA MARKET STUDY, AS WELL AS MODELS DEVELOPED BY MERCER, A LEADING H/R FIRM									

Dane 3

Schedule J (Form 990) 2015

Schedule 1 (Form 990) 2015

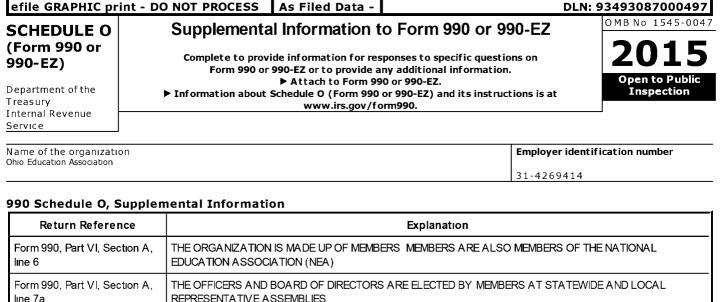
participate in a supplemental nonqualified retirement plan. They did not receive payments from the plan in 2015

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

**EIN:** 31-4269414

Name: Ohio Education Association

Form 990, Schedule J, Pa	rt I	I - Officers, Direc	tors, Trustees, Ke	ey Employees, and	l Highest Compen	sated Employees	<b>;</b>	
(A) Name and Title		<b>(B)</b> Breakdown of <b>(i)</b> Base Compensation	FW-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1BECKY HIGGINSPRESIDENT	(1)	182,298		13,719	16,634	24,232	236,883	0
	(11)	0	0	0	0	-		0
1SCOTT DIMAURO VICE PRESIDENT	(1)	152,402	0	12,639	18,851	32,666	216,558	0
	(11)	0	0	0	0	- - 0		0
<b>2</b> Tim Myers Secretary - Treasurer	(1)	158,004	0	12,600	25,531	12,038	208,173	0
	(11)	0	0	0	0	-	0	0
3SHERYL MATHIS EXECUTIVE DIRECTOR	(1)	177,514	0	17,959	58,490	14,738	268,701	0
	(11)	0	0	0	0	- 0	_ 0	0
4Susan Babcock AED STRATEGIC & WORKFORCE	(1)	157,041	1,223	15,148	41,330	26,932	241,674	0
WORKFORCE	(11)	0	0	0	0	0	o	0
5Kevin Flanagan AED MEMBER SERVICES - FIEL	(1)	111,188	0	87,300	3,512	15,844	217,844	0
	(11)	0	0	0	0	- 0		0
<b>6</b> Kristy Spires AED Business Services	(1)	151,373	0	13,468	47,748	32,802	245,391	0
	(11)	0	0	0	0	0	0	0
<b>7</b> Parry Norris AED Member Services - Program	(1)	150,180	0	14,974	37,142	24,232	226,528	0
	(11)	0	0	0	0	0	0	0
<b>8</b> Jeanette Cooper HIGHEST COMPENSATED EMPLOY	(1)	147,563	0	14,900	45,448 	14,738	222,649	0
	(11)	0	0	0	0	0	0	0
9Patricia Collins Murdock HIGHEST COMPENSATED EMPLOY	(1)	147,401	0	14,119	44,857	35,911	242,288	0
	(11)		0	0	0	0	0	0
10Joseph Cohagen HIGHEST COMPENSATED EMPLOY	(I)	143,349	0	14,102	38,023	35,366 	230,840	0
	<u> </u>	0	0	0	0	0	0	0
11 CRISTINA MUNOZ-NEDROW HIGHEST COMPENSATED	(I)	151,923	0	13,132	38,243	4,784 	208,082	0
12Linda Filey	<u> </u>	146.464	0	0	0	0	0	0
HIGHEST COMPENSATED EMPLOY	(I)	146,464	0	14,971	28,547	35,366	225,348	0
					0	0	0	



990 Schedule O. Supplemental Information

Return Reference	Explanation
Form 990, Part VI,	AMENDMENTS TO THE ORGANIZATION'S CONSTITUTION & BY LAWS ARE VOTED ON BY MEMBERS AT
Section A. line 7b	REPRESENTATIVE ASSEMBLY BUDGET AND VARIOUS INITIATIVES ARE ALSO APPROVED AT REPRESENTATIVE

ASSEMBLY Form 990. Part VI. THE 990 IS PREPARED BY AN INDEPENDENT A CCOUNTING FIRM FROM INFORMATION PROVIDED BY MAINAGEM. Section B. line 11 ENT. AND REVIEWED BY the ORGANIZATION'S BOARD, assistant executive director of BUSINESS SE RVICES. AND THE ORGANIZATION'S TREASURER PRIOR TO FILING

990 Schedule O, Supplemental Information

Return

Reference

Form 990.

