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DLN: 93493128020875

OMB No 1545-0047

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 By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at <a href="www.IRS.gov/form990">www.IRS.gov/form990</a>

Open to Public Inspection

A Fo	r the 2	2013 calendar year, or tax year beginning 07-01-2013 ,2013, and ending 06-30	-2014		
<b>B</b> Che	eck if ap	oplicable C Name of organization WASHINGTON FEDERATION OF STATE EMPLOYEES	D Ei	mployer i	dentification number
Add	lress ch	Doing Business As	9:	1-06078	353
∏ Nar	ne char	nge			
Init	ıal retur	Number and street (of P or box if mail is not delivered to street address) Room/suite	E Te	elephone n	umber
☐ Ter	mınated	1212 JEFFERSON ST SE NO 300		•	
┌ Am	ended r		(3	60)352	/603
┌ App	lication	OLYMPIA, WA 98501 pending	<b>G</b> Gr	ross receip	ts \$ 16,805,068
		F Name and address of principal officer	<b>H(a)</b> Is this a gi		
		GREG DEVEREUX	subordinat		┌ Yes  No
		1212 JEFFERSON ST SE NO 300 OLYMPIA,WA 98501	LICEN A III I		
		,	<b>H(b)</b> Are all sub included?	ordinate	s
I Ta	x-exem	pt status	If "No," at	tach a lis	st (see instructions)
J W	ebsite	::▶ WWW WFSE ORG	H(c) Group exe	mption r	number ► 1381
K Forr	n of org	anization	<b>L</b> Year of formation	n 1956	<b>M</b> State of legal domicile WA
Pa	rt I	Summary			
		Briefly describe the organization's mission or most significant activities			
an .	<u> </u>	PROVIDE WELFARE, PROTECTION AND ADVANCEMENT OF WASHINGTON	STATE EMPLOYE	ELOCA	LUNIONS
Ě	_				
Governance					
9.6e	2 (	Check this box 🔭 if the organization discontinued its operations or disposed of	more than 25% o	of its net	assets
ণ্ড জ	3 1	Number of voting members of the governing body (Part VI, line 1a)		Ιз	69
Activities &	l	Number of independent voting members of the governing body (Part VI, line 1b)		4	
Ě	l	Fotal number of individuals employed in calendar year 2013 (Part V, line 2a)		5	323
<u>ş</u>	6 ⊺	Total number of volunteers (estimate if necessary)		6	25
٠.	<b>7</b> a ⊺	Total unrelated business revenue from Part VIII, column (C), line 12		78	<b>a</b> 0
	bι	Net unrelated business taxable income from Form 990-T, line 34		71	<b>b</b> 0
			Prior Yea	r	Current Year
a.	8	Contributions and grants (Part VIII, line 1h)	2	75,000	417,600
Ravenue	9	Program service revenue (Part VIII, line 2g)		53,322	16,310,304
ž	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		52,978	54,411
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		21,953	22,753
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,6	03,253	16,805,068
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		65,234	388,204
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	0
82	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	9,5	10,463	9,951,958
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	0
ੜੇ	ь	Total fundraising expenses (Part IX, column (D), line 25) ▶0			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,0	51,892	5,856,471
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	15,6	27,589	16,196,633
	19	Revenue less expenses Subtract line 18 from line 12	-	24,336	608,435
Net Assets or Fund Balances			Beginning of C Year	urrent	End of Year
25.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00	20	Total assets (Part X, line 16)	12,7	76,178	14,004,447
주 2년 1년 B	21	Total liabilities (Part X, line 26)		00,815	2,232,832
žĒ	22	Net assets or fund balances Subtract line 21 from line 20		75,363	11,771,615
	+ TT				•

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of prepar preparer has any knowledge

	**	***							
Sign	Sig	gnature of officer							
Here	_	LARSEN DIRECTOR OF ADMINISTRATION							
	Ту	e or print name and title							
Paid		Print/Type preparer's name WENDY CAMPOS	Preparer's signature						
Palu Prepare	r	Firm's name ► MOSS ADAMS LLP							
Use Onl		Firm's address ► 999 THIRD AVENUE SUITE 2800							

SEATTLE, WA 98104 May the IRS discuss this return with the preparer shown above? (see instruction

Form	n 990 (2	2013)				Page
Par	t III		ogram Service Acc	complishments note to any line in this Part	III	
1	Briefl	y describe the organiz	ation's mission			
SEE	SCHEE	DULE O				
2			ake any significant prog	ram services during the yea	r which were not listed on	
	If"Ye	s," describe these nev	w services on Schedule	0		
3		e organization cease ( es?	conducting, or make sig	gnificant changes in how it co	onducts, any program	
	If"Ye	s," describe these cha	anges on Schedule O			
4	expen	ses Section 501(c)(3	3) and 501(c)(4) organı		ree largest program services, at the amount of grants and allo	
4a	(Code	e )	(Expenses \$	ıncludıng grants of \$	) (Revenue \$	)
	OBJEC		GRIEVANCES INCLUDE PRO		S, SOME OF WHICH WERE REFERRED VING THE WORKING CONDITIONS OF	
	(Code	e ) (	(Expenses \$	including grants of \$	) (Revenue \$	)
	NEGO	TIATIONS - NEGOTIATE CO	LLECTIVE BARGAINING AGRE	EEMENTS, MAINTAIN CONTRACT CO	OMPLIANCE THE OBJECTIVE OF THESE FER BENEFITS AND HIGHER WAGES	E CONTRACT NEGOTIATIONS
	(Code	<u> </u>	(Expenses \$	including grants of \$	) (Revenue \$	)
					TY, TO IMPROVE BARGAINING STRENG TIONS OF PEOPLE NOT YET COVERED	
	(Code	e ) (	(Expenses \$	including grants of \$	) (Revenue \$	)
		JTIVE BOARD - GOVERNAN BER BENEFITS	CE, ADMINISTRATION - SUPP	PORT OF THE ORGANIZATION, BUI	DING - ASSET MAINTENANCE, LEGISL	ATIVE SERVICES - LOBBY FOR
	Othe	er program services (D	Describe in Schedule O	)		
		enses \$	ıncluding gr		) (Revenue \$	)
4e	Tota	l program service expe	enses 🗠			

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{*}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	Yes	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	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	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	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	11c		No
d	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	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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.	11f	Yes	
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
14a	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		

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 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 individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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? <i>If "Yes," complete Schedule J</i>	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		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		
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, Part I	25b		
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 so, 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? <i>If "Yes," complete Schedule L, Part III</i>	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			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		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? <i>If "Yes," complete Schedule M</i>	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		Νo
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? <i>If "Yes," complete Schedule R, Part I</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		Νo
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		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
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 19?	20	Yes	

Par				_
	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   10		165	140
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable  1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
C	gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
	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	
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		NO
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
-ru	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 Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
_				
	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
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
62	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a	Yes	
	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		1 65	
_	were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7c		
d	file Form 8282?	-/-		
u	Ti Tes, indicate the number of Forms 8282 med during the year			
e	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		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	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 and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	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			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
L2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
a	Note. See the instructions for additional information the organization must report on Schedule O	13a		L
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			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Vec " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule 0	14h		

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.

