ef	ile G	RAPHIC print	- DO NOT PROCESS As Filed Data -	DLN	: 93492011002038		
			Short Form		OMB No 1545-1150		
	0	90-EZ	Return of Organization Exempt From Income	Tav			
For	m J	3U-EZ			2016		
پ			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private fo	oundations)	2010		
			▶ Do not enter social security numbers on this form as it may be made pub	lic.			
Den	artment	of the Treasury	► Information about Form 990-EZ and its instructions is at <u>www.irs.gov</u>		Open to Public		
-		enue Service			Inspection		
			ar year, or tax year beginning 09-01-2016 , and ending 08-31-2017				
		f applicable	C Name of organization FORT WAYNE EDUCATION ASSOCIATION	D Employ	er identification number		
	Name o	s change hange		35-1159	35-1159973		
	initial r	•	Number and street (or P O box, if mail is not delivered to street address) Room/suite 2990 E COLISEUM BLVD SUITE 100	E Telephor	E Telephone number		
	inal re	turn/terminated		((800) 382-4037		
_		ed return	City or town, state or province, country, and ZIP or foreign postal code FORT WAYNE, IN 46805	F Group Ex	Group Exemption		
□,	Applica	tion pending		Number	Number 🕨		
_		_	H. Cheek b				
G A	ccoun	ting Method 🗆	Cash El Accidal Other (specify)		e organization is not Schedule B		
		_	(Form 9		Z, or 990-PF)		
		e: ► <u>www</u> FWEA-IS	STA ORG only one) - □ 501(c)(3) ☑ 501(c)(6) ◀(insert no) □ 4947(a)(1) or □ 527				
J 18	x-exe	mpt status(check	only one) - 1 501(c)(3) 1 501(c)(6) (insert no) 1 4947(a)(1) or 1 527				
		-	Corporation				
LA	dd line	es 5b, 6c, and 7b	o to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total	assets (Pa	rt II, column (B) below)		
	art I		Expenses, and Changes in Net Assets or Fund Balances (see the instruction				
	arl 1	Check if the	organization used Schedule O to respond to any question in this Part I	ons for Par	(1) 		
	1		gifts, grants, and similar amounts received		10,050		
	2	, -	e revenue including government fees and contracts	2			
	3	Membership du	3	83,683			
	4	Investment inco	4	179			
	5а						
	b		rom sale of assets other than inventory				
	c		rom sale of assets other than inventory (Subtract line 5b from line 5a)	— _{5c}			
	6	, ,	ndraising events	1			
٥	а	_					
Revenue	а		rom gaming (attach Schedule G if greater than \$15,000)	\dashv \sqcup			
) No:	Ь		om fundraising events (not including \$ of contributions from nts reported on line 1) (attach Schedule G if the				
œ		-					
	_		penses from gaming and fundraising events 6c	\dashv \vdash			
	c d		loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)				
	_		nventory, less returns and allowances 7a	Ou			
	7a _	Less cost of go					
	b	-	(loss) from sales of inventory (Subtract line 7b from line 7a)	- -			
	c		(describe in Schedule O)	7c			
	8		·	8	03.013		
\dashv	9		. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	93,912		
	10		ılar amounts paid (list in Schedule O)	10			
Expenses	11	-	or for members	11	71.155		
	12	•	compensation, and employee benefits	12	71,155		
	13		es and other payments to independent contractors	13	3,371		
	14	Occupancy, ren	14				
	15		ations, postage, and shipping	15			
	16	•	(describe in Schedule O)	16	20,078		
	17		s. Add lines 10 through 16	17	94,604		
او	18	Excess or (defic	18	-692			
NetAssets	19	Net assets or fu					
Į, A		_	ure reported on prior year's return)	19	144,297		
ž	20	Other changes	in net assets or fund balances (explain in Schedule O)	20			
	21		and balances at end of year Combine lines 18 through 20	21	143,605		
For	Pape	rwork Reduction	on Act Notice, see the separate instructions. Cat No 10642I		Form 990-EZ (2016)		

