

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

2012 Open to Public

Application pending   Family and address of principal efficient   SUSIE RATHKE   906 COLUMBIA STREET SW   SUITE 201   OLYMPIA   WA 98501	_			07/04/40	1/00/60		Порсоцон
Referencing   Port   Support   Port	<u>A</u>	For the	<u>9 2012 ca</u>	alendar year, or tax year beginning $07/01/12$ , and ending $06$	5/30/13	_	
Number of outcomes in the companies of the organization in mission or most significant activities   To PROVIDE A FORUM FOR LOCAL 43 MEDIENS TO DISCUSS, DEBATE, ORGANIZE AND PROVIDE A FORUM FOR LOCAL 443 MEDIENS TO DISCUSS, DEBATE, ORGANIZE AND PROVIDE A FORUM FOR LOCAL 443 MEDIENS FOR EXPENSIVE ORGANIZATION, COLLECTUS BARGAINING A FIREART ON A Number of individuous employed inclined and providing members of deep generation of desposed of more than 25% of its net assets   Number of individuous employed inclined a providing and	<b>B</b> (	Check if ap	pplicable	C Name of organization WASHINGTON FEDERATION OF STATE		D Emplo	yer Identification number
Number of outcomes in the companies of the organization in mission or most significant activities   To PROVIDE A FORUM FOR LOCAL 43 MEDIENS TO DISCUSS, DEBATE, ORGANIZE AND PROVIDE A FORUM FOR LOCAL 443 MEDIENS TO DISCUSS, DEBATE, ORGANIZE AND PROVIDE A FORUM FOR LOCAL 443 MEDIENS FOR EXPENSIVE ORGANIZATION, COLLECTUS BARGAINING A FIREART ON A Number of individuous employed inclined and providing members of deep generation of desposed of more than 25% of its net assets   Number of individuous employed inclined a providing and	$\square$	Address c	hange	EMPLOYEES - LOCAL 443		1	
Nombrow and server (or PO to be of mails in sol deferred to server accesses)   Romanius   Safe Countries	$\equiv$		• •			1 01-	-6059052
Translation   OCTIMENTA STREET SW   OCTIMENTA   OCTI	Ш	Name cha	inge		Boomfounts		<del></del>
Source   S		Initial retur	m		1		
Annested stum   Prevenue and address of precopat officiars   Prevenue and address   Preparer   Prevenue and address of precopat officiars   Prevenue   Prevenue and address   Preparer   Prevenue and address   Preparer   Prevenue and address   Preparer   Preparer   Prevenue   Preparer   Prevenue and address   Preparer   P	$\equiv$		L	906 COLUMBIA STREET SW	201	360	0-236-0443
Tax-compt states   SICSIE RATHKE   SUSTIE 201   MAY 98501		Terminate	d	City, town or post office, state, and ZIP code			
Tax-compt states   SICSIE RATHKE   SUSTIE 201   MAY 98501	$\square$	Amended :	return	OLYMPIA WA 98501		G Grees rec	erpts\$ 386,899
SUSIE RAPHKE 906 COLUMBIA STREET SW, SUITE 201 01YMPIA WA 98501    Tax-campt status   Suite	$\equiv$					0 01000100	сти стория
Tax-exempt status		Application	n pending	• •	H(a) is this a	group return for	affiliates? Yes X No
Time searring status   Solicity   X   Solicity					1	•	H., H.,
Teasempt status   Sot(G/S)   X   Sot(G   S )   4 (searting)   4 (serticit) or   1   1   1   1   1   1   1   1   1				906 COLUMBIA STREET SW, SUITE 201	H(b) Are all a	ffiliates include	d? Yes No
WWW. WFSELOCAL443. ORG   Nig. Group exemption. Instal   Association   Ches   Nig. Group exemption.   1945   M. Sate of legic of Part I   Summary				OLYMPIA WA 98501	i if "N	lo," attach a list	t. (see instructions)
WWW. WFSELOCAL443. ORG   Nig. Group exemption. Instal   Association   Ches   Nig. Group exemption.   1945   M. Sate of legic of Part I   Summary	$\overline{}$	Tax-exen	not status	501(c)(3) <b>X</b> 501(c) ( <b>5</b> ) <b>4</b> (insert no.) 4947(a)(1) or	527		
Part   Summary							ber ▶ 1381
Banefly describe the organization's mission or most significant activities     TO PROVIDE A FORM FOR LOCAL 443 MEMBERS TO DISCUSS, DEBATE, ORGANIZE AND PROMOTE THE OBJECTIVES OF AFSCRE INTERNATIONAL INCLIDING WORKER ORGANIZATION, COLLECTIVE BARGANING & RELATED MATTERS.     2 Check this box   fif the organization discontinued its operations or disposed of more than 25% of its net assets     3 Number of voting members of the governing body (Part VI, line 1a)							
Briefly describe the organization's mission or most significant activities					L Year of formation	1945	M State of legal domicile WA
TO PROVIDE A FORM FOR LOCAL 443 MEMBERS TO DISCUSS, DERATE, ORGANIZE AND PROMOTE THE OBJECTIVE OF AFSCHE INTERNATIONAL INCLUDING WORKER ORGANIZATION, COLLECTIVE BARGAINING & RELATED MATTERS.  2 Check this box	<u> </u>	art I	Su	mmary	· · · · · · · · · · · · · · · · · · ·		
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PROMOTE THE OBJECTIVES OF APSCHE INTERNATIONAL INCLUDING WORKER ORGANIZATION, COLLECTIVE BARGAINING & RELATED MATTERS:  2 Check this box ▶	•	i			ICC DEBAMP OF	CANTER	am
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b Net unrelated business taxable income from Form 990-T, line 34  8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 4) 16 Professional fundraising expenses (Part IX, column (A), line 4) 17 Other expenses (Part IX, column (A), line 1-3) 18 Total expenses (Part IX, column (A), line 1-3) 19 Revenue less expenses (Part IX, column (A), line 12) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Net assets or fund balances Subtract line 21 from line 20 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 23 Let assets or fund balances Subtract line 21 from line 20 24 Total liabilities (Part X, line 26) 25 Sign 26 Perparer  Perparer  Signature Block  1 Date 1 Perparer's sansture  Preparer sanse 1 Date 1	Ç	6 T	Fotal num	nber of volunteers (estimate if necessary)		6	0
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8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 13) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 4) 16a Professional fundraising fees (Part IX, column (A), line 14) 17 Other expenses (Part IX, column (A), line 16) 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total labilities (Part X, line 16) 22 Total assets (Part X, line 26) 23 Total assets (Part X, line 26) 24 Total labilities (Part X, line 26) 25 Vent assets or fund balances Subtract line 21 from line 20 26 Total assets (Part X, line 26) 27 Level assets or fund balances Subtract line 21 from line 20 28 Signature of officer  Signature Block  Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and beliance, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and beliance, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and Self-employed 17 point name and title  Prim's name	_	<del></del> -	101 0111 011	and business takes thousand the training of the training of	Prior Ye		Current Year
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), lines 1–3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 1–3) 16a Professional fundraising fees (Part IX, column (A), line (A), lines 5–10) 17 Other expenses (Part IX, column (A), lines 11–1 (Part IX, line 2g) 18 Total expenses. Add lines 13–17 (must equal Part IX, line 2g) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 23 Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and beliance or print name and title  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and beliance, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Part II Signature of officer  Prim's name Davis, Accounting Tax & Audit Services  Firm's name Davis, Accounting Tax & Audit Services  Firm's saddress Dolympia, WA 98513  May the IRS discuss this return with the preparer shown above? (see instructions)  First Pagework Reduction Act Notice, see the separate instructions.  FTF 3,620 Form		9 6	Contributi	ions and grants (Part VIII, line 1h)		_	0
13 Grants and similar amounts paid (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 1-3)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Berrofessional fundraising fees (Part IX, column (A), lines 11a-1186 (11-24e)  17 Other expenses (Part IX, column (A), lines 11a-1186 (11-24e)  18 Total expenses. Add lines 13-17 (must equal Part X) (column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12 (column (A), line 25)  20 Total assets (Part X, line 16)  21 Total labbilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  Part II Signature Block  Under penalties of penjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and beli true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Sign  Part IV per or pirtin ame and title  Preparer Suprature  Preparer Suprature  Preparer Suprature  Date Check IX of PTIN Suprature Block  TREASURER  Prim's address > Olympia, WA 98513  Phone no 360-492  May the IRS discuss this return with the preparer shown above? (see instructions)  FTF 3, 620 Fem Poperwork Reduction Act Notice, see the separate instructions.	횰			•	41		395 390
