DLN: 93493194008147

Form 990

Department of the Treasury 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 www.IRS.gov/foim990

2015

OMB No 1545-0047

Open to Public Inspection

A F	or the	2015 ca	lendar year, or tax year b	eginning 09-01-2015 , and ending 0	8-31-201	6				
	eck if ap		C Name of organization			-	D Emplo	yer id	entification number	
	ddress cl		Oregon Education Associatio	in .			93-0	24344	13	
$\lceil \rceil$	ame cha	ange	Doing business as				_	2 13 1	13	
	nitial retu	urn	Domg Business us							
	ınal /termına	ated		box if mail is not delivered to street address)	Room/sui	te	E Teleph	one nur	mber	
_	nended i		6900 SW Atlanta Street				(503)	684-	3300	
M _{Ap}	plication	pending	City or town, state or proving Portland, OR 97223	nce, country, and ZIP or foreign postal code						
			Fordand, OK 37223				G Gross	receipts	\$ \$ 28,035,319	
			F Name and address of Hanna Vaandering	principal officer		H(a) Is	this a group	retur	n for	
			6900 SW Atlanta St				bordinates?		⊤ Yes 🗸	
			Portland, OR 97223			N H(b) Are	o e all subord	ınates	⊤Yes 🗸 No	
I Tā	ıx-exem	pt status	「501(c)(3) ▼ 501(c)	(5) ◀ (insert no) 4947(a)(1) or	527		luded?		•	
J W	ebsite	:► ww	W OREGONED ORG				•		(see instructions)	
							oup exemption 19		umber ► M State of legal domicile OR	
K For	m of org	janization	✓ Corporation Trust	Association Other ▶			TOTTINGUOTI 1:	′²′ '	- State of legal doffficile OK	
Pa	rt I	Sum	mary						-	
				nission or most significant activities						
		nite the regon	public education professi	on and advocate for those profession	als to ens	ure quality	public edu	cation	for students in	
Ce										
E	_									
Vell	3 -	hock th	is how • I if the organize	ation discontinued its operations or d	ichocod o	f mara tha	n 3 E 0/ of th	c not s	ac ata	
Governance	- 0	HECK III	is box P If the organiza	ation discontinued its operations of d	isposed c	n more tha	11 2 3 70 OF IC	s net a	155615	
	3 N	lumber	of voting members of the q	governing body (Part VI, line 1a) .				3	41	
Activities &	4 N	lumber	of independent voting mer	nbers of the governing body (Part VI,	, line 1b)			4	39	
3	5 T	otal nur	nber of individuals employ	yed ın calendar year 2015 (Part V , lır	ne 2a) .			5	157	
ĕ	6 T	otal nur	mber of volunteers (estima		6	575				
				from Part VIII, column (C), line 12				7a	10,130	
	b Ne	et unrela	ated business taxable inc	ome from Form 990-T, line 34				7b		
						P	rior Year		Current Year	
O)	8	8 Contributions and grants (Part VIII, line 1h)						544	1,831,955	
Ravenua	9	_	am service revenue (Part	<u> </u>	19,663,745 21 1,961,381 1					
R.y	10		,	column (A), lines 3, 4, and 7d) .			1,961,	1,255,609		
	11			nn (A), lines 5, 6d, 8c, 9c, 10c, and 1 ugh 11 (must equal Part VIII, colum			388,579			
	12	12)	revenue add inies o tino	agii II (mast equal i art v III, colaiii	11 (A), 1111c		23,759,	.228	24,642,303	
	13	Grants	and sımılar amounts paı	d (Part IX, column (A), lines $1-3$).			1,045,	000	1,533,600	
	14	Benefi	ts paid to or for members	(Part IX, column (A), line 4)					0	
Ş	15			employee benefits (Part IX, column (A	(), lines		13,964,306 14,968,			
Expenses	16a	5-10)		Part IX, column (A), line 11e)					0	
e di	ь		indraising expenses (Part IX, co	, ,,		•				
Ω	17		· , , ,	nn (A), lines 11a-11d, 11f-24e) .			7,026,	160	7,595,514	
	18		, , , , ,	17 (must equal Part IX, column (A), I			22,035,		24,097,124	
	19		•	ct line 18 from line 12			1,723,	762	545,179	
કું <u>જ</u>						Beginning	g of Current	Year	End of Year	
anc										
Net Assets or Fund Balances	20		assets (Part X, line 16)				42,291,		44,279,448	
₹	21		liabilities (Part X, line 26)			`	23,074,	_	29,041,170	
	22 11 TT		ature Block	ubtract line 21 from line 20			19,216,	.908	15,238,278	
				ave examined this return, including a	ccompany	yıng sched	ules and sta	ateme	nts, and to the best of	
				and complete Declaration of preparer	(other th	an officer)	ıs based on	all inf	formation of which	
ргер:	arer na: 	s aп у Кі 	nowledge							
		****					2017-07-11			
Sign		Signa	ature of officer				Date			
Her	e		Scott-Schwalbach Vice Preside	ent						
		<u> </u>	rint/Type preparer's name	Preparer's signature	I n	ate		PTIN	_	
Pai	ل		eresa L McGuire	10	Check I if if it is in the interest of the int		46434			
		, F	irm's name LaukaMcGuire	& Associates PC			irm's EIN 🟲	1		
	pare Onl	1 -	ırm's address ► 3511 SE Mılwa	ukie Ave		P	hone no (50	3) 233-:	2177	
USE	; Uni	У	Portland, OR	97202						

May the IRS discuss this return with the preparer shown above? (see instructions)

. ✓Yes No

Par	t IV Checklist of Required Schedules			
		\Box	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 <i>Schedule B, Schedule of Contributors</i> (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		No
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		No
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	11a	Yes	
	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 2	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 2	11c		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 2	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11 e	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	11 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	12a	Yes	
b	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
13	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
b	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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h		

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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		No
c	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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Pait I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	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 member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28 c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Pait I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	
			orm 000	(201E)