Check if Schedule O contains a response or note to any line in this Part VI	Check if Schedule O	contains a response of	or note to any	line in this F	art V I													.[▽
-----------------------------------------------------------------------------	---------------------	------------------------	----------------	----------------	---------	--	--	--	--	--	--	--	--	--	--	--	--	-----

_Se	ection A. Governing Body and Management			
			Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year			
	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			
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	Yes	
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 of stockholders, or other persons who had the power to elect or appoint one or	⊢∸⊢	165	
	more members of the governing body?	7a	Yes	
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
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?	8b	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	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	'e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by			""
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15-	V 0.5	
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
D	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)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

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

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

interest policy, and financial statements available to the public during the tax year  $\frac{1}{2}$ 

►SUSAN HUGHES 1212 JEFFERSON ST SE SUITE 300

OLYMPIA, WA 98501 (360)352-7603

Form 990	(2013)	
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D	-	_	_	7
г	а	У	c	,

# Part VIII 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

<b>(A)</b> Name and Title	(B) Average hours per	Posi		(C)				ו (ט) ו	(E)	(F)
	Name and Title A verage hours per week (list any hours							( <b>D)</b> Reportable compensation from the organization (W-	<b>(E)</b> Reportable compensation from related organizations	Estimated amount of other compensation from the
	I for rolated	Individual trustiee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	e and Title  A verage hours per week (list any hours  A verage hours per water (list any hours)  A verage hours per wore than one box, unless week (list any hours and a director/trustee)  A verage hours look of the person is both an officer any hours and a director/trustee)  A verage hours look of the person is both an officer and a director/trustee)  A verage hours look of the person is both an officer organization (Worganizations (Worganiza								<sub>/-</sub>	(F) Estima amount o compens from t	ited f other sation :he		
		for related organizations below dotted line)	Individual trustie or director	Z/10999999999999999999999999999999999999							O	organizati relati organiza	ed	
1b	Sub-Total	to to Dart VII S	oction /		•			•				-		
c d	Total (add lines 1b and 1c)							•		668,104		0		115,859
2	Total number of individuals (in	_					d abov	e) w	ho receive	d more th	nan			
	\$100,000 of reportable compe	ensation from th	e organ	ızatı	on <b>⊪</b> -4	+								
_	Doddha ann an bar bar bar 6					I	1 .			<b>.</b>			Yes	No
3	on line 1a? If "Yes," complete S					. кеу •	• •	yee, •	or nignes	• •	sated employee	3		No
4	For any individual listed on lin organization and related organ											4	Yes	
5	Did any person listed on line 1 services rendered to the organ										or individual for	5	103	No
Se	ection B. Independent Co	ntractors												
1	Complete this table for your five compensation from the organization	ve highest comp											tay yaar	
		(A) lame and business		ation	101	tile t	alellu	ai ye	ar enumy		(B) scription of services		(C	)
	GLOVE COKER, PO BOX 7846 OLYMP	IA WA 985077846								LEGAL SER'	VICES		Comper	715,392
CHUC	K BOLLAND PRODUCTIONS PO BOX 70	65 OLYMPIA WA 985	504							MEDIA PRO	DUCTION SERVICES	$\dashv$		182,132
												$\dashv$		
	Total number of independent co \$100,000 of compensation fror			not	lımıt	ed t	o thos	e list	ed above)	who rece	ived more than			

Part V		Check if Schedi	ule O contains a respoi	nse or note to any lir	ne in this Part VIII			
	1a	Federated cam			<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
age age								
ran Om	Ь	Membership du	ies 1b					
.ed Aπ	С	Fundraising eve	ents <b>1c</b>					
iffs	d	Related organiz	zations 1d					
". ⊒ .:	e	Government grant	s (contributions) <b>1e</b>					
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contribution	ons, gifts, grants, and <b>1f</b> ot included above	417,600				
ē ē	g	Noncash contribution	ons included in lines			İ		
Cont	h	•	s 1 a - 1 f		417,600			
<u>9</u>				Business Code				
E e	2a	MEMBERSHIP DUE	S	900099	16,310,304	16,310,304		
æ	ь							
92	C							
<u>.</u>	d							
Program Serwoe Revenue	e							
Ž Ta	f	All other progra	am service revenue					
š	g	Total. Add lines	s 2a-2f	▶	16,310,304			
	3		ome (including dividen					51.111
			aramounts)		54,411			54,411
	4		stment of tax-exempt bond					
	5	Royalties		•				
		Gross rents	(ı) Real 18,540	(II) Personal				
	6a b	Less rental	0					
	"	expenses						
	С	Rental income or (loss)	18,540					
	d	Net rental inco	me or (loss)		18,540			18,540
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory						
	ь	Less cost or						
		other basis and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (los	ss)					
une	8a	Gross income f events (not inc						
Other Revenue			s reported on line 1c) ne 18					
<u>ы</u>	ь	Less direct ex	penses b					
5	c		(loss) from fundraising	events 🛌				
	9a		from gaming activities ne 19					
	ь	Loca dimantini	apenses b	<del> </del>				
	, c		(loss) from gaming acti					
		Gross sales of						
		returns and allo						
			a					
	Ь		oods sold <b>b</b>	L				
	С		(loss) from sales of inv					
		Miscellaneous		Business Code	4 345	4 343		
	11a	OTHER INCOM	ME	561000	4,213	4,213		
	Ь							
	С							
	d	All other reven						
	e	Total. Add lines	s 11a-11d	· · · • [	4,213			
	12	Total revenue.	See Instructions .	\blacktriangleright	16 805 068	16 314 517		72 951

## Part IX Statement of Functional Expenses

ection 501(c)(3) and 501(c)(4)	organizations must complete all columi	ns. All other organizations must com	plete column (A )

CCCI	on sorte ((3) and sorte ((4) organizations must complete an columns. An				
	Check if Schedule O contains a response or note to any line in this	Part IX			<u>Г</u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	374,634			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	13,570			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				_
5	Compensation of current officers, directors, trustees, and key employees	582,085			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	6,794,040			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	520,210			
9	Other employee benefits	1,400,610			
10	Payroll taxes	655,013			
11	Fees for services (non-employees)				
а	Management				
ь	Legal	810,574			
С	Accounting	42,298			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	330,319			
13	Office expenses	998,527			
14	Information technology	96,609			
15	Royalties				
16	Occupancy	821,507			
17	Travel	874,162			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	569,501			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	378,985			
23	Insurance	68,245			
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	POLITICAL CONTRIBUTIONS	385,150			
b	MISCELLANEOUS EXPENSES	124,124			
С	NEWSPAPER PRINTING	115,708			
d	TRAINING	110,419			
e	All other expenses	130,343			
25	Total functional expenses. Add lines 1 through 24e	16,196,633			
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)				

Form 990 (2013) Page **11 Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X . . . . **(B)** End of year **(A)** Beginning of year 1 2,655,092 **1** 3,415,296 Cash-non-interest-bearing . . .