13 Grants and similar amounts paid (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 1-3)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Berrofessional fundraising fees (Part IX, column (A), lines 11a-1186 (11-24e)  17 Other expenses (Part IX, column (A), lines 11a-1186 (11-24e)  18 Total expenses. Add lines 13-17 (must equal Part X) (column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12 (column (A), line 25)  20 Total assets (Part X, line 16)  21 Total labbilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  Part II Signature Block  Under penalties of penjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and beli true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Sign  Part IV per or pirtin ame and title  Preparer Suprature  Preparer Suprature  Preparer Suprature  Date Check IX of PTIN Suprature Block  TREASURER  Prim's address > Olympia, WA 98513  Phone no 360-492  May the IRS discuss this return with the preparer shown above? (see instructions)  FTF 3, 620 Fem Poperwork Reduction Act Notice, see the separate instructions.	<u></u>	1	-		41		385,280
13 Grants and similar amounts paid (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 1-3)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Berrofessional fundraising fees (Part IX, column (A), lines 11a-1186 (11-24e)  17 Other expenses (Part IX, column (A), lines 11a-1186 (11-24e)  18 Total expenses. Add lines 13-17 (must equal Part X) (column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12 (column (A), line 25)  20 Total assets (Part X, line 16)  21 Total labbilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  Part II Signature Block  Under penalties of penjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and beli true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Sign  Part IV per or pirtin ame and title  Preparer Suprature  Preparer Suprature  Preparer Suprature  Date Check IX of PTIN  Type or pirtin ame and title  Preparer Suprature  Preparer Suprature  Date Check IX of PTIN  Date Check IX of P	é	10 1	nvestmei	nt income (Part VIII, column (A), lines 3, 4, and 7d)		1,795	1,619
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16 Total fundraising fees (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a–11 (Part IX, column (A), line 25) 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total habilities (Part X, line 26) 22 Total assets (Part X, line 26) 23 Total assets (Part X, line 26) 24 Total subtitues (Part X, line 26) 25 Total assets of fund balances Subtract line 21 from line 20 26 Total assets or fund balances Subtract line 21 from line 20 27 Total subtitues (Part X, line 26) 28 Total liabilities (Part X, line 26) 29 Total assets or fund balances Subtract line 21 from line 20 20 Total assets or fund balances Subtract line 21 from line 20 21 Total habilities (Part X, line 26) 22 Total liabilities (Part X, line 26) 23 Total assets (Part X, line 26) 24 Total liabilities (Part X, line 26) 25 Total assets or fund balances Subtract line 21 from line 20 26 Total assets or fund balances Subtract line 21 from line 20 27 Total subtitues of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and believe, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Sign Here  Prim's perparer's name  Preparer's sansture  Preparer's sansture  TREASURER  Date  Check X if PTIN  Date  Check X if PTIN  Date  Check X if PTIN  Date  Signature of officer  Firm's address > Olympia, WA 98513  Phone no 360–493  X Ye  For Paperwork Reduction Act Notice, see the separate instructions.	4	11 (	Other revo	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	0
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16 Total fundraising fees (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a–11 (Part IX, column (A), line 25) 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total habilities (Part X, line 26) 22 Total assets (Part X, line 26) 23 Total assets (Part X, line 26) 24 Total subtitues (Part X, line 26) 25 Total assets of fund balances Subtract line 21 from line 20 26 Total assets or fund balances Subtract line 21 from line 20 27 Total subtitues (Part X, line 26) 28 Total liabilities (Part X, line 26) 29 Total assets or fund balances Subtract line 21 from line 20 20 Total assets or fund balances Subtract line 21 from line 20 21 Total habilities (Part X, line 26) 22 Total liabilities (Part X, line 26) 23 Total assets (Part X, line 26) 24 Total liabilities (Part X, line 26) 25 Total assets or fund balances Subtract line 21 from line 20 26 Total assets or fund balances Subtract line 21 from line 20 27 Total subtitues of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and believe, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Sign Here  Prim's perparer's name  Preparer's sansture  Preparer's sansture  TREASURER  Date  Check X if PTIN  Date  Check X if PTIN  Date  Check X if PTIN  Date  Signature of officer  Firm's address > Olympia, WA 98513  Phone no 360–493  X Ye  For Paperwork Reduction Act Notice, see the separate instructions.		12 T	Total reve	enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	41	7,832	386,899
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 4) 16 Porfessional fundraising expenses (Part IX, column (A), line 10) 16 Porfessional fundraising expenses (Part IX, column (A), line 10) 17 Other expenses (Part IX, column (A), line 11-12-12-12-13-13-14-14-13-14-14-14-14-14-14-14-14-14-14-14-14-14-			•				56,300
15 Salaries, other compensation, employee benefits Part IX. column (A). line Record 16a Professional fundraising fees (Part IX, column (A). line Record 16a Professional fundraising expenses (Part IX, column (A). line Record 17 Other expenses (Part IX, column (A). line Record 18 Total fundraising expenses (Part IX, column (A). line 25)  18 Total expenses (Part IX, column (A). line 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1		•		0,000	30,300
16a Professional fundraising fees (Part IX, column (A), line (Part IX, colu		1	•			<u> </u>	60 010
Treasure of officer  Sign Here  Signature of officer  Suparture of officer  Suparture of officer  Freparer  Use Only  Again and the superior officer  Perparer's signature  Signature of officer  Firm's address > Olympia, WA 98513  May the IRS discuss this return with the preparer shown above? (see instructions)  Policy of preparer in the superior of the preparer instructions.  Policy of the expenses (Part IX, column (A), line 21 from 1 1 2 2 2 1 1 2 1 2 1 2 1 2 1 2 1 2 1	es	15 8	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)	3		62,318
Treasure of officer  Sign Here  Signature of officer  Suparture of officer  Suparture of officer  Freparer  Use Only  Again and the superior officer  Perparer's signature  Signature of officer  Firm's address > Olympia, WA 98513  May the IRS discuss this return with the preparer shown above? (see instructions)  Policy of preparer in the superior of the preparer instructions.  Policy of the expenses (Part IX, column (A), line 21 from 1 1 2 2 2 1 1 2 1 2 1 2 1 2 1 2 1 2 1	ŝ	16a F	Professio	nal fundraising fees (Part IX, column (A), line to e C		0	0
17 Other expenses (Part IX, column (A), lines 11a-1 (Part IX) (Par	8	ЬТ	Fotal fund	draising expenses (Part IX. column (D), line 25)	)		
18 Total expenses. Add lines 13-17 (must equal Part X column (A); line 25)	ŵ	17 (	Other exp	20000 (Bot IV column (A) lines 440 4 (G)46 240)	27	1.637	316,517
19 Revenue less expenses Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and believe correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Sign Here  Penul Type preparer's name  Penul Ty		48 7	Cotal eva				435,135
20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and believe, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Sign  Pennitype preparer's name  Preparer  Use Only  Synature of officer  Firm's name  Date  STEVEN DAVIS, CPA  Firm's name  Davis, Accounting Tax & Audit Services  Firm's eddress  Olympia, WA 98513  May the IRS discuss this return with the preparer shown above? (see instructions)  End of Y  1, 125, 384 1, 06  15, 180  1, 110, 204 1, 06  1, 110, 204 1, 204  1, 10, 204  1, 10, 204  1, 10,							
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and believe, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Sign Here  Susie Rathke Type or print name and title  Print/Type preparer's name Preparer's signature Preparer's signature Preparer Use Only  5934 Hansen St SE Firm's address > Olympia, WA 98513  May the IRS discuss this return with the preparer shown above? (see instructions)  For Paperwork Reduction Act Notice, see the separate instructions.  FIFE  3,620 Form	- 0	19 1	Revenue	less expenses Subtract line 18 from line 12	Pariaries of C	5,223	-48,236