	— • • • • • • • • • • • • • • • • • • •						
Part II	Balance Sheets (see the instruction Check if the organization used Scheduler)		ulestion in this	Part II			🗹
	Check if the organization used Schedu	ne o to respond to any t	question in this		aunung of voor	<u> </u>	
22 Cach ca	ivings, and investments		ľ	(A) b	eginning of year 145,830	22	(B) End of year 135,689
	d buildings				145,650	23	133,009
	ssets (describe in Schedule O)				5,364		8,117
	ssets		· · · ·		151,194		143,806
	abilities (describe in Schedule O).				6,897		201
	ets or fund balances (line 27 of colun		i i		144,297		143,605
Part III	Statement of Program Service			one for Pa		[Expenses
· dic iii	Check if the organization used Schedu	•	•			(R	lequired for section 501(c)
What is the	organization's primary exempt purpose						and 501(c)(4)
	ATION FOR TEACHERS						ganizations, optional for hers)
measured b benefited, a	e organization's program service accomp y expenses In a clear and concise man nd other relevant information for each p	ner, describe the service					,
28 See Additior	nal Data Table						
(Cuamba &)	T6 Alexandra				. □		
(Grants \$) 29	If this amou	unt includes foreign grar	its, check here		. , <u> </u>	28a	
29						296	
					. \square		
(Grants \$)	If this amo	unt includes foreign grar	nts, check here	• •	. ▶ ⊔		
30						30a	а
(Grants \$)	If this amou	unt includes foreign grar	nts, check here		. ▶ □		
31 Other pr	ogram services (describe in Schedule O)					
(Grants \$)		, unt includes foreign grar				312	
• • • •	ogram service expenses (add lines 2					32	
Part IV	List of Officers, Directors, Trustee						
	Check if the organization used Schedu	ile O to respond to any o	question in this	Part IV.		•	🗆
	(a) Name and title	(b) Average	(c) Report	able	(d) Health bene	afıtc	(e) Estimated amount
	(a) Name and title	hours per week	compensa	tıon			ee of other compensation
		devoted to position	(Forms W-2/		benefit plans,		
			MISC) (if no enter -0		deferred compen	satio	'n
JULIE HYND	MAN	50 00	Cinci C	67,154			
PRESIDENT							
MARLENA M	ULLIGAN	2 00		0			
1ST VP							
EMILY MCKE	E .	2 00		0			
2ND VP							
	TNI	2.00		0			
LISA HAMBL	TIN	2 00		U			
3RD VP							
DONNA CRA	IG	2 00		0			
SECRETARY							
LESLEY MOD	DARRESSI	2 00		0			
TREASURER							
SANDRA VO	HS	2 00		0			
NEGOTIATIO	ONS						
SHANNON F	ISHER	2 00		0			
ELEM DED							
ELEM REP		2.00					
JULIE CALLA	MEMIN	2 00	1	0			
MIDDLE SC	100		<u></u>				
RENEE ALBR	RIGHT	2 00		0			
HIGH SCHO	OI		1				
KRISTINE E		2 00	1	0			
JIINL E			1	J			
SPEC ED RE	P						
			1				
			1				
		1	1		1		F 000 F7 (2016

Pa	Tt V Other Information (Note the Schedule A and personal benefit contract statement requirements	in the	<u> </u>				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V						
	,		Yes	No			
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a						
	detailed description of each activity in Schedule O	33		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)	34		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)?	35a		No_			
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b					
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		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	36		No			
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a						
b	Did the organization file Form 1120-POL for this year?	37b		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?	38a		No			
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b						
39	Section 501(c)(7) organizations Enter						
а	Initiation fees and capital contributions included on line 9						
b	Gross receipts, included on line 9, for public use of club facilities						
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under						
	section 4911 ▶, section 4912 ▶, section 4955 ▶						
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 sections4912, 4955, and 4958						
d	Section $501(c)(3)$, $501(c)(4)$, and $501(c)(29)$ organizations. Enter amount of tax on line 40c reimbursed by the organization.						
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	40e		No			
41	transaction? If "Yes," complete Form 8886-T						
	The organization's books are in care of ► LESLEY MODARRESSI Telephone no ► ((800) 3	82-4037	7			
	Located at ▶ 2990 E COLISEUM BLVD SUITE 100 FORT WAYNE, IN ZIP + 4 ▶ 46805						
L		Г					
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No No			
	If "Yes," enter the name of the foreign country						
С	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		No			
-							
42 1	If "Yes," enter the name of the foreign country Gection 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	ſ					
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No 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	44b		No			
С	Did the organization receive any payments for indoor tanning services during the year?	44c		No			
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an						
	explanation in Schedule O	44d 45a					
	Did the organization have a controlled entity within the meaning of section $512(b)(13)$?			No			
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No			