Part V	Statements	Regarding	Other	IRS Filing	s and	Tax	Comp	liance
					,		p	

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 62			
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	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)?	4a		No
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
_		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		No
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	_		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		No
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		No
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		No
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	İ	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction 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 41			
	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 39			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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?.	3		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		No
6	Did the organization have members or stockholders?	6	Yes	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		. 00	
	more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	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	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	even	ie Cod	e.)
			Yes	No
.0a	Did the organization have local chapters, branches, or affiliates?	10 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	
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
.2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12 a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12 c	Yes	
.3	Did the organization have a written whistleblower policy?	13	Yes	
.4	Did the organization have a written document retention and destruction policy?	14	Yes	
L 5	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?			
	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)			
L6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		No
b	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?	16 b		
Se	ction C. Disclosure			
L7	List the States with which a copy of this Form 990 is required to be filed▶			
L 8	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available.			
	Own website Another's website Upon request Other (explain in Schedule O)			
L9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and record	S		

▶Robert Sande 6900 SWATLANTA STREET PORTLAND, OR 97223 (503) 684-3300

Part VII

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more t	tion i han d on is	ne l both	oox, an d	officer stee)	Former	(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
See Additional Data Table										
			_							
-										
	1									
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	1	I					_			Form 990 (2015)

rt VII	Section A. Officers	, Directors, Trustee	s, Key Employees,	and Highest Compensat	ed Employees	(continuea
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(A) Name and Title	(B) Average hours per week (list any hours	more t	tion (han (on is	one b both	oox, an d	heck unless officer stee)	:	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estima amount o compens from	ated of other sation the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated emptoyee	Former			organizat relat organiza	ed
See Additional Data Table											
1b Sub-Total				•		. •		1,786,474			800,533
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 10									·		

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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 I for such individual	4	Yes	
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

1 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

(A) Name and business address	(B) Description of services	(C) Compensation
Bennett Hartman Morris & Kaplan LLP	Legal Services	309,576
111 SW 5th Avenue Suite 1650 Portland, OR 97204		
McKanna Bishop Joffe & Arms LLP	Legal Services	439,434
1635 NW Johnson Street Portland, OR 97209		
Lee Herman Construction Co	Construction	188,138
622 NW 9th St Pendleton, OR 97801		
Fulcrum Political LLC	Surveys and Research	137,165
510 SW 3rd Ave 206 Portland, OR 97204		
Principal Life Insurance Co	Insurance	121,040
6915 SW MacAdam Portland, OR 97219		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 5

Part V	/111	Statement of Revenue									
		Check If Sched	ule O contains a respor	se or note to any li	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections			
	1.0	Endorated cam	noigns 4n					512-514			
ts est	1a	Federated cam									
ran Om	Ь	Membership du	ıes 1b								
s. G Am	C	Fundraising ev	ents 1c								
Siffs lar	d	Related organiz	zations 1d								
s, (imil	e	Government grant	rs (contributions) 1e								
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contribution	ons, gifts, grants, and 1f	1,831,955		İ					
ibut The	g		ons included in lines								
	"	1a-1f \$									
<u> </u>	h	Total. Add lines	s 1a-1f	· · · •	1,831,955						
<u> </u>				Business Code							
Program Service Revenue	2a	Membership Dues		900099	21,166,160	21,166,160					
æ	Ь										
₩C.	C										
₹	d e										
ram	f	All other progra	am service revenue								
₹og	'										
	g		s 2a-2f		21,166,160						
	3		come (including dividend ar amounts)		825,005			825,005			
	4	Income from inves	stment of tax-exempt bond p	proceeds >	0						
	5	Royalties .		•	0						
	6a	Gross rents	(I) Real 213,191	(II) Personal							
			450.000								
	Ь	Less rental expenses	158,822								
	C	Rental income or (loss)	54,369								
	d	Net rental inco	me or (loss)		54,369			54,369			
	7a	Gross amount	(ı) Securities	(II) O ther							
	/4	from sales of assets other than inventory	3,664,798								
	ь	Less cost or other basis and	3,234,194								
	c	sales expenses Gaın or (loss)	430,604								
	d	Net gain or (los	ss)		430,604			430,604			
enne/	8a	Gross income fevents (not inc	luding								
Other Revenue		See Part IV, lir	а								
O	b c		penses b (loss) from fundraising e	events •	0						
	1	Gross income f	from gaming activities ne 19	zvents p	-						
	Ь	less director	a penses b								
			(loss) from gaming activ	vities	0						
	100	Gross sales of	inventory loss	•							
	IUa	returns and allo									
	Ь	_	oods sold b								
	С	Net income or Miscellaneou	(loss) from sales of inve		0						
	11a			Business Code	10,000		10,000				
	ь	Advertising Inc			315,289		_5,230	315,289			
	c	Misc Income	ibar 3 Ciffictit		8,791			8,791			
	d		ue		130		130	·			
	e		s 11a-11d	•	334,210						
	12	Total revenue.	See Instructions	🕨	·	24.15					
	1				24,642,303	21,166,160	10,130	1,634,058			

Form 990 (2015) Part IX Statement of Functional Expenses

section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All other organizations must complete ϵ

Check if Schedule C	contains a response or note to any line in this Pai	rt IX .							
_									

	nt include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	ש) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,533,600			
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,617,878			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	7,047,237			
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	2,552,913			
9	Other employee benefits	1,961,052			
10	Payroll taxes	788,930			
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	894,983			
c	Accounting	53,958			
d	Lobbying	0			_
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	97,284			
12	Advertising and promotion	0			
13	Office expenses	564,046			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	680,968			
17	Travel	1,047,565			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	270,291			
20	Interest	80			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	341,629			
23	Insurance	0			
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	Outside services	1,258,220			
b	SAP Expenses	935,696			
c	Equipment Expense	393,392			_
d	Uniserve Assistance	108,889			
е	All other expenses	948,513			
25	Total functional expenses. Add lines 1 through 24e	24,097,124	0	0	0
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 Balance Sheet