A Accounts receivable, net  A Accounts receivable, net  Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L  Loans and other receivables from other disqualified persons (as defined under section 4958(p(11)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L  6  7 Notes and loans receivable, net  8 Inventories for sale or use  9 Prepaid expenses and deferred charges  10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  10b Less accomulated depreciation  1 Investments—publicly traded securities  11 Investments—publicly traded securities  12 Investments—program-related See Part IV, line 11  13 Investments—program-related See Part IV, line 11  15 Other assets. Add lines 1 through 15 (must equal line 34)  17 Accounts payable and accrued expenses  1 100 Large III assets  1 14  1 15 Total assets. Add lines 1 through 15 (must equal line 34)  1 17 Accounts payable and accrued expenses  1 18  19 Deferred revenue  10 Tax-exempt bond liabilities  11 Escrow or custodial account liability Complete Part IV of Schedule D  20 Tax-exempt bond liabilities  21 Escrow or custodial account liability Complete Part IV of Schedule D  22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified  22 Deferred revenue  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule  Corganizations that follow SFAS 117 (ASC 958), check here F and complete lines 27 through 29, and lines 33 and 34.	1	Cash-non-interest-bearing			2,655,092	1	3,415,296
4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958 (f)(1)), persons described in section 4958 (c)(3)(8), and contributing employers and sponsoring organizations of section 501 (c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventiones for sale or use 9 Prepaid expenses and deferred charges 1137,224 9 124 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 Less accumulated depreciation 11 Investments—publicity traded securities 12 Investments—publicity traded securities 13 Investments—publicity traded securities 14 Intangible assets 15 Other assets See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 11,000,815 17 Accounts payable and accrued expenses 11,000,815 18 Grants payable 19 Deferred revenue 19 Deferred revenue 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 21 Secured mortages and notes payable to unrelated third parties 22 Unsecured notes and loans payable to unrelated third parties 23 Secured mortages and notes payable to unrelated third parties 24 Unsecured mortages and notes payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities and notes included on lines 17-24) Complete Part X of Schedule D C Total liabilities, Add lines 17 through 25 Crantilities (including federal income tax, payables to related third parties, and other liabilit	2	Savings and temporary cash investments			3,981,446	2	4,292,737
S Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L  6 Loans and other receivables from other disqualified persons (as defined under section 4958(r)(1)), persons described in section 4958(r)(3)(8), and contributing employers and sponsoring organizations of section 501(r)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L  6 Notes and loans receivable, net  7 Notes and loans receivable, net  8 Inventories for sale or use  9 Prepaid expenses and deferred charges  10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  10b Less accumulated depreciation  10c 170b 2.752.518 2.018.00 10c 2.125  11 Investments—publicly traded securities  11 Investments—publicly traded securities  12 Investments—program-related See Part IV, line 11  13 Investments—program-related See Part IV, line 11  14 Intangible assets  14 Intangible assets  15 Other assets See Part IV, line 11  16 Total assets. Add lines 1 through 15 (must equal line 34)  17 Accounts payable and accrued expenses  1.600.815 17 2.233  18 Grants payable  19 Deferred revenue  19 Deferred revenue  10 Tax-exempt bond liabilities  20 Tax-exempt bond liabilities  21 Escrow or custodial account liability Complete Part IV of Schedule D  22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L  22 Complete Part II of Schedule L  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties  26 Total liabilities (including federal income tax, payables to related third parties  27 Organizations that follow SFAS 117 (ASC 958), check here F   F and complete lines 27 through 29, and lines 33 and 34.  27 Unrestrict	3	Pledges and grants receivable, net		[		3	
employees, and highest compensated employees Complete Part II of Schedule L  6 Loans and other receivables from other disqualified persons (as defined under section 4958 (f)(1)), persons described in section 4958 (c)(3)(6), and contributing employers and sponsoring organizations of section 501 (c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L  6 Notes and loans receivable, net  8 Inventories for sale or use  9 Prepaid expenses and deferred charges  10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  10b Less accumulated depreciation  1 Investments—publicly traded securities  1 Investments—publicly traded securities  1 Investments—publicly traded securities  1 Investments—program-related See Part IV, line 11  1 Intangible assets  2 Intangible assets  3 Intangible assets  4 Intangible assets  5 Intangible assets  5 Intangible assets  5 Intangible assets  6 Intangible assets  1 Intangible assets	4	Accounts receivable, net		. [	936,462	4	968,114
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 501 (c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L  7 Notes and loans receivable, net	5	employees, and highest compensated employees Complete Pa	art II o	f		_	
8	6	4958(f)(1)), persons described in section $4958(c)(3)(B)$ , and $6000000000000000000000000000000000000$	contrib mploye	utıng employers		_	
8	7	Notes and loans receivable, net		📙		7	
137,224 9   124	1			H-			
10a       Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D       10a       4,877,691       2       2       2       2,125       2,018,902       10c       2,125       2,018,902       10c       2,125       3,047,052       11       3,078       3,078       12       11       11       12       13       12       13       12       13       13       14       15       14       15       14       15       14       15       15       15       15       16       14,004       17       12,776,178       16       14,004       17       12,776,178       16       14,004       17       2,232       18       18       19       16       70,008,819       17       2,232       18       18       19       20       18       19       20       18       19       20       18       19       20       18       20       21       20       21       20       21       20       21       20       21       20       21       20       21       20       21       22       22       22       22       22       22       22       22       23       24       22       22       23       24       24				<u> </u>	137.224	9	124,429
11 Investments—publicity traded securities		Land, buildings, and equipment cost or other basis Complete			,		
12 Investments—other securities See Part IV, line 11	ь	Less accumulated depreciation	10b	2,752,518	2,018,902	10c	2,125,173
13 Investments—program-related See Part IV, line 11	11	Investments—publicly traded securities	·		3,047,052	11	3,078,698
14 Intangible assets	12	Investments—other securities See Part IV, line 11				12	
15 Other assets See Part IV, line 11	13	Investments—program-related See Part IV, line 11				13	
15 Other assets See Part IV, line 11	14	Intangible assets		.		14	
17 Accounts payable and accrued expenses	15			<u> </u>		15	
17 Accounts payable and accrued expenses	16	Total assets. Add lines 1 through 15 (must equal line 34) .			12,776,178	16	14,004,447
19 Deferred revenue	17				1,600,815	17	2,232,832
20 Tax-exempt bond liabilities	18	Grants payable				18	
21 Escrow or custodial account liability Complete Part IV of Schedule D	19	Deferred revenue				19	
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	20	Tax-exempt bond liabilities				20	
key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	21	Escrow or custodial account liability Complete Part IV of Sche	edule D			21	
Secured mortgages and notes payable to unrelated third parties	22			istees,			
24 Unsecured notes and loans payable to unrelated third parties		persons Complete Part II of Schedule L				22	
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	23	Secured mortgages and notes payable to unrelated third partie	s .	. [		23	
and other liabilities not included on lines 17-24) Complete Part X of Schedule D	24	Unsecured notes and loans payable to unrelated third parties		[		24	
26       Total liabilities. Add lines 17 through 25	25	and other liabilities not included on lines 17-24) Complete Pa	rt X of	Schedule			
Organizations that follow SFAS 117 (ASC 958), check here ▶ ▼ and complete lines 27 through 29, and lines 33 and 34.           27         Unrestricted net assets					1 600 015		2 222 222
lines 27 through 29, and lines 33 and 34.         27       Unrestricted net assets	26				1,600,615	26	2,232,632
27       Unrestricted net assets		- · · · · · · · · · · · · · · · · · · ·	√ and	complete			
28 Temporarily restricted net assets	27				11,175,363	27	11,771,615
		Temporarily restricted net assets		📙		28	
,				📑		29	
Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.		Organizations that do not follow SFAS 117 (ASC 958), check he	ere ►	┌─ and			
30 Capital stock or trust principal, or current funds	30					30	
31 Paid-in or capital surplus, or land, building or equipment fund						31	
32 Retained earnings, endowment, accumulated income, or other funds 32							
				. +	11,175,363		11,771,615
				🕂			14,004,447

Liabilities

Net Assets or Fund Balances

Form **990** (2013)

Pai	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		16,8	305,068
2	Total expenses (must equal Part IX, column (A), line 25)	2		16,1	196,633
3	Revenue less expenses Subtract line 2 from line 1	3		6	508,435
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		11,1	175,363
5	Net unrealized gains (losses) on investments	5			-12,183
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			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		11,7	771,615
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				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 revie a separate basis, consolidated basis, or both	wed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				]
Ь	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 separate basis, consolidated basis, or both	rate			
	▼ Separate basis				]
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of tl	he <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	n			1:
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	е	3a		No
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		3b		

Software ID: Software Version:

**EIN:** 91-0607853

Name: WASHINGTON FEDERATION OF STATE EMPLOYEES

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

Form 990, Part VII - Compensation Compensated Employees, and Inde	ependent Coi		rs			•	•		1	
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related	Posit more th perso and a	ion ( nan o n is b	ne b ooth ctor/	ox, u an of trus	inless fficer tee)		( <b>D)</b> Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	<b>(F)</b> Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
CAROL DOTLICH	40 00	×		Х				43,144	0	0
PRESIDENT- LEFT 10/2013 SUE HENRICKSEN	40 00	X		Х				20,160	0	0
VICE PRESIDENT AND PRESIDENT THORNTON ALBERG	40 00	X		Х				6,879	0	0
VICE PRESIDENT ROSEMARY STERLING	4 00	X		X				9,504	0	0
TREASURER- LEFT 10/13 DONALD HALL	4 00	-								
TREASURER JUDY KUSCHEL	4 00	Х		Х				3,514	0	0
SECRETARY- LEFT 10/2013	4 00	х		х				8,056	0	0
TERESA MCCULLOUGH SECRETARY	4 00	×		x				0	0	0
ANTHONY GORINI BOARD MEMBER - LEFT 11/2013	2 00	х						0	0	0
DOMINGO AVILA	2 00	х						413	0	0
BOARD MEMBER - LEFT 11/2013 GAYLE CHAMBERLAIN-SMITH	2 00	X						475	0	0
BOARD MEMBER - LEFT 11/2013 HENRIETTA ARMSTRONG	2 00	×						0	0	0
BOARD MEMBER - LEFT 11/2013 JEFFERY HENDERSON	2 00	-								
BOARD MEMBER - LEFT 11/2013 NICOLE KENNEDY	2 00	X						0	0	0
BOARD MEMBER - LEFT 11/2013 TERRI HALL		X						121	0	0
BOARD MEMBER - LEFT 11/2013	2 00	Х						0	0	0
STEPEHN MCGILLIS  BOARD MEMBER - LEFT 11/2013	4 00	×						1,117	0	0
LANA BREWSTER BOARD MEMBER - LEFT 11/2013	2 00	х						524	0	0
DAN PETRUSO BOARD MEMBER - LEFT 11/2013	2 00	х						409	0	0
DON CLINE	2 00	х						0	0	0
BOARD MEMBER - LEFT 11/2013 ERIC HERTZOG	2 00	Х						1,444	0	0
BOARD MEMBER - LEFT 11/2013 GEORGINA WILLNER	2 00	X						219	0	0
BOARD MEMBER - LEFT 11/2013 JAMES GRADY	4 00	-								
BOARD MEMBER - LEFT 11/2013 JESSE DAILEY	4 00	×						1,216	0	0
BOARD MEMBER - LEFT 11/2013 KAREN MORK	2 00	X						1,802	0	0
BOARD MEMBER - LEFT 11/2013  NATASHA WILLIAMS	2 00	X		_			_	186	0	0
BOARD MEMBER - LEFT 11/2013		Х						0	0	0
SARAH WILSON BOARD MEMBER - LEFT 11/2013	2 00	Х						198	0	0

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	more than one box, unless person is both an officer and a director/trustee)		<b>(D)</b> Reportable compensation from the organization (W-	<b>(E)</b> Reportable compensation from related organizations (W-	<b>(F)</b> Estimated amount of other compensation from the				
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Ke) emplojea	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
SUSIE RATHKE BOARD MEMBER - LEFT 11/2013	2 00	x						90	0	0
TIMOTHY FOLEY	4 00	х						4,046	0	0
BOARD MEMBER - LEFT 11/2013 KATHLEEN WARREN	2 00							·		
BOARD MEMBER - LEFT 06/2014		X						278	0	0
ALICE ROGERS  BOARD MEMBER	2 00	x						1,349	0	0
ANN NAMYNIUK	2 00	х						0	0	0
BOARD MEMBER BROOKS SALAZAR	2 00									
BOARD MEMBER		X						0	0	0
CAROL VANARNAM  BOARD MEMBER	2 00	x						1,366	0	0
CLAUDE THEARD	2 00	х						565	0	0
BOARD MEMBER CRAIG GIBELYOU	4 00	 								
BOARD MEMBER CYNTHIA ENGLISH	2 00	X						518	0	0
BOARD MEMBER	2 00	х						901	0	0
DANIEL HONE BOARD MEMBER	2 00	х						297	0	0
DEFRANCE CLARKE	2 00	×						1,417	0	0
BOARD MEMBER DENIS FELTON	2 00							·		
BOARD MEMBER		X						0	0	0
DIANNE WOMACK BOARD MEMBER	2 00	x						18	0	0
EDWIN BURNS	2 00	х						1,864	0	0
GABE HALL	2 00	x						402	0	0
BOARD MEMBER GINGER BERNETHY	2 00							402	0	
BOARD MEMBER		Х						0	0	0
HAROLD HUGHES BOARD MEMBER	4 00	x						2,126	0	0
IMEDLA ANG	2 00	х						0	0	0
BOARD MEMBER INGRID HANSEN	2 00									
BOARD MEMBER		×						0	0	0
JAMES ROBINSON BOARD MEMBER	2 00	x						86	0	0
JEFFERY PHIPPS	2 00	х						389	0	0
BOARD MEMBER  JEFFREY PAULSEN	2 00							1 244	0	
BOARD MEMBER JEMERICA BROWN	2 00	X						1,244	0	0
BOARD MEMBER	2 00	х						0	0	0
JESS KING BOARD MEMBER	2 00	х						0	0	0
DOARD PIEPIDER	J			<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (E) (B) (C) (D) (F)

(A) Name and Title	(B) A verage hours per week (list any hours	Posit more th perso and a	ion (d nan o n is b	ne booth a	ox, u an of	inless ficer 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 trustae or director	Institutional Trustee	Officei	Ke, emplojee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
JOANNE BIRD	2 00	х						0	0	0
BOARD MEMBER  JOHN LINDSEY	2 00	×						0	0	0
BOARD MEMBER JOHN MILLER	4 00							, and the second	Ů	
BOARD MEMBER		Х						1,285	0	0
JOSEF BAILEY	4 00	х						2,977	0	0
BOARD MEMBER JOSHUA DROLLINGER	2 00									
BOARD MEMBER		Х						0	0	0
JULIANNE MOORE  BOARD MEMBER	5 00	×						4,546	0	0
KATHRYN ROGERS	2 00	х						1,309	0	0
BOARD MEMBER KATHY CONAWAY	2 00									0
BOARD MEMBER KATRIN NELSON	4 00	×						0	0	0
BOARD MEMBER	4 00	x						0	0	0
KEN BLAIR	4 00	х						1,106	0	0
BOARD MEMBER KERRY GRABER	2 00									
BOARD MEMBER KEVIN HAMEL	2 00	X						0	0	0
BOARD MEMBER	2 00	x						0	0	0
LARRY FLUE	2 00	х						231	0	0
BOARD MEMBER LEE MALINDA	2 00	×						0	0	0
BOARD MEMBER LIN CROWLEY	2 00								0	
BOARD MEMBER	2 00	х						293	0	0
LINDA ERICKSON	2 00	х						315	0	0
BOARD MEMBER LISA RANDLETTE	2 00	×						0	0	0
BOARD MEMBER LORETTA GUTIERREZ	2 00								0	
BOARD MEMBER		Х						353	0	0
LYN HOFLAND	2 00	x						144	0	0
BOARD MEMBER MELVIN MOULD	2 00	×						971	0	0
BOARD MEMBER MICHELLE STELOVICH	2 00							971	0	
BOARD MEMBER	2 00	x						976	0	0
MIKE MURPHY	2 00	х						0	0	0
NICOLE BUTLER	2 00	×						0	0	0
BOARD MEMBER OLUSEGUN ADEYEMI	2 00								0	
BOARD MEMBER	2 00	х						0	0	0
ORSON WILLIAMSON	2 00	х						0	0	0
BOARD MEMBER	j									

