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Form, 990

*Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Do not enter Social Security numbers on this form as it may be made public.

Inter		ue Service			out Form 990	and its	instructions				miggo.			ispecti	OH
<u>A</u>			endar year, or tax						and e				16.1		
		applicable	C Name of organizat		State Assoc	for Jus	tice Legal Ed	ducatio	n Sem	inars	D Empi	loyer la	entification n	umber	
\sqcup	Address	change	Doing Business As					1=			04 0004				
П	Name ch	anne	Number and street		if mail is not delive	ered to st	reet address)	Room/			91-0981				
2	italiio Ci	ungo	1809 Seventh Av	/enue			··-	1500			E Telep	hone nu	mber		
\sqcup	initial reti	um	City or town				State	ZIP co			(206) 46	34-101	1		
\square	Terminat	ed	Seattle				WA		1-132					-	
\equiv			Foreign country n	ame	Foreign provide	nce/state	/county	Foreig	n postal	code			- •		744 626
\square	Amende	d return									G Gross	s receipt	S \$		744,628
\square	Application	on pending	F Name and address	s of principal o	officer					H(a) is th	ns a group re	eturn for s	subordinates?	Ye	s X No
			Gerhard Letzing	1809 Seve	enth Avenue, #	‡ 1500,	Seattle, WA	98101	I-132 <mark>4</mark>	H(b) Are	e all subord	dinates ii	ncluded?	Ye	s 🔲 No
	Tay ayam	pt status	X 501(c)(3)	501(c) () ◀ (ins		4947(a)(1		527				see instruction	15)	
				3 301(0) (7 4 (1113		4017(4)/	, , ,		11/-> C-			-h >		
7 /	Nebsite	e: ► N/A						-		H(c) Gr	oup exemp	tion nun	nber -		
		rganization	X Corporation	Trust [Association	<u> </u>	ther ►		L Yea	r of forma	ation 19	976	M State of le	gal domicil	le WA
P	art I	Sui	mmary												
	1	Briefly d	escribe the organ	ization's m	ission or mos	t signifi	cant activitie	es	To pr	ovide l	egal edu	cation	to attorney	/S	
S	İ	and other	er interested partie	es		•									
Activities & Governance	1														
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ن 86	3		of voting membe	-				\	. 46\	•			4		52
SS	4		of independent v	-							•				
ij	5		mber of individual			-	013 (Part V, 1	line 2a))	•	•	_	5		C
⋛	6		mber of volunteer								•		6		
¥	7a	Total un	related business r	revenue fro	om Part VIII, c	olumn	(C), line 12					_7	'a		
	b	Net unre	lated business ta	xable inco	me from Form	<u> 990-T</u>	, line 34						b		0
											Prior Yea	ır		Current Ye	ar
ø	8	Contribu	itions and grants	(Part VIII, I	ine 1h) .								0		0
Revenue	9	Program service revenue (Part VIII, line 2g)										976,7	99		744,628
ě	10	Investm	ent income (Part \	VIII, colum	n (A), lines 3,	4, and	7d)	•					0	,	
Ř	11	Other re	venue (Part VIII,	column (A)	, lines 5, 6d, 8	3c, 9c,	10c, and 11e	∋)					0		0
	12		enue—add lines 8									976,7	99		744,628
	13		ind similar amoun										0		0
	14		paid to or for mei										0		0
"	15		other compensation					s 5–10)	١ ١			225,4	09		
Ses	16a							~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	, ,	 -		,	0		
ē		Total fun	onal fundraising f draising expense	ces (raiti) .c. (Dort IV	oolumn (D) li	70 25	IN/FD		۸		* ***				0
Expenses	b							<u> </u>		SOUTH PROPERTY.	7201-W6900-20-5	630,0	70	- <u>84-74-00788-17</u>	625,904
_	17		penses (Part IX,					(25) 25\	1		.				787,015
	18	Davien	penses. Add lines	Cubtract lin	ust equal Fair	J% 20	? \ ? .\?\?\?\?\?\?\?\?\?\?\?\?\?\?\?\?\?\?\	27)	.			855,4 121,3			-42,387
	19	Revenue	e less expenses	Subtract III				<u>J </u>		Pogina	ing of Cur			End of Yea	
Net Assets or Fund Balances	1 20	Total and	ota (Dort V. lino 1	16)		GDE	\mathbb{N} . U	- (Degiiiii	_ -	699.8			612,986
\sse Bala	20		sets (Part X, line 1	•				372				437,8			393,346
걸	21		oilities (Part X, line		at line 21 from	line Of	•								219,640
			ets or fund balanc	es Subtra	ct line 21 from	i iiiie Zi	<u></u>					262,0	21		2 13,040
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and	erpenan belief it i	ies of perjury is true corre	, I declare that I have o	aration of ore	parer (other than o	officer) is	based on all inf	omation	of which	preparei	r has any k	nowledg	ie Ie		
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Sig	jn		Signature of officer	7) 							ate	~ ~ ~ ~		
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											. 110110 110			Yes	No
Ma	y the IF	ks aiscus	s this return with t	me prepare	er snown abov	/e/(se	e mstruction) (C						∑ ies	NO

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2013).