Par	tΧ	Check if Schedule O contains a response or note to any line in	n thic Part Y			_
		The control of the co	in unis rate X	(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		251,880	1	219,346
	2	Savings and temporary cash investments		4,309,730	2	5,414,400
	3	Pledges and grants receivable, net		1,000,100	3	0,,
	4	Accounts receivable, net		1,007,847	4	767,890
	5	Loans and other receivables from current and former officers key employees, and highest compensated employees. Comp	olete Part II of	,,,,,,	5	0
Assets	6	Loans and other receivables from other disqualified persons section 4958(f)(1)), persons described in section 4958(c)(contributing employers and sponsoring organizations of section voluntary employees' beneficiary organizations (see instruct II of Schedule L	3)(B), and tion 501(c)(9)		_	0
SS (l _			457.050	6	
¥	7	Notes and loans receivable, net		157,250	7	0
	8	Inventories for sale or use		450 445	8	
	9 10a	Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis	10,177,007	153,115	9	140,519
	ь	Complete Part VI of Schedule D Less accumulated depreciation		5.819.074	10c	5,718,449
	11	Investments—publicly traded securities		30,095,418	11	31,436,096
	12	Investments—publicly traded securities		00,000,410	12	0
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		497,255	15	582,748
	16	Total assets. Add lines 1 through 15 (must equal line 34) .		42,291,569	16	44,279,448
	17	Accounts payable and accrued expenses		1,834,301	17	2,107,971
	18	Grants payable		1,001,001	18	2,101,011
	19	Deferred revenue		522,317	19	419,946
	20	Tax-exempt bond liabilities		022,011	20	110,010
	21	Escrow or custodial account liability Complete Part IV of Si			21	
jabilities.	22	Loans and other payables to current and former officers, direkey employees, highest compensated employees, and disqu	ectors, trustees,		21	
<u>=</u>		persons Complete Part II of Schedule L			22	
<u>.e.</u>	23	Secured mortgages and notes payable to unrelated third par	ties		23	
_	24	Unsecured notes and loans payable to unrelated third partie			24	
	25	Other liabilities (including federal income tax, payables to re and other liabilities not included on lines 17-24) Complete Part X of Schedule D				
				20,717,983	25	26,513,253
	26	Total liabilities. Add lines 17 through 25		23,074,601	26	29,041,170
ses		Organizations that follow SFAS 117 (ASC 958), check here I lines 27 through 29, and lines 33 and 34.	➤ 🔽 and complete			
an	27	Unrestricted net assets		19,116,968	27	15,238,278
Ba	28	Temporarily restricted net assets		100,000	28	
<u>p</u>	29	Permanently restricted net assets		· ·	29	
Net Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check complete lines 30 through 34.				
(5)	30	Capital stock or trust principal, or current funds			30	
sel	31	Paid-in or capital surplus, or land, building or equipment fund			31	
As	32	Retained earnings, endowment, accumulated income, or other			32	
Vet	33	Total net assets or fund balances		19,216,968	33	15,238,278
_	34	Total liabilities and net assets/fund balances		42,291,569	34	44,279,448
		<u> </u>				

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

Schedule O

Single Audit Act and OMB Circular A-133?

	1990 (2013)				age 12
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				🔽
1	Total revenue (must equal Part VIII, column (A), line 12)	1		24.6	542,303
2	Total expenses (must equal Part IX, column (A), line 25)	2			97,124
3	Revenue less expenses Subtract line 2 from line 1	3			545,179
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		19,2	216,968
5	Net unrealized gains (losses) on investments	5		8	315,217
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-5,3	39,086
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		15,2	238,278
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. [
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revalue a separate basis, consolidated basis, or both	iewed or	1		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sebasis, consolidated basis, or both	parate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for overs of the audit, review, or compilation of its financial statements and selection of an independent accountary.		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain	ı ın			

Νo

3a

3b

Additional Data

Software ID: 15000324

Software Version: 2015v3.0

EIN: 93-0243443

Name: Oregon Education Association

Form 990, Part III, Line 4a

a (Code) (Expenses \$ including grants of \$) (Revenue \$)

The Center for Public Affairs is dedicated to helping educators elect pro-public education candidates at every level of government that will promote good public education policy and protect the rights of educators. The Oregon Education Association's (OEA) objectives guide policy positions at the legislative level and the OEA Public Affairs staff serve as a resource on policy issues, such as school funding, teaching and learning, licensure, collective bargaining, Public Employment Retirement System (PERS), health care, and, electoral issues

Form 990, Part III, Line 4b 4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

The Center for Advocacy and Affiliate Services works with local leaders and UNISERV staff to provide data for informed and strategic approaches to bargaining and advocay to ensure a fair contract and stable working conditions for members

Form 990, Part III, Line 4c including grants of \$

(Expenses \$

(Code

The Center for Legal Services provides financial and consultative resources to protect the legal rights of members. Staff also coordinate representation and training on emerging legal issues

(Revenue \$

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

(A) (B) (C) (D) (E)

(A) Name and Title	(B) Average hours per week (list any hours	Average Position (do not check cours per more than one box, unless veek (list person is both an officer ny hours and a director/trustee) Reportable compensation compen from re							(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	2/1099-MISC) Former Highest compensati		2/1099-MISC)	organization and related organizations
Alejandra Barragan Board Director	6 00	x						0	0	0
Judy Christensen Board Director	6 00	х						0	0	0
Brooke Warren Director	6 00	×						0	0	0
John Scanlan Board Director	6 00	×						0	0	0
Kelvin Calkins Board Director	6 00	×						0	0	0
Forest Cooper Region II VP	10 00	×		х				0	0	0
Caryn Connolly Region II VP	10 00	×		x				6,068	0	0
Suzanne Cohen Board Director	6 00	×						0	0	0
Hanna Vaandering	45 00	.,		,,				170 507		66.635