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

(A) Name and Title	(B) A verage hours per week (list any hours	Posit more th persoi and a	ion (d nan oi n is b	ne b	ox, u an of	ınless fficer	3	( <b>D)</b> Reportable compensation from the organization (W-	<b>(E)</b> Reportable compensation from related organizations (W-	<b>(F)</b> Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
PAULA LUKASZEK	2 00	Х						870	0	0
BOARD MEMBER PHILIP HUBER	2 00								_	
BOARD MEMBER	2 00	х						911	0	0
QUAN TRAN BOARD MEMBER	2 00	х						0	0	0
REBEKAH PADGETT	2 00	х						0	0	0
BOARD MEMBER RICHARD HALVERSON	4 00									
BOARD MEMBER	4 00	х						1,907	0	0
ROBERT BRISTOL BOARD MEMBER	2 00	х						672	0	0
ROBERT OVERTURF BOARD MEMBER	2 00	х						755	0	0
ROBERTO GUERRERO	2 00	х						0	0	0
BOARD MEMBER RODOLFO FRANCO	4 00									
BOARD MEMBER	4 00	Х						3,906	0	0
ROSANNA LUGO BOARD MEMBER	2 00	Х						208	0	0
SHELLIE SAVAGE	2 00	Х						470	0	0
BOARD MEMBER SHERRY HEWITT	2 00	Х						148	0	0
STEVE FOSSUM	4 00	X						632	0	0
BOARD MEMBER STEVE FRIES	2 00									
BOARD MEMBER		Х						0	0	0
TASHIA HANKERSON-SMITH BOARD MEMBER	2 00	Х						0	0	0
TERRY NIXON BOARD MEMBER	2 00	Х						0	0	0
THOMAS TVIET	2 00	х						237	0	0
BOARD MEMBER TRACY FOSTY-WILSON	2 00					-				
BOARD MEMBER TRACY STANLEY	2 00	X						0	0	0
BOARD MEMBER	2 00	Х						226	0	0
VALDEMAR JENSEN BOARD MEMBER	2 00	Х						344	0	0
WENDY CONWAY	2 00	Х						0	0	0
BOARD MEMBER WILLIAM COPLAND	4 00	×						839	0	0
BOARD MEMBER SUSAN HUGHES	40 00									
FINANCIAL MANAGER				Х		<u> </u>		83,839	0	25,439
GREG DEVEREUX	40 00			х				134,563	0	30,947
EXECUTIVE DIRECTOR LIZ LARSEN	40 00									
DIRECTOR OF ADMINISTRATION				Х				100,974	0	24,169

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

DIRECTOR OF PERC ACTIVITIES

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Positi more the personal Individual trustae or director	ion (d nan o n is b	ne bo both a ctor/	ox, ui an off trust	nless ficer	Forme	( <b>D</b> ) Reportable compensation from the organization (W- 2/1099-MISC)	( <b>E</b> ) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
DENNIS EAGLE DIRECTOR, LEG & POLITICAL ACTION	40 00					x		101,245	0	17,225
GLADYS BURBANK	40 00					Х		104,515	0	18,079

DLN: 93493128020875

## OMB No 1545-0047

# **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.

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

Open to Public Inspection

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

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to 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" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

◆ Section 501(c)(4) (5) or (6) organizations. Complete Part III.

Political expenditures  Volunteer hours  Somplete if the organization is exempt under section 501(c)(3).  Enter the amount of any excise tax incurred by the organization under section 4955  Enter the amount of any excise tax incurred by organization managers under section 4955  If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes No  If "Yes," describe in Part IV  Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  Enter the amount directly expended by the filing organization for section 527 exempt function activities  Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  * 385,150		me of the organization				Employer ide	ntification nu	mber
Provide a description of the organization's direct and indirect political campaign activities in Part IV  Political expenditures Volunteer hours  Part I-B Complete if the organization is exempt under section 501(c)(3).  Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization under section 4955  Figure 1	WA:	SHINGTON FEDERALION OF STATE EMPLO	TEE2			91-0607853	3	
Political expenditures   Sass, 150   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000	Par	t I-A Complete if the org	anization is exempt unde	er section 501	(c) or is a	ses in Part IV  \$ \$ 385,1!  1,0!  3).  \$ Yes	tion.	
3 Volunteer hours 1,000  Part I-B Complete if the organization is exempt under section 501(c)(3).  1 Enter the amount of any excise tax incurred by the organization under section 4955	1	Provide a description of the orga	inization's direct and indirect po	lıtıcal campaıgn ac	tivities in Par	t IV		
Part I-B Complete if the organization is exempt under section 501(c)(3).  1 Enter the amount of any excise tax incurred by the organization under section 4955	2	Political expenditures				▶	\$	385,150
Enter the amount of any excise tax incurred by the organization under section 4955  Enter the amount of any excise tax incurred by organization managers under section 4955  If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Complete if the organization is exempt under section 501(c), except section 501(c)(3).  Enter the amount directly expended by the filing organization for section 527 exempt function activities  Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  In the filing organization file Form 1120-POL for this year?  If yes No  If yes No  If yes No  If yes No  Associated the filing organization to which the filing organizations to which the filing organization made payments For each organization listed, enter the amount paid from filing organizations funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV  If one, enter -0-  If one,	3	Volunteer hours						1,000
Enter the amount of any excise tax incurred by the organization under section 4955  Enter the amount of any excise tax incurred by organization managers under section 4955  If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Complete if the organization is exempt under section 501(c), except section 501(c)(3).  Enter the amount directly expended by the filing organization for section 527 exempt function activities  Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  In the filing organization file Form 1120-POL for this year?  If yes No  If yes No  If yes No  If yes No  Associated the filing organization to which the filing organizations to which the filing organization made payments For each organization listed, enter the amount paid from filing organizations funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV  If one, enter -0-  If one,	Par	t I=: Complete if the orga	anization is exempt unde	er section 501	(c)(3).			
2 Enter the amount of any excise tax incurred by organization managers under section 4955  3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  4 Was a correction made?  5 If "Yes," describe in Part IV  Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities  2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  4 Did the filing organization file Form 1120-POL for this year?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV  (a) Name  (b) Address  (c) EIN  (d) A mount paid from filing organization. In Part IV  (e) A mount of political contributions received and promptly and directly delivered to a separate political organization. In Part IV  (a) Name  (b) Address  (c) EIN  (d) A mount paid from filing organization. In Part IV  (e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-  (1) WFSE SEPARATE SEGREGATED FUND  1212 JEFFERSON STREET  27-4746485  385,150  0	1		<del></del>			<b></b>	\$	
Was a correction made?    Yes   No	2	·	• •			<b>&gt;</b>	\$	
b If "Yes," describe in Part IV  Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities   2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  4 Did the filing organization file Form 1120-POL for this year?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC.) If additional space is needed, provide information in Part IV  (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-  SE STE 300  (1) WFSE SEPARATE SEGREGATED FUND  1212 JEFFERSON STREET  27-4746485  385,150  0	3	·	· -	_				es No
Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities   2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities   3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b   4 Did the filing organization file Form 1120-POL for this year?   5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV  (a) Name   (b) Address  (c) EIN  (d) Amount paid from filing organization's funds If none, enter -0-  (a) Name  (b) Address  (c) EIN  (d) Amount paid from directly delivered to a separate political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-  (a) Name  (b) Address  (c) EIN  (d) Amount paid from directly delivered to a separate political organization If none, enter -0-  (a) Name  (b) Address  (c) EIN  (d) Amount paid from directly delivered to a separate political organization If none, enter -0-  (a) Name  (b) Address  (c) EIN  (d) Amount paid from directly delivered to a separate political organization If none, enter -0-  (a) Expenditure the amount paid from the filing organization is funds If none, enter -0-  (b) Address  (c) EIN  (d) Amount paid from the filing organization is funds If none, enter -0-  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization Is none, en	4a	Was a correction made?					Γ Y∈	s No
Enter the amount directly expended by the filing organization for section 527 exempt function activities  Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  Did the filing organization file Form 1120-POL for this year?  Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV  (a) Name  (b) Address (c) EIN (d) Amount paid from filing organization is received and promptly and directly delivered to a separate political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-  SESTE 300  (1) WFSE SEPARATE SEGREGATED FUND  1212 JEFFERSON STREET  27-4746485  385,150  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-  SE STE 300	b	If "Yes," describe in Part IV						
Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  Did the filing organization file Form 1120-POL for this year?  Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds If none, enter -0- filing organization's funds If none, enter -0- separate political organization If none, enter -0- SE STE 300  (1) WFSE SEPARATE SEGREGATED FUND  1212 JEFFERSON STREET 27-4746485  385,150  0	Par	t I-C Complete if the orga	anization is exempt unde	er section 501	(c), except	section 50	01(c)(3).	
Total exempt function activities  Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  Total exempt function expenditures 1 as 85,150  Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  Total exempt function expenditures 4 and 2 Enter here and on Form 1120-POL, line 17b  Total exempt function 17b  Total exe	1	Enter the amount directly expen	ded by the filing organization for	section 527 exem	pt function ac	ctivities 🕨	\$	
4 Did the filing organization file Form 1120-POL for this year?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds. If none, enter -0- filing organization's funds. If none, enter -0- and promptly and directly delivered to a separate political organization. If none, enter -0- SE STE 300	2		ganization's funds contributed to	other organizatior	is for section	527 <b>►</b>	\$	385,150
4 Did the filing organization file Form 1120-POL for this year?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds. If none, enter -0- filing organization's funds. If none, enter -0- separate political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0- SE STE 300	3	Total exempt function expenditu	res Add lines 1 and 2 Enter he	re and on Form 11	20-POL, line	17b <b>►</b>	\$	385,150
organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address  (c) EIN  (d) A mount paid from filing organization's funds. If none, enter -0-  (ii) WFSE SEPARATE SEGREGATED FUND  1212 JEFFERSON STREET  SE STE 300  (c) EIN  385,150  0	4	Did the filing organization file <b>Fo</b>	rm 1120-POL for this year?					
(d) Amount paid from filing organization's funds If none, enter -0-  (1) WFSE SEPARATE SEGREGATED FUND  1212 JEFFERSON STREET SEGREGATED FUND  SE STE 300  (d) Amount paid from filing organization's funds If none, enter -0-  (a) Amount paid from filing organization's funds If none, enter -0-  (a) Amount paid from filing organization's funds If none, enter -0-  (a) Amount paid from filing organization's funds If none, enter -0-  (a) Amount paid from filing organization's funds If none, enter -0-  (b) Amount paid from contributions received and promptly and directly delivered to a separate political organization If none, enter -0-  (1) WFSE SEPARATE SEGREGATED FUND  1212 JEFFERSON STREET ST-4746485  SE STE 300	5	organization made payments Fo amount of political contributions	r each organization listed, enter received that were promptly an	the amount paid fr d directly delivered	om the filing of to a separat	organization's e political org	funds Also e anization, suc	nter the h as a
SE STE 300		(a) Name	(b) Address	(c) EIN	filing orga	anization's	contribution and pron directly de separate organization	ns received aptly and livered to a political on Ifnone,
	(1) \	NFSE SEPARATE SEGREGATED FUND	SE STE 300	27-4746485		385,150		0