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and believe, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Sign Here  Susie Rathke Type or print name and title  Print/Type preparer's name Preparer's signature Preparer's signature Preparer Use Only  5934 Hansen St SE Firm's address > Olympia, WA 98513  May the IRS discuss this return with the preparer shown above? (see instructions)  For Paperwork Reduction Act Notice, see the separate instructions.  FIFE  3,620 Form	85	<u> </u>		(Baty I and C)			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and believe, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Sign Here  Susie Rathke Type or print name and title  Print/Type preparer's name Preparer's signature Preparer's signature Preparer Use Only  5934 Hansen St SE Firm's address > Olympia, WA 98513  May the IRS discuss this return with the preparer shown above? (see instructions)  For Paperwork Reduction Act Notice, see the separate instructions.  FIFE  3,620 Form	sse 3ala	20 1		· · · · · · · · · · · · · · · · · · ·			1,065,051
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and believe, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Sign Here  Susie Rathke Type or print name and title  Print/Type preparer's name Preparer's signature Preparer's signature Preparer Use Only  5934 Hansen St SE Firm's address > Olympia, WA 98513  May the IRS discuss this return with the preparer shown above? (see instructions)  For Paperwork Reduction Act Notice, see the separate instructions.  FIFE  3,620 Form	ξg	21 7	Total liabi	olities (Part X, line 26)			4,979
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and believe, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Sign Here  Susie Rathke Type or print name and title  Print/Type preparer's name Preparer's signature Preparer's signature Preparer Use Only  5934 Hansen St SE Firm's address > Olympia, WA 98513  May the IRS discuss this return with the preparer shown above? (see instructions)  For Paperwork Reduction Act Notice, see the separate instructions.  FIFE  3,620 Form	Ž.	22 N	Net asset	s or fund balances Subtract line 21 from line 20	1,11	0,204	1,060,072
Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and believe true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Sign Here  Susie Rathke  Treasurer  Penjury per penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and believe true, correct, and complete Declaration of preparer has any knowledge  Treasurer  Penjury perparer has any knowledge and believe true, correct, and complete Declaration of preparer has any knowledge and believe true, correct, and complete Declaration of my knowledge and believe true, correct, and complete Declaration of my knowledge and believe true, correct, and complete Declaration of my knowledge and believe true, correct, and complete Declaration of my knowledge and believe true, correct, and complete Declaration of my knowledge and believe true, correct, and complete Declaration of my knowledge and believe true, correct, and complete Declaration of my knowledge  Treasurer  Date  Check X if PTIN  Date  Check X if PTIN  Dotolof/14 self-employed P0105  Firm's name Davis, Accounting Tax & Audit Services  Firm's name Davis, Accounting Tax & Audit Services  Firm's address Dotolof/14 self-employed P0105  Address Davis, Accounting Tax & Audit Services  Firm's address Dotolof/14 self-employed P0105  Address Davis, Accounting Tax & Audit Services  Firm's address Dotolof/14 self-employed P0105  Address Davis Accounting Tax & Audit Services  Firm's address Dotolof/14 self-employed P0105  Address Davis Accounting Tax & Audit Services  Firm's address Dotolof/14 self-employed P0105  Phone no 360-493  May the IRS discuss this return with the preparer shown above? (see instructions)			Sic	anature Block			
Sign Here  Susianter of officer  Type or print name and title  Preparer  Preparer  Firm's name  Date  Date  Susianter  Preparer's signature  Firm's name  Date  Date  Check X if PTIN  Date  O5/06/14 self-employed P0105  Firm's elin > Davis, Accounting Tax & Audit Services  Firm's elin > Date  Date  Check X if PTIN  Date  Check X if PTIN  Date  O5/06/14 self-employed P0105  Firm's lin > 27-481  May the IRS discuss this return with the preparer shown above? (see instructions)  For Paperwork Reduction Act Notice, see the separate instructions.  FTF  3.620 Form					and statements, and to the l	nont of my ke	andodae and heliof it is
Sign Here  SUSIE RATHKE Type or print name and title  Perparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Date  Check X if PTIN  05/06/14 self-employed P0105  Preparer  Use Only  STEVEN DAVIS, CPA  Firm's name  Davis, Accounting Tax & Audit Services  Firm's EIN > 27-481  May the IRS discuss this return with the preparer shown above? (see instructions)  X Yes  For Paperwork Reduction Act Notice, see the separate instructions.  FTF  3.620 Form							lowledge and belief, it is
Here  SUSIE RATHKE Type or print name and title  Preparer's signature  Preparer's signature  Preparer  STEVEN DAVIS, CPA  Preparer  Use Only  Date Check X if PTIN 05/06/14 self-employed P0105  Firm's name  Davis, Accounting Tax & Audit Services  Firm's EIN > 27-481  May the IRS discuss this return with the preparer shown above? (see instructions)  For Paperwork Reduction Act Notice, see the separate instructions.  FTF  3.620 Form			T \		·····	<del></del>	· · · · · · · · · · · · · · · · · · ·
Here  SUSIE RATHKE Type or print name and title  Preparer's signature  Preparer's signature  Preparer  STEVEN DAVIS, CPA  Preparer  Use Only  Date Check X if PTIN 05/06/14 self-employed P0105  Firm's name  Davis, Accounting Tax & Audit Services  Firm's EIN > 27-481  May the IRS discuss this return with the preparer shown above? (see instructions)  For Paperwork Reduction Act Notice, see the separate instructions.  FTF  3.620 Form			<b>-</b>				
Type or print name and title  Print/Type preparer's name  Preparer   Preparer's signature   Date   Check   X   f   PTIN    STEVEN DAVIS, CPA   05/06/14   self-employed   P0105    Preparer   Firm's name   Davis, Accounting Tax & Audit Services   Firm's EIN   27-481    Use Only   5934   Hansen St SE   Phone no   360-493    May the IRS discuss this return with the preparer shown above? (see instructions)  For Paperwork Reduction Act Notice, see the separate instructions.  FTF   3.620   Form	Sig	gn 💮	▼ Si	ignature of officer		Date	1-1-1
Type or print name and title  Preparer's signature  Preparer's signature  STEVEN DAVIS, CPA  Preparer's signature  Preparer's signature  Date  05/06/14 self-employed  Pol 105  Prim's name  Date  05/06/14 self-employed  Pol 105	He	re		SUSIE RATHKE They	TREASURER	5/	91/4
Paid STEVEN DAVIS, CPA 05/06/14 self-employed P0105  Preparer Use Only 5934 Hansen St SE Firm's address Olympia, WA 98513 Phone no 360-493  May the IRS discuss this return with the preparer shown above? (see instructions)  For Paperwork Reduction Act Notice, see the separate instructions.  FITE 3.620 Form			Ts		7 - 7 - 2	t	<del></del>
Paid STEVEN DAVIS, CPA 05/06/14 self-employed P0105  Preparer Use Only 5934 Hansen St SE Firm's address Olympia, WA 98513 Phone no 360-493  May the IRS discuss this return with the preparer shown above? (see instructions)  For Paperwork Reduction Act Notice, see the separate instructions.  FITE 3.620 Form			<u> </u>		Date	05- 1	₹ PTIN
Preparer Use Only    Firm's name   Davis   Accounting Tax & Audit Services   Firm's EIN   27-481	Pai	A					<b>□</b>
Use Only  5934 Hansen St SE  Firm's address Olympia, WA 98513  May the IRS discuss this return with the preparer shown above? (see instructions)  For Paperwork Reduction Act Notice, see the separate instructions.  FTF 3.620 Form	_		STEVEN			6/14 self-en	
Use Only  5934 Hansen St SE  Firm's address Olympia, WA 98513  May the IRS discuss this return with the preparer shown above? (see instructions)  For Paperwork Reduction Act Notice, see the separate instructions.  FTF 3.620 Form		•	Firm's nar		Services	Firm's EIN	27-4818843
Firm's address Olympia, WA 98513  May the IRS discuss this return with the preparer shown above? (see instructions)  For Paperwork Reduction Act Notice, see the separate instructions.  Phone no 360-493  X Ye  3 .620 Form	Use	Only					
May the IRS discuss this return with the preparer shown above? (see instructions)    X   Ye   Ye   TF   3 . 620   Form			Euro's of			Ohana	360-493-0595
For Paperwork Reduction Act Notice, see the separate instructions.	N4	ı tha ID				rnone no	<del></del>
FOR Paperwork Reduction Act Notice, see the separate instructions. FTF 3,620 Form						· ·	
· ·	For DAA	Paperw	ork Redu	iction Act Notice, see the separate instructions.	FTF	3	3,620 Form 990 (2012)