Χ

0 00

0 00

President

Diana Collins

Board Director

Χ

179,597

66,635

0

0

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

(F) Estimated amount

of other

compensation from the

organization and related organizations

0

0

0

0

97,616

6,068

37,010

44,660

Compensated Employees, and Inde					1316	C3, I	ve y	Linployees, mg	illest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more ti perso and a	ion (han o n is b	ne b oth ctor	ox, an o	unless ifficer stee)	_	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2,1033 11130)	2/1099-MI3C)	
Kathy Coon	6 00									
,		X						0	0	
ESP Director	0 00									
Geoff Hunnicutt	6 00									
Board Director	0 00	X						0	0	
Reed Scott-Schwalbach	6 00									
Need Scott Schwalbach		X		×				2,385	0	
NEA Director	0 00									
Susan Huffman	6 00									
		X						0	0	
Board Director	0 00									
C John Larson	45 00									
Vice President	0 00	X		X				83,528	0	
Many Lynn Mardon	6 00					+				
Mary Lynn Marden		×						0	0	

0 00 45 00

> 0 00 6 00

0 00 10 00

> 0 00 6 00

0 00

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Χ

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Board Director

Tony Crawford

Vice President

Paula Nelson

Board Director

Regina Norris

Region I VP

Karen Laurence

Board Director

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

compensated Employees, and Inde	pendent cor	iciacio	,, ,					I	I	ı
(A) Name and Title	(B) A verage hours per week (list any hours	Posit more ti perso and a	tion (han o n is b	ne b oth	ox, ι an o ⁄trus	ınles s fficer tee)		(D) Reportable compensation from the organization (W-	(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	2/1099-MISC)	2/1099-MISC)	organization and related organizations
Judy Harns NEA Director	10 00	х		×				8,133	0	0
Janelle Rebick Board Director	6 00	×						0	0	0
Ben Gorman Board Director	6 00	х						0	0	0
John Scott Board Director	6 00	Х						0	0	0
Kerth Ayers Region 1 VP	10 00	Х		×				0	0	0
Tina Leaton Board Director	6 00	×						0	0	0
Janet Yakopatz Board Director	6 00	×						0	0	0
Nancı Stauffer	6 00									

0 00 6 00

0 00 6 00

0 00

Х

Board Director

Board Director

Board Director

Con Swan

Phil Clark

0

0

0

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

(F) Estimated amount

of other

compensation

from the

organization and related organizations

0

0

0

0

0

0

6,068

0

Compensated Employees, and Inde	pendent Cor	ntracto	rs					•	•
(A) Name and Title	(B) A verage hours per week (list any hours	Posit more the perso	ion (han o n is b	ne b oth	ox, ι an o	unles s fficer	6	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)
Lily Wagner Board Director	6 00	х						0	0
Scott Wallace Board Director	6 00	х						0	0
Lında Sanders Board Dırector	6 00	×						0	0
Deb Wiscow Board Director	6 00	х						0	0
Maureen Barnhart	6 00								

0 00 6 00

0 00 6 00

0 00 6 00

0 00 6 00

0 00 6 00

0 00

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Χ

Χ

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Board Director

Board Director

Michael Endicott

Region III VP

Board Director

Board Director

Tracy Hodgson

Board Director

Al Rabchuk

Dons Jared

Joe Minson

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

(A)
(B)
(C)
(D)
(E)

Name and Title
A verage
Position (do not check
Reportable
Reportable

0 00

Asst Ex Dir Affl S

Name and Title	A verage hours per week (list any hours	Posit more th perso and a	ion (han o n is b	ne b oth	ox, ι an o	ınles s fficer		Reportable compensation from the organization (W-	Reportable compensation from related organizations (W-	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	2/1099-MISC)	2/1099-MISC)	organization and related organizations
Pamela Cunningham Board Director	10 00	×						0	0	0
Laura Scruggs Board Director	6 00	х						0	0	0
BethAnne Yarbrough Board Director	6 00	X						0	0	0
Helen Jacobs Board Director	6 00	X						0	0	0
Richard Sanders Executive Direc	45 00 0 00			X				180,375	0	91,543
Robert Sande Assis Dir Finan	45 00 0 00			X				146,585	0	60,330
Mark Toledo General Counsel	45 00 0 00				х			160,637	0	84,516
BethAnne Darby Asst Exec Dir of Pub Affairs	45 00 0 00				х			192,453	0	83,542
Chad Sullivan Organizing Mgr	45 00 0 00					х		147,696	0	44,783
Angela Dileo	45 00									

(F)

74,261

Compensated Employees, and Independent Contractors (A)
Name and Title

(B)
(C)
(C)
(D)
(E)
(F)
Reportable
Estimated amount

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

	hours per week (list any hours for related	more the perso and a	n is b	ooth ctor/	an o /trus	fficer tee)		compensation from the organization (W- 2/1099-MISC)	compensation from related organizations (W- 2/1099-MISC)	of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	1 ')	key employee	Highest compensated employee	Former			related organizations
Lee Helen	45 00					l x		144,012	0	71,761
Dir of Union Schoo	0 00					,			-	,
Colleen Mileham	45 00					×		143,563	0	72,571
Inter Asst Ex Teac	0 00									
Sarah Moskoff Unisery Consultant	45 00 0 00					x		132,320	0	68,921

DLN: 93493194008147

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

2015

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-₺, Part V, line 46 (Political Campaign Activities), then

- \bullet 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
- 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