Sch	nedule C (Form 990 or 990-EZ) 2013					Page <b>2</b>
Pä	art II-A Complete if the organization	is exempt under	section 501(	c)(3) and file	ed Form 5768	
_	under section 501(h)).		Link in Doub TV an	- h - 66:1: - h - d		a adduses FIN
٠.	Check ► If the filing organization belongs to a expenses, and share of excess lobb		iist in Part IV ea	ch amiliated gro	up members nam	e, address, EIN,
3	Check ► ☐ If the filing organization checked bo		l" provisions app	ly		
	Limits on Lobbying E (The term "expenditures" means ar		l <b>.</b> )		(a) Filing organization's totals	( <b>b)</b> Affiliated group totals
La	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
ь	Total lobbying expenditures to influence a legisl	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 1	o)		Γ		
d	O ther exempt purpose expenditures			Γ		
e	Total exempt purpose expenditures (add lines 1	c and 1d)		Γ		
f	Lobbying nontaxable amount Enter the amount is columns	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lir	ue 1f)				
h	Subtract line 1g from line 1a If zero or less, ent	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file	Form 4720 repo	orting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t	he instructions fo	ection do not r lines 2a thro	havè to con ough 2f on p		ne five
	Lobbying Exp	enditures During	4-Year Avera ⊤	ging Period	1	1
	Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	<b>(d)</b> 2013	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					

e Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

	t II-B Complete if the organization is exempt under section 501(c)(3) and has N filed Form 5768 (election under section 501(h)).					
For ea	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)		(b)		
actıv.	ty.	Yes	No	A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?			-		
d	Mailings to members, legislators, or the public?					
e	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	O ther 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)?					
Ь	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		ı			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	04/-	\	<u> </u>		
Par	E III-A Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6).	01(C	)(5),	or se	Ctio	n
	301(c)(0).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		ſ	1	Yes	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		Ī	2		Νo
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		Ī	3		No
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I 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	2a				
Ь	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?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
Pa	rt IV Supplemental Information					
	vide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group t II-B, line 1  Also, complete this part for any additional information	p lıst),	Part I	I-A, lıı	ne 2,	and
	Return Reference Explanation					
PAR	TI-A, LINE 1 THE ORGANIZATION PROVIDES CAMPAIGN CONTRIBUTIONS TO F					
	AND ORGANIZATIONS THAT SUPPORT THE LABOR MOVEMENT AN	D WO	RKING	FAMI	LIES	

201104410 3 (1 01111 3 3 0 01 3 3 0 12 ) 2 0 1 3	i age <del>-i</del>	
Part IV Supplemental Information	on <i>(continued)</i>	
Return Reference	Explanation	

Schedule D (Form 990) 2013

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DLN: 93493128020875

OMB No 1545-0047

**SCHEDULE D** 

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

di l'evellue delvice		Inspection
nme of the organization ASHINGTON FEDERATION OF STATE EMPLOYEES		Employer identification number 91-0607853
organizations Maintaining Dono organization answered "Yes" to Form	or Advised Funds or Other Similar m 990, Part IV, line 6.	•
	(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year		
Aggregate contributions to (during year)		
Aggregate grants from (during year)		
Aggregate value at end of year		
Did the organization inform all donors and donor funds are the organization's property, subject to	<del>-</del>	onor advised Yes No
Did the organization inform all grantees, donors used only for charitable purposes and not for the conferring impermissible private benefit?	•	
rt II Conservation Easements. Comp	lete if the organization answered "Yes'	to Form 990, Part IV, line 7.
Purpose(s) of conservation easements held by a Preservation of land for public use (e g , rec Protection of natural habitat  Preservation of open space  Complete lines 2a through 2d if the organization	reation or education) Preservation of Preservation of	an historically important land area a certified historic structure
easement on the last day of the tax year	n neid a qualified conservation contribution i	n the form of a conservation
		Held at the End of the Year
Total number of conservation easements		2a
Total acreage restricted by conservation easen	nents	2b
Number of conservation easements on a certifie	ed historic structure included in (a)	2c
Number of conservation easements included in historic structure listed in the National Registe		2d
Number of conservation easements modified, tr the tax year ▶	ansferred, released, extinguished, or termina	ated by the organization during
Number of states where property subject to con	servation easement is located 🗠	
Does the organization have a written policy regard enforcement of the conservation easements it h		andling of violations, and Yes No
Staff and volunteer hours devoted to monitoring	ı, ınspecting, and enforcing conservation eas	ements during the year
Amount of expenses incurred in monitoring, ins	pecting, and enforcing conservation easeme	nts during the year
Does each conservation easement reported on and section 170(h)(4)(B)(II)?	line 2(d) above satisfy the requirements of s	ection 170(h)(4)(B)(i)
In Part XIII, describe how the organization repo balance sheet, and include, if applicable, the tex the organization's accounting for conservation of	xt of the footnote to the organization's financ	
rt IIII Organizations Maintaining Colle Complete if the organization answe	ections of Art, Historical Treasures red "Yes" to Form 990, Part IV, line 8.	s, or Other Similar Assets.
If the organization elected, as permitted under sworks of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foo	SFAS 116 (ASC 958), not to report in its revar assets held for public exhibition, educatio	n, or research in furtherance of public
If the organization elected, as permitted under sworks of art, historical treasures, or other similar service, provide the following amounts relating	ar assets held for public exhibition, educatio	
(i) Revenues included in Form 990, Part VIII, I	line 1	<b>*</b> \$
(ii) Assets included in Form 990, Part X		<u> </u>
If the organization received or held works of art following amounts required to be reported under		for financial gain, provide the
Revenues included in Form 990, Part VIII, line	1	<b>►</b> \$
Accets included in Form 990 Part V		