4e Total program service expenses ▶

(Expenses \$

4d Other program services. (Describe in Schedule O)

including grants of \$

) (Revenue \$

Form 990 (2012)

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  3 bid the organization reagage in direct or infired political campagin activities on blashed of ori in opposition to candidates for public office? If "Yes," complete Schedule C, Part I is seen from the direct of the torganization engage in lobbying activities, or have a section 501(n) selection in effect during the tax year? If "Yes," complete Schedule C, Part II is the organization accessor of the Clock (S) or 501(c)(6) organization bar receives membranish pidus, assessments, or similar anomatics as defined in Review (Procedule SP-19)? If "Yes," complete Schedule C, Part III is the organization mental may donor advised funds or any similar funds or accounts for which denors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule C, Part II is the organization receive or hold a conservation easement, including easements to preserve open space, the environment, hatonic land anse, or hations christiants? If "Yes," complete Schedule C, Part II is the organization receive or hold a conservation easement, including easements to preserve open space, the environment, hatonic land anse, or hations christiants? If "Yes," complete Schedule C, Part II is the organization mental makes or hat the situation of the organization receive or works of art, historical beassures, or other similar assetts? If "Yes," complete Schedule D, Part IV is complete Schedule D, Part IV in the organization, decreded the organization, decreded the organization services? If "Yes," complete Schedule D, Part IV in the organization report an amount for land buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV in the organization report and amount for merital makes of the buildings of here is total assets reported in P	Pa	art IV Checklist of Required Schedules			
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Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV  16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV  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)  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  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  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
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Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV  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)  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  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  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			15	i	х
to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV  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)  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  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  19 If "Yes," complete Schedule G, Part III  20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20 X	16				
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			16	]	x
Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  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  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  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X	17				
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  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  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X			17	1	x
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  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  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X	18				l
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  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X			18	1	x
If "Yes," complete Schedule G, Part III  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a X	19	•			<u> </u>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	=		19		x
	20a			<u> </u>	

Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X Did the organization report more than \$5,000 of grants and 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 X Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J X 23 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 25 X 24a 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 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III X 27 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). A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV 28a X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X Schedule L, Part IV 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II X 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, 34 or IV, and Part V, line 1 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 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, X 37

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

19? Note. All Form 990 filers are required to complete Schedule O

X Form 990 (2012)

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Form 990 (2012)

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X account)? 4a If "Yes," enter the name of the foreign country b See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts X Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes." did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 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 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 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? 10 Section 501(c)(7) organizations. Enter 10a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter-Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 12a 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 year Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O 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 Enter the amount of reserves on hand 14a X Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI X Section A. Governing Body and Management Yes No 19 1a 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 Enter the number of voting members included in line 1a, above, who are independent 0 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a X Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a b Each committee with authority to act on behalf of the governing body? X 8b 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? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No 10a Did the organization have local chapters, branches, or affiliates? 10a 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 b 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b 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 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 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? X The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a 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 X 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 Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy. and financial statements available to the public during the tax year 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization > SUSIE RATHKE 906 COLUMBIA STREET SW #201 OLYMPIA 360-236-0443 WA 98501

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Page 7

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	and
	Independent Contractors	
	Check if Schedule O contains a response to any question 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, and 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 organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list arry hours for	box	c, unle	Pos heck ess pe	rson i	than o	an	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	individual trustee or director	Institutional trustee	Officer	employee Key employee Officer		Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) THORNTON ALBERG										
	10.00						ĺ			
PRESIDENT	0.00	X		X	ļ		<u> </u>	6,000	0	0
(2) NICOLE BUTLER				l						
	10.00								_	_
SECRETARY	0.00	X		X	_	Ш	<u> </u>	3,600	0	0
(3) MICHAEL LOW	6 00									
	6.00							2 600		
WEBMASTER (4) SHELLIE SAVAGE	0.00	X		<u> </u>	┝	-	├—	3,600	0	0
(4) Shellie Savage	2.00									
MEMBER @ LARGE	0.00	x						3 600	_	
(5) DONALD VAUGHAN	0.00			<u> </u>	_	-		3,600	0	0
(a) DONALD VAOGHAN	2.00									
MEMBER @ LARGE	0.00	x						3,600	o	o
(6) DONNA VAUGHAN	0.00			┢┈			-	3,600		<u> </u>
(0)2011111 1110011111	10.00			ľ						
NEWSLETTER EDITOR	0.00	x						3,600	o	o
(7) DEFRANCE CLARKE	0.00	1		<del>                                     </del>		<del> </del>	<del> </del>	3,000		0
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6.00									
SGT AT ARMS	0.00	x		x				2,400	o	0
(8) LINDA ERICSON	0.00			<del>                                     </del>		$\vdash$	$\vdash$	2,400		
(0,	10.00						ŀ			
2ND VICE PRES.	0.00	X		x				2,400	o	0
(9) JEFFERY PAULSEN								= / 4 0 0		
	10.00									
1ST VICE PRESIDENT	0.00	X		X				2,400	o	0
(10) SARAH WILSON										<del></del>
	2.00									
MEMBER @ LARGE	0.00	X		L				2,400	0	0
(11) IMELDA ANG										
	6.00									
Organizing Chair	0.00	X				L		1,800	0	0
DAA						_				Form <b>990</b> (2012)

	, Directors, Tru					oyee		nd Highest Compensated		Fage 0
(A)	(B)		•	(0	<b>3</b> )			(D)	(E)	(F)
Name and title	Average hours per	(0	o not		ition more	than c	ne	Reportable compensation	Reportable compensation from	Estimated amount of
	week	bo	x, unk	ess pe	rson (	s both	an	from	related	other
• •	(list any hours for			nd a d	irecto	r/trust	ee)	the organization	organizations (W-2/1099-MISC)	compensation from the
	related	유교	Inst	Officer	Κey	훒	Former	(W-2/1099-MISC)	(** 2 1000 111100)	organization
•	organizations	e e	Ĕ	룡	em	nest Nest	mer			and related
	below dotted line)	호	ă		Key employee	88				organizations
		Individual trustee or director	Institutional trustee		8	Highest compensated employee				ı
			8	<u> </u>		ated				
(12) SUSIE RATHKE	10.00	ł								
TREASURER	10.00	x	1	x				1,200	o	o
(13) MARIA PEDERSEN	0.00	^		<u> </u>				1,200		
(10)11111111111111111111111111111111111	2.00									
TRUSTEE	0.00	x	İ					896	0	o
(14) CHARYN NIEMEYER										
, ,	2.00									
TRUSTEE	0.00	X						842	0	0
(15) ROBERT BRISTOL			ĺ							
	2.00	İ	l	Ì						
AGENCY REP	0.00	X		$oxed{oxed}$				612	0	0
(16) LANA BREWSTER			ĺ							
	2.00					ł		200		
AGENCY REP	0.00	X	⊢	_	_	-		306	0	0
(17) STEVEN SEGALL	6 00		1		ĺ					
DOLLMICKL ACMION CHO	6.00	J			l	l		306	0	_
POLITICAL ACTION CHR (18) DONALD CLINE	0.00	X	<u> </u>	┢	$\vdash$	1		306	0	0
(18) DONALD CLINE	2.00									
MEMBER AT LARGE	0.00	x	ŀ					0	o	О
(19) WENDY CONWAY	0.00	-	<u> </u>	<del> </del>	<del> </del>	<del> </del>	<del></del>			
(15)11212	2.00	1	l							
AGENCY REP	0.00	x						O	0	0
1b Sub-total	·	. نـــتـــاد	·				▶	39,562		
c Total from continuation she	ets to Part VII,	Sect	ion /	4			<b>•</b>	12,354	77 77 77 77 77 77 77 77 77 77 77 77 77	
d Total (add lines 1b and 1c)							<b>•</b>	51,916		
2 Total number of individuals (in				thos	e lis	ted a	bov	e) who received more than	\$100,000 in	
reportable compensation from	the organization	n <b>▶</b>	U					· · · · · · · · · · · · · · · · · · ·	·····	Yes No
3 Did the organization list any fo	ormer officer, du	recto	r, or	trust	ee, I	key e	mpl	oyee, or highest compensa	ited	
employee on line 1a? If "Yes,"										3 X
4 For any individual listed on line										
organization and related organ individual	nizations greater	ınaı	1 \$ 1:	טט,טט	וייטו	re	S, C	complete Schedule J for su	CN	4 X
5 Did any person listed on line 1									· ındivıdual	
for services rendered to the or		es,"	com	plete	Sc	hedu	le J	for such person	· <del></del>	5 X
Section B. Independent Contracto										
Complete this table for your five compensation from the organical compensation.										ear
	(A) I business address						Ι		(B) ston of services	(C) Compensation
- Name and	Dusinoss audioss						1	Сомпр	don or services	Compensation
							_			
	·····						<u> </u>		<del></del>	
							$\vdash$	<del></del>	<del></del>	
									· · · · · · · · · · · · · · · · · · ·	
2 Total number of independent received more than \$100,000								se listed above) who	0	
DAA			11	- 919				<del>-,,,,</del>		Form <b>990</b> (2012)