	35c (Proxy Tax) (see sepa Section 501(c)(4), (5), or (6) or	rate instructions), then organizations Complete Part III			
Na	ame of the organization egon Education Association			93-0243443	tification number
Pai	rt I-A Complete if the	organization is exempt und	er section 501(c)		organization.
1	Provide a description of the	e organization's direct and indirect po	olitical campaign activ	ities in Part IV	
2	Political expenditures		, ,	>	\$ 679,432
3	V olunteer hours				
Pai	rt I-B Complete if the	organization is exempt und	er section 501(c))(3).	
1	Enter the amount of any ex	cise tax incurred by the organization	under section 4955	>	\$
2	Enter the amount of any ex	cıse tax ıncurred by organızatıon ma	nagers under section	4955 ▶	\$
3	If the organization incurred	a section 4955 tax, did it file Form	4720 for this year?		☐ Yes ☐ No
4 a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part I				
Pai	rt I-C Complete if the	organization is exempt und	er section 501 (c)), except section 50	1(c)(3).
1	Enter the amount directly e	xpended by the filing organization fo	r section 527 exempt	function activities 🕨	\$
2	Enter the amount of the film exempt function activities	ng organization's funds contributed to	o other organizations t	for section 527 ▶	\$
3	Total exempt function expe	enditures Add lines 1 and 2 Enter he	ere and on Form 1120	-POL, line 17b ►	\$
4	Did the filing organization f	leForm 1120-POL for this year?			☐ Yes 🗸 No
5	organization made paymen amount of political contribu	s and employer identification number ts For each organization listed, ente itions received that were promptly ar ir a political action committee (PAC)	r the amount paid from nd directly delivered to	n the filing organization's f o a separate political orga	unds Also enter the 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-PIE	6900 SW Atlanta St Portland, OR 97223	93-0674840		352,960
	NEA Fund for Children & Pub	1201 16th Street NW Washington, DC 20036	52-1140991		55,180
(3)	Teachers Voice in Politics	345 NE 8th Portland, OR 97232			39,045
4					
5					

Sch	nedule C (Form 990 or 990-EZ) 2015					Page
Pa	complete if the organization under section 501(h)).	is exempt under	section 501(c)(3) and fil	ed Form 5768	
A	Check If the filing organization belongs to a expenses, and share of excess lobby		d list in Part IV e	ach affiliated gr	oup member's nar	ne, address, EI
В	Check ► If the filing organization checked box	x A and "limited contr	ol" provisions ap	ply		
	Limits on Lobby (The term "expenditures" me				(a) Filing organization's totals	(b) Affiliated group totals
10	Total lobbying expenditures to influence public of	oinion (grass roots				•
1a b	lobbying) Total lobbying expenditures to influence a legisla	tive body (direct lobb	yıng)			
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 amount fr	om the following table	ın both columns			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxa	ble amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of th	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of th	e excess over \$1,000	0,000		
	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				
g	Grassroots nontaxable amount (enter 25% of line	e 1f)				
h	Subtract line 1g from line 1a If zero or less, ente	r - 0 -				
i	Subtract line 1f from line 1c If zero or less, enter	r - 0 -				
j	If there is an amount other than zero on either lin reporting section 4911 tax for this year?	e 1h or line 1ı, did the	_	Form 4720 Yes N	o	
	4-Year Av (Some organizations that made a s columns below. See th		ection do not	have to cor		he five
_	Lobbying Expe	nditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a)2012	(b) 2013	(c)2014	(d)2015	(e) Total
2a	Lobbying nontaxable amount					
						1

	Calendar year (or fiscal year beginning in) Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) Total Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures										
		(a)2012	(b) 2013	(c) 2014	(d) 2015	(e) Total					
2a	Lobbying nontaxable amount										
b											
_с	Total lobbying expenditures										
d	Grassroots nontaxable amount										
е	Grassroots ceiling amount (150% of line 2d, column (e))										
f	Grassroots lobbying expenditures										

ch	edule C (Form 990 or 990-EZ) 2015				P	age 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N filed Form 5768 (election under section 501(h)).	TO				
		(a)	,	(b)	
ctiv	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying		No	,	mour	ıt
		Yes		' <u></u>		
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					
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?					
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	01 (c)(5),	or se	ectio	n
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		Γ	3		
Pai	till-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
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).					
а	Current year	2 a				
b	Carryover from last year	2b				

c Total 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)

Part IV **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 - Direct and Indirect	Internal communications and political organizing with members (not to the general public) including
Political Campaign Activities	Icandidate recommendations in O.E.A. Today Magazine and direct mail Administration costs of O.E.A.

PIE separate segregated funds used for political purposes

DLN: 93493194008147

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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 $\underline{www.irs.gov/form990}$.

OMB No 1545-0047

Open to Public Inspection

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year	or Accounts. •)Funds and other accounts
Organizations Maintaining Donor Advised Funds or Other Similar Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year	or Accounts.
Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year	p)Funds and other accounts
Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year	
year) A ggregate value of grants from (during year) A ggregate value at end of year	
4 Aggregate value at end of year	
,	
5. Did the organization inform all donors and donor advisors in writing that the assets held in donor adv	
funds are the organization's property, subject to the organization's exclusive legal control?	rised Yes No
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 conferring impermissible private benefit?	
Part II Conservation Easements. Complete if the organization answered "Yes" on For	m 990, Part IV, line 7.
1 Purpose(s) of conservation easements held by the organization (check all that apply)	
	orically important land area
Protection of natural habitat Preservation of a certifi	led historic structure
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the fori easement on the last day of the tax year	m or a conservation
	Held at the End of the Year
a Total number of conservation easements 2a	
b Total acreage restricted by conservation easements 2b	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d	
Number of conservation easements modified, transferred, released, extinguished, or terminated by t tax year ▶	he organization during the
Number of states where property subject to conservation easement is located ▶	
Does the organization have a written policy regarding the periodic monitoring, inspection, handling o violations, and enforcement of the conservation easements it holds?	of Yes No
Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing coryear •	nservation easements during the
A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conserv	vation easements during the year
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 1 (B)(I) and section 170(h)(4)(B)(II)?	70(h)(4) Yes No
In Part XIII, describe how the organization reports conservation easements in its revenue and expe balance sheet, and include, if applicable, the text of the footnote to the organization's financial state the organization's accounting for conservation easements	·
Organizations Maintaining Collections of Art, Historical Treasures, or Ot Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	ther Similar Assets.
If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue st. works of art, historical treasures, or other similar assets held for public exhibition, education, or resease service, provide, in Part XIII, the text of the footnote to its financial statements that describes thes	earch in furtherance of public
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue stated works of art, historical treasures, or other similar assets held for public exhibition, education, or reservice, provide the following amounts relating to these items	
(i) Revenue included on Form 990, Part VIII, line 1	
If the organization received or held works of art, historical treasures, or other similar assets for final 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	▶ \$
b Assets included in Form 990, Part X	▶ \$