Part	Organizations Maintaining Collections of A	rt, His	tori	cal Treası	ures, or Othe	er Similar Asse	e <b>ts</b> (continued)
3	Using the organization's acquisition, accession, and other recollection items (check all that apply)	cords, ch	neck	any of the fol	llowing that are	a significant use o	fits
а	Public exhibition	d	Γ	Loan or exc	change program:	5	
b	Scholarly research	e	Γ	Other			
c	Preservation for future generations						
4	Provide a description of the organization's collections and expart XIII	plaın hov	w the	y further the	organızatıon's e	xempt purpose in	
5	During the year, did the organization solicit or receive donation assets to be sold to raise funds rather than to be maintained						Yes No
Par		plete ıf	the	organizatio		<u>'</u>	
1a	Is the organization an agent, trustee, custodian or other interincluded on Form 990, Part X?				or other assets		Yes No
b	If "Yes," explain the arrangement in Part XIII and complete t	he follov	ving t	able			
						Amo	unt
c	Beginning balance				<b>1</b> c		
d	Additions during the year				1d		
e	Distributions during the year				1e		
f	Ending balance				1f		
2a	$\operatorname{Did}$ the organization include an amount on Form 990, Part X,	line 21?				Г	Yes
b	If "Yes," explain the arrangement in Part XIII Check here if	the expla	anatı	on has been	provided in Part	XIII	୮
Par	<b>tV</b> Endowment Funds. Complete if the organizat			ed "Yes" to	Form 990, Pa	rt IV, line 10.	
	(a)Current year	(b)	<b>)</b> Prior	year <b>b (c)</b>	Two years back (d	Three years back (	e)Four years back
1a	Beginning of year balance						
Ь	Contributions						
С	Net investment earnings, gains, and losses						
d	Grants or scholarships						
e	Other expenditures for facilities and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the current year end bala	ance (lın	e 1g	, column (a))	held as		
а	Board designated or quasi-endowment ►						
b	Permanent endowment ►						
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should equal 100%						
За	Are there endowment funds not in the possession of the organ	nızatıon	thata	are held and	admınıstered fo	the	
	organization by (i) unrelated organizations					3a(i)	Yes No
	(ii) related organizations		•			3a(ii)	<del>                                     </del>
ь	If "Yes" to 3a(II), are the related organizations listed as requi		chec	lule R? .		3b	<del>                                     </del>
4	Describe in Part XIII the intended uses of the organization's	endowm	ent f	unds			<del>'</del>
Par	<b>Land, Buildings, and Equipment.</b> Complete 11a. See Form 990, Part X, line 10.	ıf the o	rgan	ızatıon ans	wered 'Yes' to	Form 990, Part	: IV, line
	Description of property			) Cost or other is (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
4 -	and		1		40,000		40,000
та L					1 047 044	000 000	
	Buildings				1,817,344	909,886	907,458
b E	Buildings				965,022	<u> </u>	907,458 561,808
<b>b</b> E		 			+	403,214	
b E c L d E	easehold improvements	 			965,022 2,022,239 33,086	403,214 1,406,332	561,808

Part VII Investments—Other Securities. Co See Form 990, Part X, line 12.	mplete if the organization	answered 'Yes' to For	m 990, Part IV, line 11b.
(a) Description of security or category	(b)Book value	(c) Method of v	
(including name of security)		Cost or end-of-year	market value
(1)Financial derivatives			
(2)Closely-held equity interests Other			
Total (Column (h) must equal Form 000, Bart V, col. (B) Inc. 12.)	<b>•</b>		
<b>Part VIII</b> Investments—Program Related. C			orm 990 Part IV line 11c
See Form 990, Part X, line 13.	omplete il the organization	on answered les to re	orni 990, Parciv, iiile iic.
(a) Description of investment	(b) Book value	(c) Method of v	
		Cost or end-of-year	market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>F</b>		
Part IX Other Assets. Complete if the organizati	on answered 'Yes' to Form 99	0, Part IV, line 11d See	Form 990, Part X, line 15
(a) Desc	ription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15)		
Part X Other Liabilities. Complete if the org			line 11e or 11f. See
Form 990, Part X, line 25.		,,	-
1 (a) Description of liability	(b) Book value		
Federal income taxes			
		-	
		]	
		_	
		†	
		]	
		-	
		1	
		-	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	to the text of the feetnate to t	ha organization's financia	I akakama we etc. Iti. I

Par	t XI		l <b>evenue per Audited Financial Statements With Revenue pe</b> wered 'Yes' to Form 990, Part IV, line 12a.	r R	eturn Complete if
1	Tota		er support per audited financial statements	1	16,792,885
2	A mo	unts included on line 1 bu	ut not on Form 990, Part VIII, line 12	$\neg$	
а	Net	ınrealızed gaıns on ınvest	tments <b>2a</b>   -12,183		
ь	Dona	ted services and use of f	acılıtıes		
С	Reco	veries of prior year grant	s		
d	Othe	r (Describe in Part XIII )			
e	Add	ines <b>2a</b> through <b>2d</b> .		2e	-12,183
3	Subt	ract line <b>2e</b> from line <b>1</b> .		3	16,805,068
4	A mo	unts included on Form 99	0, Part VIII, line 12, but not on line 1		
a	Inve	stment expenses not incl	luded on Form 990, Part VIII, line 7b . 4a		
b	Othe	r (Describe in Part XIII )	4b		
c	Add	ines <b>4a</b> and <b>4b</b>		4c	0
5	Tota	revenue Add lines 3 and	d <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	16,805,068
Part	XII		xpenses per Audited Financial Statements With Expenses	per	Return. Complete
1	Tota		swered 'Yes' to Form 990, Part IV, line 12a.	1	16,196,633
2			it not on Form 990, Part IX, line 25	_	10,130,033
a			acilities		
b					
c		· -			
d		r (Describe in Part XIII )	<del></del>		
e		,		2e	0
3		<del>-</del>		3	16,196,633
4			0, Part IX, line 25, but not on line 1:		10,250,000
а			uded on Form 990, Part VIII, line 7b   4a		
b		•	4b		
С		ines <b>4a</b> and <b>4b</b>		4c	0
5			nd <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	16,196,633
Part		Supplemental Inf			, ,
Prov Part	ıde the	descriptions required for	Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, , lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to p		de any additional
	R	eturn Reference	Explanation		
PART	X, LIN	E 2	THE FEDERATION IS A TAX-EXEMPT ORGANIZATION AND IS NOT SISTATE INCOME TAXES, EXCEPT FOR UNRELATED BUSINESS INCOME SECTION 501(C)(5) OF THE INTERNAL REVENUE CODE THE FEDERA 740, INCOME TAXES, WHICH PRESCRIBES A RECOGNITION THRESH PROCESS FOR ACCOUNTING FOR UNCERTAIN TAX POSITIONS AND GUIDANCE ON VARIOUS RELATED MATTERS SUCH AS DERECOGNIT PENALTIES AND DISCLOSURES REQUIRED AS OF JUNE 30, 2014 AN FEDERATION HAD NO UNCERTAIN TAX POSITIONS REQUIRING ACC RECOGNIZES INTEREST ACCRUED RELATED TO UNRECOGNIZED TA EXPENSE AND PENALTIES IN OPERATING EXPENSES NO SUCH INTEREST RECORDED FOR THE YEARS ENDED JUNE 30, 2014 AND 2013 ENDED JUNE 2013, 2012, AND 2011 REMAIN OPEN TO EXAMINATION.	E, IN TIO OLD ALS ION D 20 CRUA X BE ERES THE	ACCORDANCE WITH N ADHERES TO ASC AND MEASUREMENT O PROVIDES , INTEREST, D13, THE AL THE FEDERATION ENEFITS IN INTEREST OF PENALTIES FISCAL YEARS