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)	
(A)	(B)			(6	C)			(D)	(E)	(F)
Name and title	Average	۱ "			noti	<b></b>		Reportable	Reportable	Estimated
	hours per week	1 '				than d s both		compensation from	compensation from related	amount of other
• `	(list any					r/trust		the .	organizations	compensation
	hours for related	유표	Ins	<u>Q</u>	<u>&amp;</u>	₽₩	Fo	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
•	organizations	lie ivid	Ē	Officer	em	hest	Former	,		and related
	below dotted line)	ndividual trustee or director	Institutional trustee		Key employee	88				organizations
	,	uste	trus		8	<b>B</b>				
		"	8		1	Highest compensated employee				
(12) VICTORIA GARCIA									,	
• •	2.00					1				
TRUSTEE	0.00	X		ŀ		l	ľ	o	o	0
(13) STEVEN SHIPPEE										
• ,	6.00		1			l	ŀ			
COMMUNICATIONS CHAIR	0.00	X				İ		0	0	0
(14) DARA BROOKS										
	6.00		ŀ		1					
PAST-COMMUNICATE CHR	0.00	l	ļ			İ	x	3,318	O	0
(15) MARK CHILDS										
• •	10.00									
PAST-TREASURER	0.00	l					x	2,400	o	0
(16) KATRIN NELSON	·							•		
	6.00	1			l	i	ļ			
PAST-POL. ACTION CHR	0.00						x	2,400	l o	0
(17) JUSTIN MONTERMIN		1	1		$\vdash$	<u> </u>				
(,	2.00				l					
PAST-MEMBER @ LARGE	0.00						x	1,600	o	0
(18) ANDREA HARKER					<u> </u>			_/ -/		
(1.5)	2.00									
PAST-TRUSTEE	0.00					1	X	908	0	0
(19) JOSIP MIHELICH										
	2.00	1	ł	ł		ļ				
PAST-TRUSTEE #1	0.00					İ	X	886	l o	0
1b Sub-total		•	•		•		▶	11,512		
c Total from continuation she	ets to Part VII,	Sect	ion /	4			<b>•</b>			
d Total (add lines 1b and 1c)							<b>•</b>			
2 Total number of individuals (in			d to	thos	e lis	ted a	bov	e) who received more than	\$100,000 in	
reportable compensation from	the organization	n ▶							<del>-                                    </del>	TV I N-
2 Did the aggregation list only for	armar officer du			<b>6</b>		ء ، ، ه ا		avaa as highaat samaana	ata d	Yes No
3 Did the organization list any for employee on line 1a? If "Yes,"								oyee, or nighest compensa	aleu	3
4 For any individual listed on line								n and other compensation	from the	
organization and related organ	nizations greate	r thar	<b>\$15</b>	50,00	)0? I	f "Ye	s," c	complete Schedule J for su	ch	
individual										4
5 Did any person listed on line 1 for services rendered to the or									r individual	5
Section B. Independent Contracto		103,	COII	pict	<del></del>	iicac	iic J	TOT SUCH PERSON		
1 Complete this table for your fire		ensa	ated	ınde	pend	lent o	conti	actors that received more	than \$100 000 of	
compensation from the organi	ization Report of							dar year ending with or with	nin the organization's tax y	
Name and	(A) 1 business address						-	Descrip	(B) ption of services	(C) Compensation
<u> </u>										
							<u> </u>			
	<del>.</del> .									
	·									
									···	
2 Total number of independent								se listed above) who		
received more than \$100,000	or compensatio	n tro	m the	e org	aniz	atior	1 <b>P</b>	· · · · · · · · · · · · · · · · · · ·		Form <b>990</b> (2012)
DAA										+om <b>33U</b> (2012)

Part	VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)				
	(A) Name and title	(B) Average hours per week (list any	bo	x, unie	Pos check ess pe	rson ı	than o	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimated amount of other compensation		
		hours for related organizations below dotted (ine)	or director	Institutional	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from the organizate and relate reganizate reganizate	e ion ed	
			8	trustee			sated							
(12) H	ELEN PRESSLEY	2.00												
~	AGENCY REP	0.00	_	ļ	ļ	ļ	ļ	X	689	0				0
	HOMAS NEWCOMB	2.00												_
(14)	MEMBER @ LARGE	0.00		-	-			X	153	0				0
(14)														
(15)		-												
(16)	<del> </del>													
(17)										: :				
(18)														
(19)													·· ·,· <u> </u>	
1b 8	Sub-total					-	<b>.</b>	<b>&gt;</b>	842					
	otal from continuation she	ets to Part VII,	Sect	ion /	A					· · · · · ·	<u> </u>			
2 1	otal (add lines 1b and 1c)  Total number of individuals (in eportable compensation from			ed to	thos	e lıs	ted a	bov	re) who received more than	\$100,000 in	<u> </u>			
	Old the organization list any form								loyee, or highest compensa	ited	F	3	Yes N	No
4 F	For any individual listed on line organization and related organ	e 1a, is the sum	of re	port	able	com	pens	satic						
5 [	ndividual Did any person listed on line 1 or services rendered to the or									ındıvıdual	-	5		
Sectio	n B. Independent Contracto	rs												
	Complete this table for your fix compensation from the organi										ear.			
	Name and	(A) business address						L	Descrip	(B) tion of services		Соп	(C) pensation	!
<del></del>			<del></del>							· · · · · · · · · · · · · · · · · · ·				
			<u> </u>					ļ .						
					-			<u></u>				<del>-</del> .		
2 T	Total number of independent of eceived more than \$100,000	contractors (incl of compensation	uding 1 from	but n the	not e org	limit aniz	ed to	tho ►	se listed above) who	<del>.</del>			990 <sub>(2</sub>	040
D/44												rom	<i>33</i> ∪ (2	.u 12)

Pa	rt V	Statement of Reversible Check if Schedule		tains a	response	to any question in	this Part VIII.		П
		, ,				(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
ম ম	10	Federated campaigns	1a				revenue		512, 513, or 514
ran		Membership dues	1b				:		
٦٤		Fundraising events	1c						
ifts			1d						
o'il		•							
Sin	e	Government grants (contributions)	1e						
ĕĘ	T	All other contributions, gifts, grants, and similar amounts not included above							İ
55	_		1f						
Popul	g	Noncash contributions included in lines 1a	+1f S	•					
	n	Total. Add lines 1a-1f			<b>•</b>				
enn					Busn. Code	305 300			305 000
Zev	2a	MEMBER UNION DUES			ļ	385,280			385,280
ce	Ь				<b> </b>				<del></del>
èrvi	C				<del> </del>				
Program Service Revenue Contributions, Gifts, Grants	d			•		<del>,</del> <del></del>			
	e				<b></b>				
		All other program service reve	nue		L	205 000	·		
		Total. Add lines 2a–2f		<del> </del>	<b>&gt;</b>	385,280		· · · · · · · · · · · · · · · · · · ·	
	3	Investment income (including	dividen	ds, intere	est,	1 610			1 610
		and other similar amounts)				1,619			1,619
	4	Income from investment of tax	(-exem	ot bond p	roceeds -	-			· · · · · · · · · · · · · · · · · · ·
	5	Royalties	-		<b>P</b>	·····			
		(i) Real		(11) 1	Personal				
	6a	Gross rents							
	b	Less rental exps							
	С	Rental inc or (loss)							
	d 7a	Net rental income or (loss) Gross amount from			<b>•</b>				
		sales of assets (i) Securities	•	(1)	) Other				
		other than inventor			·				
	b	Less cost or other			l				
		basis & sales exps							
		Gain or (loss)							
	d	Net gain or (loss)	. 1						<del> </del>
9	Ва	Gross income from fundraising eve	ents						}
en/		(not including \$	,						
Æ		of contributions reported on line 1c	1						
Other Revenue	١.	See Part IV, line 18	a						
₹		Less: direct expenses	þ						
		Net income or (loss) from fund	1	events					
	ya	Gross income from gaming activitie							
		See Part IV, line 19	a						ļ
		Less: direct expenses	b						
	l .	Net income or (loss) from gan	- 1	livities					
	ıva	Gross sales of inventory, less returns and allowances	i i						
	١.		a						
		Less cost of goods sold	b	t:					
	⊢င	Net income or (loss) from sale  Miscellaneous Revenue	es or in	entory	Busn. Code				
	40-				Dusii. CO09				
	11a						· · ·		<del></del>
	b					<del></del>			· · · · · · · · · · · · · · · · · · ·
	C	All ather recession			<b>—</b>				<del> </del>
	d	All other revenue							<u> </u>
	4.ª	Total Add lines 11a-11d				386,899	0		386,899
	12	Total revenue. See instruction	115			J00,033		0	350,099