Part	Orgai (contine	nizations Maintaining ued)	Collections of A	rt, His	torio	al T	reasure	s, or (Other	· Similar A	ssets		
3		anization's acquisition, accons (check all that apply)	ession, and other rec	ords,ch	neck a	ny of	the follow	ng that	are a s	significant us	e of its		
а	Public ex	xhibition		d		Loar	or excha	nge pro	grams				
b	Scholarl	y research		е		Othe	er						
c	Preserva	ation for future generations											
4	Provide a des Part XIII	cription of the organization?	s collections and ex	olaın hov	w they	furth	er the orga	inizatio	n's exe	empt purpose	: In		
5		ar, did the organization solic sold to raise funds rather th								lar 🗆 Ye	s $ egin{array}{c c} \end{array}$	No	
Par	Comp	w and Custodial Arra lete if the organization a , line 21.		ı Form	990,	Part	IV, line 9	, or re	porte	d an amour	nt on Fo	rm !	990,
1 a		ration an agent, trustee, cus orm 990, Part X?	todian or other inter	mediary	for co	ntribi	utions or o	ther as:	sets n	ot 「Ye	s	No	
b	If "Yes," ex	kplain the arrangement in Pa	art XIII and complet	e the fol	lowing	table	9			Am	ount		
c	Beginning b		,		_			10	:				
d		luring the year						10	ı				
e		ns during the year						16					
f	Ending bala							1f					
2 a	-	ızatıon ınclude an amount o	n Form 990, Part X,	line 21.	for es	crow	or custodia	al accou	ınt lıat	oility? 🗆 🗸	<u> </u>	No	
b Par		ain the arrangement in Part wment Funds. Comple										[
			(a)Current year	(b) Pn	ior year	· I	b (c) Two ye	ars back	(d) Th	ree years back	(e)Four	years	back
1a		year balance											
b	Contributions												
c	Net investme losses	nt earnings, gains, and											
d	Grants or sch	nolarships											
e	Other expend and programs	litures for facilities											
f	Administrativ	re expenses											
g	End of year b	·											
2	Provide the es	stimated percentage of the	current year end bala	ance (lın	e 1g,	colum	nn (a)) held	d as					
а	Board designa	ated or quasi-endowment >											
b	Permanent en	dowment ▶											
c		estricted endowment ► ges on lines 2a, 2b, and 2c	should equal 100%										
3а	,	owment funds not in the pos	·	nization	that a	re hel	d and adm	ınıstere	d for t	he	Ye	s l	No.
	(i) unrelated of	organizations								38	a(i)		
		ganızatıons								<u> </u>	ı(ii)		
		a(II), are the related organiz	·				· ·				3b		
4 Par	t VI Land,	art XIII the intended uses of Buildings, and Equip	ment.									_	
		lete if the organization a escription of property	answered 'Yes' to	Form 9'	90, Pa		/, line 11 	a.See (b)	Form T	990, Part >		<mark>0.</mark> look v	alue
	D:	escription or property		Co	ost or of (invest	ther ba		other ba	isis ((c) depreciation	(4)	~UK V	aiue
1 a l	and			·				808,1	187			8	08,187
	-			· · _				9,535,€	556	5,462,92	29	4,0	72,727
	•	rovements		· -					+		+		
	other			. ⊢				2.133.9	984	1.296.4	10	ρ	37.535

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . .

5,718,449

See Form 990, Part X, line 12.	omplete if the organ	lization answered Ye	s on Form 990, Part IV, line 11b.
(a) Description of security or category (including name of security)	ý	(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.	l		
Complete if the organization answere	d 'Yes' on Form 990		
(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)	1.04	5 000 B 1711 L	11110 5 000 B 1 1 1 1 5
Part IX Other Assets. Complete if the organization (a) Description		Form 990, Part IV, line	(b) Book value
	·		
Total. (Column (b) must equal Form 990, Part X, col (B) line			•
Part X Other Liabilities. Complete if the org See Form 990, Part X, line 25.	ganization answered	d 'Yes' on Form 990, l	Part IV, line 11e or 11f.
1. (a) Description of liability	(b) Book value	:	
Federal Income taxes			
Federal Income taxes		\dashv	
Accrued Employee Retention Obligation	1,018,	640	
Accrued Pension Cost	18,436,	346	
Accrued Postretirement Benefit Obligatio	6,444,		
Accided Postlethement Benefit Obligatio	0,444,	044	
Deferred Compensation	582,	748	
ERP Unfunded Def Compensation	30,	875	
		\dashv	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	> 26,513,	253	
2. Liability for uncertain tax positions. In Part XIII. provi			s financial statements that reports the

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per F	leturn
1	Total revenue, gains, and other support per audited financial statements	1	25,616,342
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a 815,217		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	974,039
3	Subtract line 2e from line 1	3	24,642,303
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
C	Add lines 4a and 4b	4 c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	24,642,303
Part	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s pei	· Return.
1	Total expenses and losses per audited financial statements	1	24,255,946
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	158,822
3	Subtract line 2e from line 1	3	24,097,124
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)		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	24,097,124
	Supplemental Information		
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2 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		ido any additional
	nation	у рто у	de any additional
	Return Reference Explanation		
See A	dditional Data Table		

Page 5	chedule D (Form 990) 2015					
	ormation <i>(continued)</i>	Supplemental Info	Part XIII			
	Explanation	Return Reference				
	1	L				