Form 990, Part	THERE IS A CONFLICT OF INTEREST POLICY FOR EMPLOYEES WHICH IS MONITORED BY the assistant executive director of
VI, Section B, line	BUSINESS SERVICES A SEPARATE CONFLICT OF INTEREST POLICY EXISTS FOR OFFICERS OF GOVERNANCE AND IS
12c	MONITORED BY THE SECRETARY-TREASURER THE MEMBERS OF THE BOARD SIGN A FORM ACKNOWLEDGING THAT
	THEY HAVE REVIEWED AND RECEIVED THE OEA CONFLICT OF INTEREST POLICY AND THE OEA WHISTLEBLOWER
	POLICY
	SALARIES ARE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS THEY ARE BASED ON COMPARABIL
VI Section B line	I ITY DATA AMERAGE TEACHER'S SALARY AND/OR BARGAINED CONTRACT. THE COMPARABILITY DATA EOR M

ANAGEMENT SALARIES INCLUDES COMPARISON TO THE OTHER STATES ASSOCIATED WITH THE NEA. BASED ON THE ANNUAL NEA MARKET STUDY. AS WELL AS MODELS DEVELOPED BY MERCER, A LEADING H/R FIRM

Explanation

990 Schedule O, Supplemental Information

Netarii Nererence	Explanation
Form 990, Part VI, Section C, line 19	THE ORGANIZATION MAKES THESE DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

Evalenction

PENSION-RELATED CHANGES OTHER THAN NET PERIODIC BENEFIT COST -3,482,133

Paturn Pafaranca

Form 990, Part XI, line 9

990 Schedule O, Supplemental Information

Return Reference Explanation

FORM 990, PART XII,

THE ORGANIZATION HAS AN AUDIT COMMTTIEE TO OVERSEE THE AUDIT BY AN INDEPENDENT FIRM THIS

LINE 2C

PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

DLN: 93493087000497

## **Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

**SCHEDULE R** 

(Form 990)

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

**Employer identification number** 

Ohio Education Association				31-42694	.14		
Part I Identification of Disregarded Entities Comp	ete if the organization	answered "Yes" or	n Form 990, Pa				
(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	<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Organior more related tax-exempt organizations during to	<b>zations</b> Complete if the tax year.	he organization an	swered "Yes"	 on Form 990, Pa	rt IV, line 34 because i	t had on	e
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sec	tion Public charity st		Section (13) co en	ontrolle itity?
(1)OHIO EDUCATION ASSOCIATION FUND FOR CHILDREN & PUBLIC EDUCATION 225 EAST BROAD STREET PO BOX 2550	PAC	ОН	527			Yes	No
COLUMBUS, OH 43216 91-2066313 (2)OHIO EDUCATION ASSOCIATION POLITICAL CONTRIBUTING ENTITY 225 EAST BROAD STREET PO BOX 2550	POLITICAL CONTRIBUTING ENTITY	ОН	527		OHIO EDUCATION ASSOCIATION	Yes	+
COLUMBUS, OH 43216 91-2066690  (3)OEA EDUCATIONAL FOUNDATION 225 EAST BROAD STREET PO BOX 2550	DEVELOP & IMPLEMENT EDUCATIONAL PROGRAMS	ОН	501(C)(3)	PF	OHIO EDUCATION ASSOCIATION	Yes	
COLUMBUS, OH 43216 04-3618101 (4)OHIO RETIRED TEACHERS FOUNDATION	FOR TEACHERS IN OHIO PROVIDE ADDITIONAL	ОН	501(C)(3)	Line 11a, I	OHIO EDUCATION	Yes	_
225 EAST BROAD STREET PO BOX 2550  COLUMBUS, OH 43216 31-6050636	RETIREMENT INCOME TO CERTAIN RETIREES				ASSOCIATION		
VEBA TRUST AGREEMENT FOR OHIO EDUCATION ASSOCIATION GROUP BENEFIT PLAN 225 EAST BROAD STREET PO BOX 2550	BENEFIT PLAN	ОН	501(C)(9)		OHIO EDUCATION ASSOCIATION	Yes	
COLUMBUS, OH 43216 31-6681181	PAC	ОН	527				
(6)Educators for Ohio 225 EAST BROAD STREET PO BOX 2550	PAC	J OH	527			Yes	
COLUMBUS, OH 43216 81-3553922						$\bot$	$\perp$

