Form 990-EZ
Return of Organization Exempt From Income Tax

Under section 501(c),(527), or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

A For the 2015 calendar year, or tax year beginning 09-01-2015, and ending 08-31-2016

B Check if applicable

C Name of organization
FORT WAYNE EDUCATION ASSOCIATION

D Employer identification number
35-1159973

E Telephone number
(800) 382-4037

F Group Exemption Application Pending

G Accounting Method Cash Accrual Other (specify)

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

I Website: WWW.FWESA-ISTA.ORG

J Tax-exempt status (check only one): 501(c)(3) 501(c)(6) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ $ 101,249

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances
(see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

1 Contributions, gifts, grants, and similar amounts received
17,110

2 Program service revenue including government fees and contracts
83,973

3 Membership dues and assessments
166

4 Investment income

5a Gross amount from sale of assets other than inventory

b Less cost or other basis and sale expenses

5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)

6 Gaming and fundraising events

6a Gross income from gaming (attach Schedule G if greater than $15,000)

b Gross income from fundraising events (not including $________ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)

6c Less direct expenses from gaming and fundraising events

6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)

7a Gross sales of inventory, less returns and allowances

b Less cost of goods sold

7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)

8 Other revenue (describe in Schedule O)

9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8
101,249

10 Grants and similar amounts paid (list in Schedule O)

11 Benefits paid to or for members

12 Salaries, other compensation, and employee benefits

13 Professional fees and other payments to independent contractors

14 Occupancy, rent, utilities, and maintenance

15 Printing, publications, postage, and shipping

16 Other expenses (describe in Schedule O)

17 Total expenses. Add lines 10 through 16
98,399

18 Excess or (deficit) for the year (Subtract line 17 from line 9)
2,850

19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
141,447

20 Other changes in net assets or fund balances (explain in Schedule O)

21 Net assets or fund balances at end of year Combine lines 18 through 20
144,297

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 106421 Form 990-EZ(2015)
## Balance Sheets
(see the instructions for Part II)

<table>
<thead>
<tr>
<th>Item</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 Cash, savings, and investments</td>
<td>136,838</td>
<td>145,830</td>
</tr>
<tr>
<td>23 Land and buildings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 Other assets (describe in Schedule O)</td>
<td>5,070</td>
<td>5,364</td>
</tr>
<tr>
<td>25 Total assets</td>
<td>141,908</td>
<td>151,194</td>
</tr>
<tr>
<td>26 Total liabilities (describe in Schedule O)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>141,447</td>
<td>144,297</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Grants $ ) If this amount includes foreign grants, check here . . . . .</td>
</tr>
<tr>
<td>28 See Additional Data Table</td>
</tr>
<tr>
<td>(Grants $ ) If this amount includes foreign grants, check here . . . . .</td>
</tr>
<tr>
<td>29</td>
</tr>
<tr>
<td>(Grants $ ) If this amount includes foreign grants, check here . . . . .</td>
</tr>
<tr>
<td>30</td>
</tr>
<tr>
<td>(Grants $ ) If this amount includes foreign grants, check here . . . . .</td>
</tr>
<tr>
<td>31 Other program services (describe in Schedule O)</td>
</tr>
<tr>
<td>(Grants $ ) If this amount includes foreign grants, check here . . . . .</td>
</tr>
<tr>
<td>32 Total program service expenses (add lines 28a through 31a) . . . . . .</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>(a) Name and title</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>JULIE HYNDMAN</td>
<td>50 00</td>
<td>68,218</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MARLENA MULLIGAN</td>
<td>2 00</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHRISTIAN ASHBY</td>
<td>2 00</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RYANN HILL</td>
<td>2 00</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DONNA CRAIG</td>
<td>2 00</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LESLEY MODARRESSI</td>
<td>2 00</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CARISSA RICHARDSON</td>
<td>2 00</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>STACY CONNER</td>
<td>2 00</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>JUDY ABRAM-ODIGBOH</td>
<td>2 00</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RENEE ALBRIGHT</td>
<td>2 00</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ERIN HOODEL</td>
<td>2 00</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KRISTINE ETTER</td>
<td>2 00</td>
<td>0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

Yes No

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

Yes No

35a Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

Yes No

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O

Yes No

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

Yes No

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

Yes No

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

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

Yes No

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

Yes No

39 Section 501(c)(7) organizations

Enter

a Initiation fees and capital contributions included on line 9

39a

b Gross receipts, included on line 9, for public use of club facilities

39b

40a Section 501(c)(3) organizations

Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955

40a

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

40b

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

40c

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization

40d

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

40e

41 List the states with which a copy of this return is filed

IN

42a The organization's books are in care of

LESLEY MODARRESSI Telephone no (800) 382-4037

Located at 2990 E COLISEUM BLVD SUITE 100 FORT WAYNE, IN ZIP + 4 46805

42a

b At any time during the calendar year, did the organization maintain an office outside the U S?