Additional Data

Software ID: 15000324 Software Version: 2015v3.0

EIN: 93-0243443

Name: Oregon Education Association

2d Other revenue amounts included in F/S but not included on form 990

Supplemental Information

Return Reference

Part XI, Line

Explanation

Amt of Rental Exp Associated With Rent \$158822

Supplemental Information	
Return Reference	Explanation
Part XII, Line 2d Other expenses and losses per audited F/S	Amt of Rental Exp Associated With Rent \$158822

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493194008147 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number Oregon Education Association 93-0243443 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient Part II that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (d) A mount of cash **(b)** EIN (c) IRC section (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government (book, FMV, assistance appraisal, other) See Additional Data Table

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Additional Data

Salem, OR 97302

Software ID: 15000324
Software Version: 2015v3.0

EIN: 93-0243443

Name: Oregon Education Association

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 (a) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 529 25,000 General Support A Better Oregon 47-5633964 519 SW 3rd St Portland, OR 97204 COSA Foundation 93-0922086 50,000 General Support 707 13th Street Suite 100 Salem, OR 97301 93-0784802 15,000 General Support League of Women Voters of OR 1330 12th Street Suite 200

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Oregon Center for Public 25,000 General Support 93-1186075 Policy

PO Box 69127 Portland, OR 97239					
Our Oregon 813 SW Alder St Ste 8001	65-1247426	668,600	0		General Support

750,000

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

Portland, OR 97205

519 SW 3rd Ave Suite 801 Portland, OR 97204

81-3454263

Yes on 97

Ballot Measure support

DLN: 93493194008147

OMB No 1545-0047

2015

Open to Public Inspection

Schedule J (Form 990)

Department of the

Internal Revenue Service

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 www.irs.gov/form990.

Name of the organization Oregon Education Association

Employer identification number 93-0243443

Pa	rt I	Questions Regarding Compensation					
						Yes	No
1a		ck the appropiate box(es) if the organization provide , Part VII, Section A , line 1a Complete Part III to					
		First-class or charter travel	~	Housing allowance or residence for personal use			
	✓	Travel for companions	Γ	Payments for business use of personal residence			
		Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Г	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)	 		
b		ly of the boxes in line 1a are checked, did the organ bursement or provision of all of the expenses descr			1b	Yes	
2		the organization require substantiation prior to reim ctors, trustees, officers, including the CEO/Executiv			2	Yes	
3	orga	cate which, if any, of the following the filing organiza nization's CEO/Executive Director Check all that a I by a related organization to establish compensatio	apply				
		Compensation committee	~	Written employment contract			
		Independent compensation consultant	Γ	Compensation survey or study			
		Form 990 of other organizations	✓	Approval by the board or compensation committee	 	 	
4		ng the year, did any person listed on Form 990, Par related organization	t VII	I, Section A, line 1a with respect to the filing organization			
а	Rece	eive a severance payment or change-of-control pay	ment	t?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?				4b		Νo
c	Part	icipate in, or receive payment from, an equity-based	d cor	npensation arrangement?	4c		Νo
	If"Y	es" to any of lines 4a-c, list the persons and provid	le th	e applicable amounts for each item in Part III			
	Only	, 501(c)(3), 501(c)(4), and 501(c)(29) organization	s mu	st complete lines 5-9.			
5		persons listed on Form 990, Part VII, Section A, lin pensation contingent on the revenues of	e 1a	, did the organization pay or accrue any			
а	The	organization?			5a		
b	Any	related organization?			5b		
	If"Y	es," on line 5a or 5b, describe in Part III					
6		persons listed on Form 990, Part VII, Section A , lin pensation contingent on the net earnings of	e 1a	, did the organization pay or accrue any			
а	The	organization?			6 a		
b	Any	related organization?			6b		
	If"Y	es," on line 6a or 6b, describe in Part III					
7		persons listed on Form 990, Part VII, Section A , lin ments not described in lines 5 and 6? If "Yes," desc			7		
8	subj	e any amounts reported on Form 990, Part VII, paid ect to the initial contract exception described in Re art III			8		
9		es" on line 8, did the organization also follow the recion 53 4958-6(c)?	butta	able presumption procedure described in Regulations	9		

Tage Z											
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.											
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual											
(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 in						

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	(D) Nontaxable	(E) Total of columns	(F) Compensation in
	P	(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

Schedule J (Form 990) 2015	Page 3										
Part III Supplemental Inform											
Provide the information, explanation, or 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											
Return Reference	Explanation										
	Explanation Compensation includes base pay plus an auto allowance as agreed upon in a signed employment agreement. The President and Vice President may										

Schedule J (Form 990) 2015

Software ID: 15000324 **Software Version:** 2015v3.0

EIN: 93-0243443

Name: Oregon Education Association

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1Angela Dileo Asst Ex Dir Affl S	(1)	137,159		12,211	50,120	24,141	223,631	
	(11)					-		
1BethAnne Darby Asst Exec Dir of Pub Affairs	(1)	126,381		66,072	63,494	20,048	275,995	57,823
ASSLEAGE DIE OF PUD ATIONS	(11)							
2Chad SullivanOrganizing Mgr	(1)	147,246		450	44,783		192,479	
	(11)					-	-	
3Colleen Mileham Inter Asst Ex Teac	(1)	132,826		10,737	48,430	24,141	216,134	
THE POST EX TORC	(11)							
4 Hanna VaanderingPresident	(1)	168,975		10,622	55,828	10,807	246,232	
	(11)					-	-	
5 Lee HelenDir of Union Schoo	(1)	133,846		10,166	48,624	23,137	215,773	
	(11)					-	-	
6 Mark Toledo General Counsel	(1)	117,962		42,675	54,091	30,425	245,153	32,083
osnotal osanos.	(11)					-	-	
7Richard Sanders Executive Direc	(1)	169,067		11,308	61,118	30,425	271,918	
Executive Direct	(11)						-	
8Robert SandeAssis Dir Finan	(1)	135,165		11,420	49,523	10,807	206,915	
	(11)					-	-	
9Sarah Moskoff Uniserv Consultant	(1)	106,745		25,575	44,801	24,120	201,241	25,482
	(11)					-	-	