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form	990, Pa	art IV, I	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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	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 Disprop alloca	) rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or aging	<b>(k)</b> Percentage ownership
				] 3117			Yes	No	1	Yes	No	
Part TV Identification of Polated Organizations Taxable a	<u> </u>			<u> </u>								

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of 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>(b)</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	<b>(h)</b> Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

No

Yes

1a

1b Yes

Part V	Transactions With Related Org	ganizations Complete if th	e organization answered "Yes	s" on Form 990, P	Part IV, line 34, 35b, or 36.

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?

<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b Ye	:s
<b>c</b> Gift, grant, or capital contribution from related organization(s)				<b>1</b> c	No
<b>d</b> Loans or loan guarantees to or for related organization(s)				1d	No
e Loans or loan guarantees by related organization(s)				1e	No
f Dividends from related organization(s)				1f	No
g Sale of assets to related organization(s)				1g	No
h Purchase of assets from related organization(s)				1h	No
i Exchange of assets with related organization(s)				1i	No
j Lease of facilities, equipment, or other assets to related organization(s)				<b>1</b> j	No
In the second first the second second second from related even when the				1k	No
<ul> <li>k Lease of facilities, equipment, or other assets from related organization(s)</li> <li>l Performance of services or membership or fundraising solicitations for related organization(s)</li> </ul>				11	No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)				1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n Ye	s
o Sharing of paid employees with related organization(s)				1o Ye	:s
p Reimbursement paid to related organization(s) for expenses				1p	No
q Reimbursement paid by related organization(s) for expenses				1q Ye	:s
r Other transfer of cash or property to related organization(s)				1r	No
s Other transfer of cash or property from related organization(s)				1s	No
2 If the answer to any of the above is "Yes," see the instructions for information on who must comple	te this line, including co	overed relationships	and transaction threshold	ds	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining	amount invol	ved
(1)OHIO EDUCATION ASSOCIATION POLITICAL CONTRIBUTING ENTITY	В	1,791,183	FMV		
			•		

## Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

revenue) that was not a related organization. See instructions r				ment	partnerships										
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?  (f) Share total incom		(f) Share of total income (g) Share of end-of-year assets				(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		<b>(k)</b> Percentage ownership
			314)	Yes	No			Yes	No		Yes	No			
												l I			
						_									



## **Additional Data**

Software ID: Software Version:

**EIN:** 31-4269414

Name: Ohio Education Association

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	<b>(b)</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
OHIO EDUCATION ASSOCIATION FUND FOR CHILDREN & PUBLIC EDUCATION 225 EAST BROAD STREET PO BOX 2550 COLUMBUS, OH 43216 91-2066313	PAC	ОН	527			Yes	
OHIO EDUCATION ASSOCIATION POLITICAL CONTRIBUTING ENTITY 225 EAST BROAD STREET PO BOX 2550 COLUMBUS, OH 43216 91-2066690	POLITICAL CONTRIBUTING ENTITY	он	527		OHIO EDUCATION ASSOCIATION	Yes	
OEA EDUCATIONAL FOUNDATION 225 EAST BROAD STREET PO BOX 2550 COLUMBUS, OH 43216 04-3618101	DEVELOP & IMPLEMENT EDUCATIONAL PROGRAMS FOR TEACHERS IN OHIO	ОН	501(C)(3)	PF	OHIO EDUCATION ASSOCIATION	Yes	
OHIO RETIRED TEACHERS FOUNDATION 225 EAST BROAD STREET PO BOX 2550 COLUMBUS, OH 43216 31-6050636	PROVIDE ADDITIONAL RETIREMENT INCOME TO CERTAIN RETIREES	ОН	501(C)(3)	Line 11a, I	OHIO EDUCATION ASSOCIATION	Yes	
VEBA TRUST AGREEMENT FOR OHIO EDUCATION ASSOCIATION GROUP BENEFIT PLAN 225 EAST BROAD STREET PO BOX 2550 COLUMBUS, OH 43216 31-6681181	BENEFIT PLAN	ОН	501(C)(9)		OHIO EDUCATION ASSOCIATION	Yes	
Educators for Ohio 225 EAST BROAD STREET PO BOX 2550 COLUMBUS, OH 43216 81-3553922	PAC	ОН	527			Yes	