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

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Schedule I

WASHINGTON FEDERATION OF STATE EMPLOYEES

(Form 990)

Department of the Treasury

Internal Revenue Service
Name of the organization

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

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

Attach to Form 990

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

OMB No. 1545-0047

2013

DLN: 93493128020875

Open to Public Inspection

Employer identification number

91-0607853

Part I General Inform	nation on Grants	and Assistance					
<ul> <li>Does the organization ma the selection criteria used</li> <li>Describe in Part IV the or</li> </ul>	d to award the grants o	rassistance?					∀ Yes
		Governments and ecipient that received					"Yes" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)TVW PO BOX 25 OLYMPIA,WA 985070025	91-1597601	501(C)3	25,000				GENERAL SUPPORT
(2) WASHINGTON STATE LABOR COUNCIL LABOR EDUCATION FUND 314 1ST AVENUE WEST SEATTLE, WA 98119	91-0668471	501(C)5	20,000				GENERAL SUPPORT
(3) LOCAL 1671 1219 E NEWTON STREET SEATTLE, WA 98102	45-4602914	501(C)5	7,634				GENERAL SUPPORT
(4) WASHINGTON STATE COALITION AGAINST DOMESTIC VIOLENCE 500 UNION ST SUITE 200 SEATTLE, WA 98101	91-1507028	501(C)3	10,000				REFUSE TO ABUSE EVENT SPONSOR
(5) FOUNDATION FOR WORKING FAMILIES 314 1ST AVENUE WEST SEATTLE, WA 98119	91-1702271	501(C)3	47,000				GENERAL SUPPORT
(6) WORKING AMERICA 815 16TH ST NW WASHINGTON,DC 20006	20-0263611	501(C)5	250,000				GENERAL SUPPORT
(7) THE WILLIAM D RUCKELSHAUS CENTER FOUNDATION PO BOX 646248 WASHINGTON STATE UNIVERSITY PULLMAN, WA 99164	20-4490085	501(C)3	15,000				GENERAL SUPPORT

Enter total number of other organizations listed in the line 1 table.

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

(a)Type of grant or assistance

(b) Number of

AND BOOKS

(f)Description of non-cash assistance

1	Grants and Other Assistance to Individuals in the United States. Co	omplete if the organization answered "	"Yes" to Form 990,	Part IV, line 22
	Part III can be duplicated if additional space is needed.		,	,

(d)A mount of

(c)A mount of

(e)Method of valuation (book,

, , , ,		recipients	cash grant	non-cash assistance	FMV, appraisal, other)					
(1) SCHOLARSHIPS		22	13,570							
Part IV Supplemental In	nformati	<b>on.</b> Provide the infor	mation required in Pa	art I, line 2, Part III,	column (b), and any other	addıtıonal ınformatıon.				
Return Reference	Explanati	ion								
PART I, LINE 2	THE GRA	THE GRANTS THAT WFSE GIVES TO ORGANIZATIONS ARE ALL EITHER 501(C)3 OR 501(C)5 AND ARE MEANT FOR GENERAL SUPPORT THE SCHOLARSHIPS THAT WFSE AWARDS ARE CLAIMED BY SUBMITTING ACTUAL RECEIPTS OF EDUCATION EXPENSES, SUCH AS TUITION								

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DLN: 93493128020875

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

**Compensation Information** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions. ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Internal Revenue Service Name of the organization WASHINGTON FEDERATION OF STATE EMPLOYEES

**Employer identification number** 

91-0607853

Pai	t I Questions Regarding Compensation	n				
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement or provision of all of the expenses de			1b		
2	Did the organization require substantiation prior to r directors, trustees, officers, including the CEO/Exec			2		
				<u> </u>		
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all the used by a related organization to establish compens	nat apply	y Do not check any boxes for methods			
	▼ Compensation committee	굣	Written employment contract			
	☐ Independent compensation consultant	Γ	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	, Section A , line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	t?	4a		No
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b		Νo
C	Participate in, or receive payment from, an equity-b			4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	ıst comp	olete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A compensation contingent on the revenues of	, lıne 1a	, did the organization pay or accrue any			
а	The organization?			5a		
b	Any related organization?			5b		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A compensation contingent on the net earnings of	, lıne 1a	, did the organization pay or accrue any			
а	The organization?			6a		
b	Any related organization?			6b		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," of			7		
8	Were any amounts reported in Form 990, Part VII, p	oaid or a	ccured pursuant to a contract that was			
	subject to the initial contract exception described in					
	ın Part III			8		
9	If "Yes" to line 8, did the organization also follow the section 53 $4958-6(c)$ ?	e rebutta	able presumption procedure described in Regulations	9		

### 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 in 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  (i) Base compensation	f W-2 and/or 1099-MIS  (ii) Bonus &  incentive  compensation	C compensation  (iii) Other reportable compensation	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	<b>(F)</b> Compensation reported as deferred in prior Form 990
(1)GREG DEVEREUX EXECUTIVE DIRECTOR	(i) (ii)	118,336 0	0	16,227 0	11,645 0	19,302 0	165,510 0	0

Schedule J (Form 990) 2013

### Part III Supplemental Information

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

Schedule J (Form 990) 2013

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2013

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## Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

**SCHEDULE 0** 

(Form 990 or 990-EZ)

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

▶ Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

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

**Evolunation** 

Name of the organization
WASHINGTON FEDERATION OF STATE EMPLOYEES

Employer identification number

91-0607853

#### 990 Schedule O, Supplemental Information

Return Reference

Return Reference	Explanation					
FORM 990, PART III, LINE 1						
FORM 990, PART VI, SECTION A, LINE 2	EXECUTIVE BOARD MEMBERS KATIE NELSON AND STEVE FOSSUM ARE MARRIED					
FORM 990, PART VI, SECTION A, LINE 6	WE ARE A MEMBERSHIP ORGANIZATION WE HAVE APPROXIMATELY 32,300 DUES-PAYING MEMBERS					
FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS ELECT THE MEMBERS OF THE GOVERNING BODY (EXECUTIVE BOARD) BIANNUALLY					
FORM 990, PART VI, SECTION B, LINE 11	A COPY OF THE FULL FORM 990 WILL BE PROVIDED TO THE ORGANIZATION'S GOVERNING BODY PRIOR TO FILING WITH THE IRS					
FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS ARE SURVEYED ANNUALLY FOR POSSIBLE CONFLICT OF INTEREST AND RELATED-PARTY TR ANSACTIONS A QUESTIONNAIRE IS SENT TO EACH BOARD MEMBER THE QUESTIONS ARE DESIGNED TO DE TERMINE IF ANY BOARD MEMBER HAS ANY CONFLICT OF INTEREST WITH THE UNION					
FORM 990, PART VI, SECTION B, LINE 15	THE PERSONNEL COMMITTEE, FORMED OF EXECUTIVE BOARD MEMBERS, NEGOTIATES A CONTRACT WITH THE EXECUTIVE DIRECTOR SOME OFFICERS RECEIVE STIPENDS THEY ARE ALSO PAID TIME LOSS, AT THEIR STATE WAGES, WHEN THEY TAKE TIME OFF FROM THEIR STATE JOB TO DO UNION BUSINESS THERE AR E SALARY GRIDS FOR ALL STAFF POSITIONS					
FORM 990, PART VI, SECTION C, LINE 19	A COPY OF THE FORM 990 IS KEPT AT OUR HEADQUARTERS LOCATION FOR EXAMINATION BY THE PUBLIC GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST FINANCIAL STATEMENTS ARE NOT AVAILABLE TO THE PUBLIC					