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Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

DLN: 93493194008147

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Schedule L

Name of the organization **Employer identification number** Oregon Education Association 93-0243443 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (a) Name of disqualified person (b) Relationship between disqualified person and (c) Description of (d) Corrected? organization transaction Yes No 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section **3** Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of (e)Original (i)Written (b) Relationship (c) (d) Loan to (f)Balance (g) In (h) ınterested Purpose of or from the principal default? Approved agreement? with due person organization loan organization? amount by board or committee? Τо From Yes No Yes Yes No Total ▶ \$ Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (c) A mount of assistance (a) Name of interested (b) Relationship between (d) Type of assistance (e) Purpose of assistance person interested person and the

organization

Return Reference

(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh organi reven	ation's	
				Yes	No	
(1) Hanna Vaandering	President		OEA Choice Trust Board Mb		No	

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493194008147 OMB No 1545-0047 Supplemental Information to Form 990 or 990-EZ SCHEDULE O (Form 990 or 2015 Complete to provide information for responses to specific questions on 990-EZ) Form 990 or 990-EZ or to provide any additional information. Open to Public ► Attach to Form 990 or 990-EZ. Department of the Inspection ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at Treasury www.irs.gov/form990. Internal Revenue Service Name of the organization Employer identification number Oregon Education Association 93-0243443 990 Schedule O, Supplemental Information Return Explanation Reference Form 990, Part OTHER PROGRAM SERVICES 4 The Center for Great Public Schools supports members on professi III. Line 4d onal practice issues by providing professional development, leadership training, and tools Other Program and resoures on school-wide collaborative professional learning, mentorship and peer assi Services stance, educator evaluation, equity and diversity, special education, and more at the loca Description I and statewide level. It also provides direct support for educators on licensure and adva nced certification. The Center also consists of the Institute for Education Innovation as the hub for education policy, practice, and research and actively promotes quality educati on initiatives

990 Schedule O. Supplemental Information Return Explanation Reference Form 990. Part The Form 990 is review ed before filing by the organization's management and provided to the e Executive Committee of the Board of Directors. The final Form 990 is available to the Bo

VI. Line 11b Form 990 ard of Directors

Review Process

990 Schedule O. Supplemental Information Return Explanation Reference Form 990, Part The Board has approved the written Conflict of Interest policy that requires each officer. VI. Line 12c board member, elected officer and key management to sign the conflict of interest policy Explanation of annually Monitoring and Enforcement of

Conflicts

990 Schedule O, Supplemental Information

Reference	Explanation
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and	The organization has a compensation policy that ensures the payment of reasonable compensa tion to its officers, directors, and key employees that is, payment of compensation in an amount that would ordinarily be paid for like services by a like organization under lik e circumstances

Explanation

Return
Reference
Form 990, Part
VI, Line 19

Return
the organization does not make its governing documents or financial statements available to the public except as required by federal and state law

VI, Line 19 of the public except as required by federal and state law
Other
Organization
Documents
Publicly

Available

990 Schedule O, Supplemental Information Return Explanation Reference Other Changes Actuarial change in Retiree Medical Plan = -\$120583 In Net Assets Or Fund Balances -Other Decreases

990 Schedule O, Supplemental Information Return Explanation Reference Other Changes Actuarial change in Staff Pension Plan = -\$5218503 In Net Assets Or Fund Balances -Other Decreases

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OMB No 1545-0047

2015

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(f)

SCHEDULE R (Form 990)

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

Related Organizations and Unrelated Partnerships

► Attach to Form 990.

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

Internal Revenue Service

Department of the Treasury

Employer identification number Name of the organization Oregon Education Association 93-0243443 Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. Part I

(b)

Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets		Direct controlling entity		
Part II Identification of Related Tax-Exempt Organi or more related tax-exempt organizations during t	izations Complete if the tax year.	ne organization an	swered "Yes" o	n Form 990, Pa	art IV,	line 34 because it	had on	е
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code secti	on Public charity (if section 501		(f) Direct controlling entity	Section (13) co en	ontrolle itity?
(1)OEA Choice Welfare Benefit Trust 6900 SW Atlanta St Bld 2	Health & Welfare Benefit Trust	OR	501(C)(9)	N/A		NA	Yes	No No
Portland, OR 97223 93-0763726								
For Paperwork Reduction Act Notice, see the Instructions for Form 99	0.	Cat No 501	35Y	ı		Schedule R (For	m 990) :	2015

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990	, Part IV,	, 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) 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) ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	ox managing partner?		General or managing partner?		General or managing partner?		General or managing partner?		General or managing partner?		(k) Percentage ownership
				314)			Yes	No		Yes	No									
											<u> </u>									

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if 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) 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	(h) 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

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	No
b Gift, grant, or capital contribution to related organization(s)				1b	No
c Gift, grant, or capital contribution from related organization(s)				1c	No
d 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)				1j Yes	
, ====================================					+
k Lease of facilities, equipment, or other assets from related organization(s)				1k	No
Performance of services or membership or fundraising solicitations for related organization(s)				11	No
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m	No
${f n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	No
o Sharing of paid employees with related organization(s)				10	No
p Reimbursement paid to related organization(s) for expenses				1 p	No
q Reimbursement paid by related organization(s) for expenses				1q	No
${f r}$ O ther transfer of cash or property to related organization(s)				1r	No
${f s}$ Other transfer of cash or property from related organization(s)				1s Yes	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including co	vered relationships a	ind transaction thresholds	5	
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining ai	mount involve	ed
(A)OFA Change Wolfers Boy of the Trust	type (a-s)	40.040			
1)OEA Choice Welfare Benefit Trust	J	40,948			
2)OEA Choice Welfare Benefit Trust	S	121,322			

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, 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?

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														
(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)	org	(e) all partners section (01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership	
			314)	Yes	No			Yes	No		Yes	No		
													_ _	
				l		L				l .	l			