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (D) Fundraising (B) Do not include amounts reported on lines 6b, Total expenses Program service Management and 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to governments and 52,400 **52,400** organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in 3,900 3,900 the U.S. See Part IV. line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 50,028 50,028 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and 6,730 6,730 persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 5,560 5,560 10 Payroll taxes Fees for services (non-employees) Management b Legal 28,802 28,802 Accounting Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) Advertising and promotion 5,782 5.782 13 Office expenses 14 Information technology 15 Royalties 38,019 16 Occupancy 38,019 5,423 5,423 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 31,915 31,915 19 Conferences, conventions, and meetings 20 Interest 66,783 21 Payments to affiliates 66,783 5,715 5,715 22 Depreciation, depletion, and amortization 23 Insurance 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.) 67,400 POLITICAL CONTRIBUTIONS 67,400 а <u> 25,785</u> PRINTING & POSTAGE 25,785 b 24,272 24,272 ORGANIZING EXPENSES C COMMITTE EXPENSE 6,867 6,867 9,754 9,754 e All other expenses 435,135 435,135 0 0 Total functional expenses. Add lines 1 through 24e 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 ▶ X if

following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 812,153 671,700 Cash-non-interest bearing 285,568 318,754 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 28,751 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 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), 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 Notes and loans receivable, net 7 Inventories for sale or use 10,486 10,486 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or 56,265 other basis Complete Part VI of Schedule D 10a 20,905 17,177 35,360 b Less: accumulated depreciation 10b 11 Investments—publicly traded securities 11 12 Investments—other securities See Part IV, line 11 12 13 Investments-program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 1,125,384 1,065,051 16 15,180 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors. Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 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 15,180 4,979 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. 1,110,204 1,060,072 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 Net Assets or Fund Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 1,110,204 1,060,072 33 1,125,384 1,065,051 Total liabilities and net assets/fund balances

om	990 (2012) WASHINGTON FEDERATION OF STATE 91-6058052			Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			899
2	Total expenses (must equal Part IX, column (A), line 25)	2	4:	35,	135
3	Revenue less expenses. Subtract line 2 from line 1	3		48,	236
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,1	10,	204
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor period adjustments	8	-		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-1,	896
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1,0	60,	072
Pa	rt XII Financial Statements and Reporting				
	Check of Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		,		
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	L
	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				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	L
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
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		3h		1

Form **990** (2012)

### **SCHEDULE C** (Form 990 or 990-EZ)

### **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.

OMB No 1545-0047 Open to Public

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of organization

▶ See separate instructions.

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

WASHINGTON FEDERATION OF STATE

- 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

	EMPLOYEES - LOCAL 443	3		91-60580	52
Par	rt I-A Complete if the organization is exem	pt under section 501(c	) or is a secti	on 527 organizati	on.
1	Provide a description of the organization's direct and indire	ct political campaign activities	ın Part IV		
2	Political expenditures			▶ \$	67,400
3	Volunteer hours		•		•
<u>Paı</u>	rt I-B Complete if the organization is exen	npt under section 501(c	:)(3).		
1	Enter the amount of any excise tax incurred by the organization			▶ \$	
2	Enter the amount of any excise tax incurred by organization	n managers under section 495	5	▶ \$	
3	If the organization incurred a section 4955 tax, did it file Fo	rm 4720 for this year?			Yes No
4a					Yes No
	If "Yes," describe in Part IV	<del></del>			
Pai	rt I-C Complete if the organization is exen			tion 501(c)(3).	
1	Enter the amount directly expended by the filing organization	on for section 527 exempt fund	tion		
	activities			. ▶\$	
2	Enter the amount of the filing organization's funds contribu	ted to other organizations for s	ection		
_	527 exempt function activities			▶ \$	
3	Total exempt function expenditures. Add lines 1 and 2. Ent	er here and on Form 1120-PO	L,		
	line 17b	_	-	▶ \$	
4	Did the filing organization file Form 1120-POL for this year				X Yes No
5	Enter the names, addresses and employer identification nu		-	•	
	organization made payments For each organization listed,				
	the amount of political contributions received that were pro			•	
	as a separate segregated fund or a political action committee	tee (PAC) If additional space i	s needed, provide	information in Part IV	<del></del>
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds if none, enter -0-	contributions received and promptly and directly
				Tando il Horic, Cittor -0-	delivered to a separate
					political organization if
		<del> </del>			none, enter -0-
(1)		ļ			
					·,.
(2)		<u> </u>			
(3)		****			
(3)					
(4)		***			
(4)					
(5)			<del></del>		
/					
(6)	· · · · · · · · · · · · · · · · · · ·		<del></del> -		
For Pa	perwork Reduction Act Notice, see the Instructions for Form 990 or 990-E	Z.		Schedule C	(Form 990 or 990-F7) 2012

Schedule C (Form 990 or 990-EZ) 2012 WASHIN	IGTON FEDE	RATION OF S	TATE	91-6058052	2 Page 2
Part II-A Complete if the organi	zation is exem	pt under section	501(c)(3) an	d filed Form 5768	
section 501(h)).					•
A Check ▶ ☐ if the filing organizati	on belongs to a	n affiliated group (	and list in Pa	rt IV each affiliated	group member's
name, address, EIN,	expenses, and	share of excess lo	obbying expe	nditures).	
B Check ▶ . if the filing organizati					
Limits on Lot	bying Expendi	itures		(a) Filing	(b) Affiliated
(The term "expenditures"				organization's totals	group totals
1a Total lobbying expenditures to influence pu	ıblic opınıon (grass	roots lobbying)			
b Total lobbying expenditures to influence a	legislative body (dire	ect lobbying)	. [		
c Total lobbying expenditures (add lines 1a	and 1b)				
d Other exempt purpose expenditures	•		·		
e Total exempt purpose expenditures (add li	nes 1c and 1d)	•	· · · [		
f Lobbying nontaxable amount. Enter the an	nount from the follow	wing table in both			
columns		-	j		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxa	able amount is:			
Not over \$500,000	20% of the amount on	line 1e			
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of t	the excess over \$500,000	1		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of t	the excess over \$1,000,000			
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of th	ne excess over \$1,500,000			
Over \$17,000,000	\$1,000,000				
g Grassroots nontaxable amount (enter 25%	of line 1f)	•			
h Subtract line 1g from line 1a. If zero or les				<del></del>	
i Subtract line 1f from line 1c If zero or less	, enter -0-		Ī		
j If there is an amount other than zero on er	ther line 1h or line 1	i, did the organization	file Form 4720		
reporting section 4911 tax for this year?		-			Yes No
	4 V A	a David Hadaa	04 504	/h->	, , , , , , , , , , , , , , , , , , ,
		ing Period Under			of Alan Eliza
(Some organizations that				-	or the rive
columns bei	ow. See the ins	structions for line	es za throug	n 21 on page 4.)	
Lobb	ying Expenditu	ures During 4-Yea	ar Averaging	Period	
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount		********			
b Lobbying ceiling amount	<u> </u>				
(150% of line 2a, column(e))			<u> </u>		
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount				T	
(150% of line 2d, column (e))					
	·		1		

Schedule C (Form 990 or 990-EZ) 2012

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2012 WASHINGTON FEDERATION OF STATE	91-60580	52		Page 3
Part II-B Complete if the organization is exempt under section 501(c)(3) and hat (election under section 501(h)).	s NOT filed I	Form 5	768	
For each "Yes;" response to lines 1a through 1i below, provide in Part IV a detailed	(a)		(b)	
description of the lobbying activity	Yes	No	Amount	
During the year, did the filing organization attempt to influence foreign, national, state or local			<del></del>	
legislation, including any attempt to influence public opinion on a legislative matter or	1 1	i		
referendum, through the use of				
a Volunteers?	[			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		1		
c 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 Other activities?				
j Total Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(5),	or sect	ion	
		<del></del>	Ye	s No
1 Were substantially all (90% or more) dues received nondeductible by members?			1	X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	X
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	X
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	, ,, ,	if Part	ion	
Dues, assessments and similar amounts from members	<u> </u>	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).	-			
a Current year	.  -	2a		
b Carryover from last year	<u> </u>	2b		
c Total	. L	2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<u> </u>	3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	[	Į		
excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying	<u> </u>			
and political expenditure next year?	_	4	<u> </u>	
5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information		5		

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Schedule C, Part I-A, Line 1

CONTRIBUTIONS MADE TO LOCAL POLITICAL CAMPAIGNS AND LOCAL POLITICAL PARTIES
AS WELL AS CONTRIBUTIONS TO SUPPORT A LOCAL INITIATIVE TO CREATE A LOCAL
PUBLIC POWER UTILITY.