Yes No

42b

c At any time during the calendar year, did the organization maintain an office outside the U S?

Yes No

42c

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year

43

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

Yes No

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

Yes No

c Did the organization receive any payments for indoor tanning services during the year?

Yes No

d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Yes No

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Yes No

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

Yes No
### Part VI  Section 501(c)(3) organizations only

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

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>46</td>
<td>Did the organization engage directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?</td>
<td>If &quot;Yes,&quot; complete Schedule C, Part I</td>
</tr>
<tr>
<td>47</td>
<td>Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year?</td>
<td>If &quot;Yes,&quot; complete Schedule C, Part II</td>
</tr>
<tr>
<td>48</td>
<td>Is the organization a school as described in section 170(b)(1)(A)(i)?</td>
<td>If &quot;Yes,&quot; complete Schedule E</td>
</tr>
<tr>
<td>49a</td>
<td>Did the organization make any transfers to an exempt non-charitable related organization?</td>
<td></td>
</tr>
<tr>
<td>49b</td>
<td>If &quot;Yes,&quot; was the related organization a section 527 organization?</td>
<td></td>
</tr>
</tbody>
</table>

#### Table 50

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

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

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

**51 Complete this table for the organization’s five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter “None.”

<table>
<thead>
<tr>
<th>(a) Name and business address of each independent contractor</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
</table>

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

**52 Did the organization complete Schedule A?**

**NOTE.** All Section 501(c)(3) organizations must complete Schedule A.

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**Under penalties of perjury, I declare that I have examined this return, including all schedules and attachments, to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer's knowledge.

<table>
<thead>
<tr>
<th>Sign Here</th>
<th>Signature of officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>JULIE HYNDMAN</td>
<td>PRESIDENT</td>
</tr>
</tbody>
</table>

**Type or print name and title**

**Paid Preparer Use Only**

<table>
<thead>
<tr>
<th>Print/Type preparer's name</th>
<th>Preparer's signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAMELA A DENNIE CPA</td>
<td></td>
</tr>
</tbody>
</table>

**Firm's name**

| CHRISTEN SOUERS LLC |

**Firm's address**

| 10347 DAWSONS CREEK BLVD SUITE C |

**FORT WAYNE, IN 468251905**

May the IRS discuss this return with the preparer shown above? See instruction.
Form 990EZ, Part III - Statement of Program Service Accomplishments

<table>
<thead>
<tr>
<th>Program Title</th>
<th>Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>28 REPRESENTATION FOR TEACHERS</td>
<td>$28a</td>
</tr>
</tbody>
</table>

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

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

28 REPRESENTATION FOR TEACHERS
(Grants $ )

If this amount includes foreign grants, check here □
# SCHEDULE O
(Form 990 or 990-EZ)

## Name of the organization
FORT WAYNE EDUCATION ASSOCIATION

## Employer identification number
35-1159973

### 990 Schedule O, Supplemental Information

<table>
<thead>
<tr>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>FORM 990-EZ, PART I, LINE 16</td>
<td>EXPENSES COMPUTER EXPENSES 95 EQUIPMENT INSURANCE 475 BARGAINING TEAM 939 FLOWERS &amp; CARDS 208 NEA REPRESENTATIVE ASSEM 3,586 ISTA REPRESENTATIVE ASSEM 830 FWEA REPRESENTATIVE ASSEM 1,827 MEMBER RECOGNITION 205 MEMBERSHIP COMMITTEE 1,484 POSTAGE AND MESSENGER SER 60 EXECUTIVE BOARD PLANNING 151 SPECIAL PROJECTS 12,669 READ ACROSS AMERICA 10 TREASURER'S DUES 510 SUPPLIES 36 MEMBER TRAINING &amp; DEVELOP 59 PROFESSIONAL LITERATURE 73 NON-INVESTMENT DEPRECIATION 216 TOTAL 23,433</td>
</tr>
<tr>
<td>FORM 990-EZ, PART II, LINE 24</td>
<td>ACCOUNTS RECEIVABLE 4,548 5,058 EQUIPMENT 10,952 8,610 LESS ACCUMULATED DEPRECIATION 10,430 8,304 TOTAL 5,070 5,364</td>
</tr>
<tr>
<td>Return Reference</td>
<td>Explanation</td>
</tr>
<tr>
<td>------------------------------------------------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>FORM 990-EZ, PART II, LINE 26</td>
<td>ACCOUNTS PAYABLE AND ACCRUED EXPENSES 461 6,897</td>
</tr>
</tbody>
</table>