

Form **990-EZ**  
Department of the Treasury  
Internal Revenue Service

**Short Form**  
**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
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.

OMB No 1545-1150  
**2016**  
**Open to Public Inspection**

**A For the 2016 calendar year, or tax year beginning 09-01-2016 , and ending 08-31-2017**

- B** Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

**C** Name of organization: FORT WAYNE EDUCATION ASSOCIATION  
Number and street (or P O box, if mail is not delivered to street address): 2990 E COLISEUM BLVD SUITE 100  
Room/suite: [blank]  
City or town, state or province, country, and ZIP or foreign postal code: FORT WAYNE, IN 46805

**D** Employer identification number: 35-1159973  
**E** Telephone number: (800) 382-4037  
**F** Group Exemption Number: [blank]

**G** Accounting Method:  Cash  Accrual Other (specify) [blank]  
**I** Website: WWW.FWEA-ISTA.ORG  
**J** Tax-exempt status (check only one):  501(c)(3)  501(c)(6) (insert no )  4947(a)(1) or  527

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

**K** Form of organization:  Corporation  Trust  Association  Other [blank]  
**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 93,912

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

Revenue	
1	Contributions, gifts, grants, and similar amounts received . . . . . 10,050
2	Program service revenue including government fees and contracts . . . . .
3	Membership dues and assessments . . . . . 83,683
4	Investment income . . . . . 179
5a	Gross amount from sale of assets other than inventory . . . . . 5a
5b	Less cost or other basis and sales expenses . . . . . 5b
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . . 5c
6	Gaming and fundraising events
6a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . . 6a
6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . . 6b
6c	Less direct expenses from gaming and fundraising events . . . . . 6c
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . . 6d
7a	Gross sales of inventory, less returns and allowances . . . . . 7a
7b	Less cost of goods sold . . . . . 7b
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . . 7c
8	Other revenue (describe in Schedule O) . . . . . 8
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . 93,912
Expenses	
10	Grants and similar amounts paid (list in Schedule O) . . . . . 10
11	Benefits paid to or for members . . . . . 11
12	Salaries, other compensation, and employee benefits . . . . . 71,155
13	Professional fees and other payments to independent contractors . . . . . 3,371
14	Occupancy, rent, utilities, and maintenance . . . . . 14
15	Printing, publications, postage, and shipping . . . . . 15
16	Other expenses (describe in Schedule O) . . . . . 20,078
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . . 94,604
18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . -692
Net Assets	
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) . . . . . 144,297
20	Other changes in net assets or fund balances (explain in Schedule O) . . . . . 20
21	Net assets or fund balances at end of year Combine lines 18 through 20 . . . . . 143,605

**Part II Balance Sheets** (see the instructions for Part II)

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

	(A) Beginning of year		(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	145,830	<b>22</b>	135,689
<b>23</b> Land and buildings . . . . .		<b>23</b>	
<b>24</b> Other assets (describe in Schedule O) . . . . .	5,364	<b>24</b>	8,117
<b>25 Total assets</b> . . . . .	151,194	<b>25</b>	143,806
<b>26 Total liabilities</b> (describe in Schedule O). . . . .	6,897	<b>26</b>	201
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	144,297	<b>27</b>	143,605

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

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

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others )

What is the organization's primary exempt purpose?

REPRESENTATION FOR TEACHERS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

<b>28</b> See Additional Data Table			
(Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>		<b>28a</b>	
<b>29</b>		<b>29a</b>	
(Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>			
<b>30</b>		<b>30a</b>	
(Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>			
<b>31</b> Other program services (describe in Schedule O) . . . . .			
(Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>		<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . . <input type="checkbox"/>		<b>32</b>	

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JULIE HYNDMAN PRESIDENT	50 00	67,154		
MARLENA MULLIGAN 1ST VP	2 00	0		
EMILY MCKEE 2ND VP	2 00	0		
LISA HAMBLIN 3RD VP	2 00	0		
DONNA CRAIG SECRETARY	2 00	0		
LESLEY MODARRESSI TREASURER	2 00	0		
SANDRA VOHS NEGOTIATIONS	2 00	0		
SHANNON FISHER ELEM REP	2 00	0		
JULIE CALLAHAN MIDDLE SCHOO	2 00	0		
RENEE ALBRIGHT HIGH SCHOOL	2 00	0		
KRISTINE ETTER SPEC ED REP	2 00	0		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V . . . . .

Table with columns for question number, question text, and Yes/No response columns. Rows include questions 33 through 45b regarding organizational activities, financials, and foreign accounts.

	<b>Yes</b>	<b>No</b>
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	<b>46</b>	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 . . . . .

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

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

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

**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 "

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

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . ▶ \_\_\_\_\_

**52** Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must complete Schedule A . . . . .

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here** ▶ \*\*\*\*\*  
 Signature of officer  
▶ JULIE HYNDMAN PRESIDENT  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name PAMELA A DENNIE CPA	Preparer's signature
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 instructions . . . . .

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 35-1159973  
**Name:** FORT WAYNE EDUCATION ASSOCIATION

## Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<b>28</b> REPRESENTATION FOR TEACHERS (Grants \$ ) <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<b>28a</b>	

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

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

OMB No 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
FORT WAYNE EDUCATION ASSOCIATION

Employer identification number

35-1159973

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES COMPUTER EXPENSES 115 EQUIPMENT INSURANCE 475 BARGAINING TEAM 365 FLOWERS & CARDS 142 NEA REPRESENTATIVE ASSEM 2,824 ISTA REPRESENTATIVE ASSEM 750 FWEA RERESENTATIVE ASSEM 1,921 MEMBER RECOGNITION 166 MEMBERSHIP COMMITTEE 1,184 POSTAGE AND MESSENGER SER 115 EXECUTIVE BOARD PLANNING 244 SPECIAL PROJECTS 438 READ ACROSS AMERICA 280 TREASURER'S DUES 510 SUPPLIES 49 MEMBER TRAINING & DEVELOP 54 PROFESSIONAL LITERATURE 43 PROPERTY TAXES 56 PARKING EXPENSES 34 MAINTENANCE AND SERVICE 35 GRANT EXPENSES 10,152 NON-INVESTMENT DEPRECIATION 126 TOTAL 20,078

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 5,058 7,937 EQUIPMENT 8,610 8,610 LESS ACCUMULATED DEPRECIATION 8,304 8,430 TOTAL 5,364 8,117

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 6,897 201