Form 99	0-EZ (20	16)						Page 4
							Yes	No
		janization engage, directly or indir for public office? If "Yes," complet				4.5		N
Part V		ction 501(c)(3) organizatio				46		No
. a.c.	All	section 501(c)(3) organization	ns must answer quest	ions 47-49b and 52,	, and complete the ta	bles for lı	nes 50	and 51
	Che	ck if the organization used Schedu	ile O to respond to any o	question in this Part VI	<u> </u>	<u> </u>	Yes	□ No
							103	
		janization engage in lobbying activ Implete Schedule C, Part II		01(h) election in effect		. 47		
48 Is	the orga	nization a school as described in s	ection 170(b)(1)(A)(ii)?	If "Yes " complete Sch	edule F	48		
	_	ganization make any transfers to a			edule E	49a		
	_	,	•	Telated organization.		49b		
		as the related organization a section	-				L	
		this table for the organization's five received more than \$100,000 of co				es and key	employ	ees)
	(a) Nam	e and title of each employee	(b) Average hours per week	(c) Reportable compensation	(d) Health benefits contributions to emplo		stimated	
			devoted to position	(Forms W-2/1099- MISC)	benefit plans, and deferred compensation	´	er comp	crisación
				MISC	dererred compensation	711		
						_		
f ·	Total nun	nber of other employees paid over	±100 000					
		this table for the organization's five	•	dependent contractors	who each received mor	re than ¢10	00 000 0	
		ion from the organization. If there		idependent contractors	s who each received mor	e tilali pit	10,000 0	•
		(a) Name and business address of	each independent contr	actor	(b) Type of service	(c) Comp	ensation	1
								—
								_
d ·	Total nun	nber of other independent contract	ors each receiving over					
52		organization complete Schedule A						
	complete	ed Schedule A						
		of perjury, I declare that I have ex- elief, it is true, correct, and comple						
	knowled		The Bedardion of prepa					

Sign	Sıg	gnature of officer						
Here	JULIE HYNDMAN PRESIDENT Type or print name and title							
	V 191	Print/Type preparer's name	Preparer's signature					
Paid		PAMELÁ A DENNIE CPA						
Prepa		Firm's name	LLC					
Use C	nly	Firm's address ► 10347 DAWSONS C	REEK BLVD SUITE C					
		FORT WAYNE, IN 4	68251905					
May the	IRS disci	uss this return with the preparer s	hown above? See instruc					

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 progra services, as measured by expenses number of persons benefited, and	(Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)		
28 REPRESENTATION FOR TEACHERS		28a	
(Grants \$)	If this amount includes foreign grants, check here \cdot . \cdot \blacktriangleright \Box		

efile GRAPH	IC print - DO NOT PROCESS	DLN	: 93492011002038	
SCHEDUL (Form 990 or EZ)	990- Complete to provide information for responses to specific form 990 or 990-EZ or to provide any additional Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) ar www.irs.gov/form990.	n for responses to specific questions on rovide any additional information. Form 990 or 990-EZ. The properties of the pr		
	anization ATION ASSOCIATION CO, Supplemental Information	35-1159973	tification number	
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 EXE CUTIVE BOARD PLANNING 244 SPECIAL PROJECTS 438 READ ACROSS AMERICA 280 TREASURER'S DUES 51 0 SUPPLIES 49 MEMBER TRAINING & DEVELOP 54 PROFESSIONAL LITERATURE 43 PROPERTY TAXES 56 PA RKING EXPENSES 34 MAINTENANCE AND SERVICE 35 GRANT EXPENSES 10,152 NON-INVESTMENT DEPRECIA TION 126 TOTAL 20,078			

Return Explanation Defenses

Reference	
FORM 990-	ACCOUNTS RECEIVABLE 5,058 7,937 EQUIPMENT 8,610 8,610 LESS ACCUMULATED DEPRECIATION 8,304 8,430 TOTAL
EZ DADTII	E 204 0 447

| EZ, PART II, | 5,364 8,117 LINE 24

990 Schedule O, Supplemental Information

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990-ACCOUNTS PAYABLE AND ACCRUED EXPENSES 6.897 201

EZ, PART II, LINE 26