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

## **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.

2012

**Employer Identification number** 

Open to Public Inspection

WASHINGTON FEDERATION OF STATE EMPLOYEES - LOCAL 443 91-6058052 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts, Complete if the organization answered "Yes" to Form 990. Part IV. line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Yes No (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990. Part IV. line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

sche	edule D (Form 990) 2012 WASHING1	ON FEDERAT	TON C	F STATI	<u> </u>	3T-0	<u> </u>			Page 2
Pa	rt III Organizations Maintaini	ng Collections o	f Art, H	istorical T	reasures,	or Othe	r Similar A	ssets	(continu	ed)
3	Using the organization's acquisition, access collection items (check all that apply):	sion, and other record	ls, check	any of the foll	owing that are	e a signific	cant use of its			•
а	Public exhibition	d 🗍	Loan or e	exchange prog	arams					
b	Scholarly research	e 🗍	Other		<b>9</b> ·					
C	Preservation for future generations					•				
4	Provide a description of the organization's	collections and explai	n how the	y further the	organization's	exempt p	urpose in Part			
	XIII	•				, ,	•			
5	Dunng the year, did the organization solicit	t or receive donations	of art, his	toncal treasu	res, or other s	ımılar				
	assets to be sold to raise funds rather than								Yes	No
Pa	art IV Escrow and Custodial A	rrangements. Co	mplete	if the orga	nization ar	swered	"Yes" to Fo	rm 99	0, Part I\	/,
	line 9, or reported an amo	unt on Form 990,	Part X,	line 21.						
1a	Is the organization an agent, trustee, custo	odian or other intermed	diary for c	ontributions o	r other assets	s not				<u>.</u>
	included on Form 990, Part X?	•							Yes	☐ No
b	If "Yes," explain the arrangement in Part X	III and complete the fo	ollowing ta	ıble <sup>.</sup>						
									Amount	
C	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year	•					1e			
f	Ending balance						1f			
	Did the organization include an amount on						•		Yes	∐ No
	If "Yes," explain the arrangement in Part X							<u> </u>	<u> </u>	
Pa	art V Endowment Funds. Com	plete if the organ	ization	answered '	'Yes" to Fo	<u>rm 990,</u>	Part IV, line	<u>ə 10.</u>		
		(a) Current year	(6	) Pnor year	(c) Two year	rs back	(d) Three years	back	(e) Four ye	ars back
	Beginning of year balance		<del> </del> -							
	Contributions		<del>                                     </del>					$\longrightarrow$		
С	Net investment earnings, gains, and				:					
_	losses		ļ							
	Grants or scholarships		<del> </del>						·	
е	Other expenditures for facilities and									
	programs		<u> </u>		<u></u>		<del></del>	$\longrightarrow$		
T	Administrative expenses		1		<u> </u>			$\longrightarrow$	<del></del> -	
g	End of year balance	L	1		<u> </u>	!	<del></del>	1		
2	Provide the estimated percentage of the ci		æ (line 1g	i, column (a))	neid as					
a	Board designated or quasi-endowment ►  Permanent endowment ►  %	<b>%</b>								
D		-								
C	The percentages in lines 2s, 2h, and 2s sh	%								
32	The percentages in lines 2a, 2b, and 2c sh Are there endowment funds not in the post		ation that	are held and	administered	for the				
Ja	organization by	session of the organiz	alion liial	are new and	aummistereu	ioi tile			Y	es No
	(i) unrelated organizations								3a(i)	53 140
	(ii) related organizations								3a(ii)	<del></del>
b	If "Yes" to 3a(ıı), are the related organization	ons listed as required.	on Sched	ule R?					3b	
4	Describe in Part XIII the intended uses of t	•		•			•			
	art VI Land, Buildings, and Eq				e 10.					
	Description of property	(a) Cost or other		(b) Cost or o		(c) A	ccumulated		(d) Book value	ue
		(investment		(oth	li i		preciation			
1a	Land							<b>T</b>		
	Buildings							1		
	Leasehold improvements				24,481	<del></del>	3,174	1	21	.,307
	Equipment				31,784		17,731			,053
	Other	·						I		
Tota	I. Add lines 1a through 1e (Column (d) mus	st equal Form 990, Pa	rt X, colur	nn (B), line 10	O(c) )		<b>&gt;</b>		35	, 360

2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's

liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

	dule D (Form 990) 2012 WASHINGTON FEDERATION OF STAT	78-22		Page 4
	Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements		1	386,899
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	386,899
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	} [		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b		4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	386,899
Pa	art XII: Reconciliation of Expenses per Audited Financial Statem	ents With Expenses n	er Return	
1	Total expenses and losses per audited financial statements	ond with Expended p	1	435,716
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	• •	1911	133,110
a	Donated services and use of facilities	2a		
	Prior year adjustments	2b	7.7.	
c	Other losses	2c 2c	- id ab-	
_			36	
d	Other (Describe in Part XIII )	2d 6,29		6 206
	Add lines 2a through 2d		2e	6,296
3	Subtract line 2e from line 1	ı r · ·	3	429,420
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 [		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
þ	Other (Describe in Part XIII )	4b 5,7:	15	
С	Add lines 4a and 4b		. 4c	<u>5,715</u>
5			5	435,135
Pa	rt XIII Supplemental Information			
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lir	nes 1a and 4, Part IV, lines 1b	and 2b,	
art	V, line 4; Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also com	plete this part to provide any	additional	
nfon	mation.			
P	art XII, Line 2d - Expense Amounts Included	in Financials	- Othe	r
		• •		
B	ook Depreciation		\$	6,296
		•		
ъ	out VII line Ab - Eumonee Brownto Included	an Datum	A-16	
F	art XII, Line 4b - Expense Amounts Included	on keturn - O	ther	
T.	ax Depreciation		\$	5,715
-		•	~	5,125
•				

Schedule D (Form 990) 2012 WASHINGTON FEDERATION OF STATE

91-6058052

Page 5

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2012

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SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States

▶ Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

ջ × Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, (h) Purpose of grant or assistance **Employer identification number** Yes 91-6058052 non-cash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 15,000 25,000 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable WASHINGTON FEDERATION OF STATE m Ŋ General Information on Grants and Assistance (p) EIN Enter total number of other organizations listed in the line 1 table EMPLOYEES - LOCAL 443 the selection criteria used to award the grants or assistance? (1) FOUNDATION FOR WORKING FAMILIES WA 98119 28 RELIEF FUND 1212 JEFFERSON STREET SE #300 WA 98501 (a) Name and address of organization or government (2) AFSCME COUNCIL 314 1ST AVE W Name of the organization SEATTLE OLYMPIA Part Par = ල € 9 9 3 8 6

For Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA

Schedule I (Form 990) (2012)

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Schedule I (F	Schedule I (Form 990) (2012) WASHINGTON FEDERATION OF		STATE 9	91-6058052		Page 2
Pent 111	Grants and Other Assistance to Individuals in the		Inited States. Com	olete if the organizati	United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.	
	Part III can be duplicated if additional space is needed	onal space is needed.				
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
+						
2						
3						
4						
2						
9						
7						
Peri IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional	uplete this part to prov	ide the information	required in Part I, line	2, Part III, column (b), an	d any other additional
	information					

## **SCHEDULE J**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

WASHINGTON FEDERATION OF STATE Name of the organization

EMPLOYEES - LOCAL 443

Employer identification number 91-6058052

Pa	art I Questions Regarding Compensation	-		
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			i
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			i
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			i
	Discretionary spending account  Personal services (e g , maid, chauffeur, chef)			i l
	Discretionary spending account Personal services (e.g., maid, diadiledi, diei)			i
_	If any of the house on line to are shoulded, did the agreement of filling a water solver and a second			
D	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		<del> </del>
				ļJ
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,			
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization uses to establish the compensation of the			ı
	organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III			i
	Compensation committee Written employment contract			ı
	Independent compensation consultant Compensation survey or study			1
	Form 990 of other organizations  X Approval by the board or compensation committee			i l
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			i
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b		4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III	70		
	The state of the state of the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.			i
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
-	compensation contingent on the revenues of			
2	The organization?	5a		ii
	Any related organization?	5a 5b		
J	If "Yes" to line 5a or 5b, describe in Part III	อม		
e	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			i 1
0				1
_	compensation contingent on the net earnings of.			<u> </u>
	The organization?	6a		<del></del>
þ	Any related organization?	6b	<u> </u>	<del> </del>
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		l

Schedule J (Form 990) 2012

WASHINGTON FEDERATION OF STATE

Parill Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

91-6058052

Page 2

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, Section A, line 1a, applicable column (D) and (E) amounts for that individual 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

	(B) Breakdown o	of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(I) Base compensation	(II) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(a)-(i)(a)	reported as deferred in prior Form 990
DARA BROOKS	3,318		0	0	0	3,318	0
ICATE CHR		0	:	0	0	0	0
	(1) 2,400	0	0	0	0	2,400	0
RER	<u>.</u>	0	0	0	0	0	0
	(1) 2,400	0	0	0	0	2,400	0
3 PAST-POL. ACTION CHR	<u>.</u>	0	0	0		0	0
JUSTIN MONTERMINI	1,600	0	0	0	0	1,600	0
4 PAST-MEMBER @ LARGE	• • • • • • • • • • • • • • • • • • •	0	0	0	0	0	0
ANDREA HARKER	806	0	0	0	0	806	0
5 PAST-TRUSTEE	€	0	0	0	0		0
JOSIP MIHELICH	988	0	0	0	0		0
8 PAST-TRUSTEE #1	ε	0		0	0	0	0
HELEN PRESSLEY	689	0	0	0	0	689	0
PAST AGENCY REP	(0)	0 0	Ó	0	0	0	0
	(1)	0	0	0	0	153	0
8 PAST MEMBER @ LARGE	(11)	0 0	0	0	0	0	0
					:		
	0						
<u> </u>	Ē						
	E 1			-			
	E E						
12	(a)	-					
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Schedule J (Form 990) 2012 WASHINGTON FEDERATION OF STATE Partill Supplemental Information

Complete this part to 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. Schedule J (Form 990) 2012

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

2012

Department of the Treasury

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

Attach to Form 990 or 990-EZ.

Open to Public Inspection

Internal Revenue Service
Name of the organization

WASHINGTON FEDERATION OF STATE EMPLOYEES - LOCAL 443

Employer identification number 91-6058052

Form 990, Part III, Line 4d - All Other Accomplishment COSTS INCURRED FOR CANDIDATE FORUMS, ENDORSEMENTS AND CONTRIBUTIONS AS WELL AS VARIOUS MEMBER RALLYS.

Form 990, Part VI, Line 2 - Related Party Information Among Officers

Don Vaughan

Donna Vaughan

Trustee

Newsletter

Family

Form 990, Part VI, Line 6 - Classes of Members or Stockholders

ALL MEMBERS ARE ENTITLED TO PARTICIPATE IN THE GOVERNANCE OF THE

ORGANIZATION AS WELL AS OBTAIN REPRESENTATION WITHIN GREIVANCE PROCEEDINGS

WITH THEIR EMPLOYER.

Form 990, Part VI, Line 7a - Election of Members and Their Rights

The organization's executive board is voted on by the membership of the organization.

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members Collective bargaining agreements negotiated are subject to a majority vote of the overall membership.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

A copy of this return is provided to the Board Teasurer prior to filing.

Name of the organization

#### . WASHINGTON FEDERATION OF STATE

Employer identification number 91-6058052

Form 990, Part VI, Line 15a - Compensation Process for Top Official All compensation is determined by the executive board.

Form 990, Part VI, Line 15b - Compensation Process for Officers All compensation is determined by the executive board.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Upon request

Form 990, Part XI, Line 9 - Reconciliation of Changes - Other

Book Depreciation

\$ -6,296

Tax Depreciation

\$ 5,715

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation \$1,896 REPRESENTS VARIOUS PRIOR PERIOD ADJUSTMENTS.

Form **4562** 

**Depreciation and Amortization** 

(Including Information on Listed Property)

2012

2012

Department of the Treasury Internal Revenue Service (99)

▶ See separate instructions.

Attach to your tax return.

chment

Name	Ame(s) shown on return . WASHINGTON FEDERATION OF STATE EMPLOYEES - LOCAL 443 91-6								
Busine	ess or activity to which this form relates								
I	ndirect Depreciat	tion							
Pa	ert! Election To Expe	ense Certain Pro	perty Under S	ection 179					
	Note: If you have	any listed proper	ty, complete Pa	art V before you	comp	olete Par	t 1		
1	Maximum amount (see instruction	ons)						1	500,000
2	Total cost of section 179 proper	ty placed in service (se	ee instructions)					2	
3	Threshold cost of section 179 pr	roperty before reductio	n in limitation (see	instructions)				3	2,000,000
4	Reduction in limitation Subtract	line 3 from line 2 If ze	ero or less, enter -(	<b>)-</b> .				4	
5	Dollar limitation for tax year Subtract	line 4 from line 1 If zero	or less, enter -0- If m	amed filing separately,	, see ins	tructions .		5	
6	(a) Description	tion of property		(b) Cost (business use	only)	(c) E	Elected cost		
						L			
		··· · · · · · · · · · · · · · · · · ·							
7	Listed property Enter the amou	nt from line 29			7				
8	Total elected cost of section 179	property Add amoun	its in column (c), lii	nes 6 and 7				8	
9	Tentative deduction Enter the s	maller of line 5 or line	· 8					9	
10	Carryover of disallowed deduction	on from line 13 of your	2011 Form 4562					10	
11	Business income limitation. Enter	er the smaller of busine	ess income (not le	ss than zero) or line	5 (see	instruction	ıs)	11	
12	Section 179 expense deduction.	Add lines 9 and 10, b	ut do not enter mo	re than line 11 .				12	
13	Carryover of disallowed deduction				13	<u>.                                    </u>			
	: Do not use Part II or Part III bel								
Pa						clude list	ed prop	erty.)	(See instructions)
14	Special depreciation allowance to	for qualified property (d	other than listed pr	operty) placed in se	rvice				
	during the tax year (see instruction	ions)						14	
15	Property subject to section 168(	f)(1) election						15	
16	Other depreciation (including AC	CRS)						16	5,434
Pa	art III MACRS Depreci	ation (Do not incl			ructio	ns.)			
			Sect	ion A		<u></u>			
17	MACRS deductions for assets p	laced in service in tax	years beginning be	efore 2012				17	281
<u>18</u>	If you are electing to group any assets place								
	Section B-	-Assets Placed in Se	rvice During 2012	Tax Year Using the	he Gen	eral Depre	ciation S	ystem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depre (business/investmer only-see instruct	it use	(e) (	Convention	(f) Meth	od	(g) Depreciation deduction
<u>19a</u>	3-year property								
b	5-year property								
c	7-year property								
d	10-year property								
_е	15-year property								
f	20-year property								
_ 9	25-year property			25 yrs.	].		S/L		
h	Residential rental			27 5 yrs.		ММ	S/L		
	property			27 5 yrs		MM	S/L		
i	Nonresidential real			39 yrs.		MM	\$/L		
	property					MM	S/L		
	Section C—A	Assets Placed in Serv	ice During 2012	ax Year Using the	Altern	ative Dep	reciation	Syste	m
20a	Class life						S/L		
b	12-year			12 yrs.			S/L		
С	40-year			40 yrs		ММ	S/L		
Pa	art IV Summary (See in	nstructions.)							
21	Listed property Enter amount fr	om line 28						21	

portion of the basis attributable to section 263A costs

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here

and on the appropriate lines of your return. Partnerships and S corporations—see instructions

For assets shown above and placed in service during the current year, enter the

5,715

23

22

22