Form 9	990 (2013) WA State Assoc for Justice Legal Education Seminars	91-0981502	Page 2
Pa •	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission To provide continuing education to the legal profession and other interested parties		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . If "Yes," describe these new services on Schedule O.	. Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	. Yes	X No
4	If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program service expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 625,904 including grants of \$) (Reversite to costs of legal education presented to attorneys and others)
	Direct costs of legal education presented to attorneys and others		·
4b	(Code.) (Expenses \$ including grants of \$) (Reve	enue \$	
	, (2000)		· /
		·	
		·	
4c	(Code) (Expenses \$ including grants of \$) (Reve	nue \$)
4d	Other program services (Describe in Schedule O) (Expenses \$ 0 including grants of \$ 0) (Revenue \$	0)	
4e	Total program service expenses 625,904		

Part IV Checklist of Required Schedules

Form 990 (2013)

			168	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<u> </u>	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III .	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	-		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		2.00	
••	VII, VIII, IX, or X as applicable		9.	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	200	.000000041	Y Take Line
	Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		-	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	114		Χ
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445		V
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	120	+	
-	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		$\frac{\hat{x}}{x}$
14a		14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Χ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			,
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	 -	X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			,
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	 -	X
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			l ,
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	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		X
d	Did the organization act as an "on behalf of' issuer for bonds outstanding at any time during the year?	24d		X
25a				
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a	<u> </u>	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	1		
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	254		
00	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	1		
	current or former officers, directors, trustees, key employees, highest compensated employees, or	26		Х
27	disqualified persons? If so, complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		^
27	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	ļ		
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	2.0	1	****
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		0.4	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	20a	—	
J	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
C	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		$\frac{\hat{x}}{x}$
30	Did the organization receive more than \$25,000 in non-cash contributions? If res, complete schedule in Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	-25	$\overline{}$	_^
00	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	-50		
•	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	1		
	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	$\neg \neg$	Х
	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	ł	
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	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and]]	ļ	
	19? Note, All Form 990 filers are required to complete Schedule O	38	\times 1	

91-0981502 Form 990 (2013) WA State Assoc for Justice Legal Education Seminars Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V . . . No Yes 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 b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return. 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a За 3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O b At any time during the calendar year, did the organization have an interest in, or a signature or other authority 4a over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 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 b 5c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? С Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 7 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? . . . 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c required to file Form 8282?.. 7d If "Yes," indicate the number of Forms 8282 filed during the year d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 8 organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring 8 organization, have excess business holdings at any time during the year? . Sponsoring organizations maintaining donor advised funds. 9a Did the organization make any taxable distributions under section 4966? 9b Did the organization make a distribution to a donor, donor advisor, or related person? b Section 501(c)(7) organizations. Enter 10 Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b Section 501(c)(12) organizations. Enter-11 11a Gross income from members or shareholders . . . а Gross income from other sources (Do not net amounts due or paid to other sources b against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 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? 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. . . 13b Enter the amount of reserves on hand 13c

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

Part VI

	Office it defined the design of the country and at	<u> </u>	• •	• •	<u>ഥ</u>
Sect	ion A. Governing Body and Management				·
		l .	- Course	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a :	52		
	If there are material differences in voting rights among members of the governing body, or		3.3	***	* .
	if the governing body delegated broad authority to an executive committee or similar			- 1	
_	committee, explain in Schedule O			1.0	* 4 *
b	Enter the number of voting members included in line 1a, above, who are independent		52		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ship with			200
_	any other officer, director, trustee, or key employee?		2	 	X
3	Did the organization delegate control over management duties customarily performed by or under		_		
	supervision of officers, directors, or trustees, or key employees to a management company or other		3	 	X_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4	ļ	X
5	Did the organization become aware during the year of a significant diversion of the organization's	assets?	5		X
6	Did the organization have members or stockholders?	•	6	Х	
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	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	5,			
	stockholders, or persons other than the governing body?		7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertake	n during		4	
	the year by the following				
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		86	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r	eached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<u> </u>	9		Χ
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue	Code)	
			_	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	ore filing the form?.	11a	Χ	17 560
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could		12b	X	
С	$ Did the organization regularly and consistently monitor and enforce compliance with the policy? \it If \\$	"Yes,"			
	describe in Schedule O how this was done.	•	12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?	•	14	X	
15	Did the process for determining compensation of the following persons include a review and appro				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?			
а	The organization's CEO, Executive Director, or top management official .	•	15a		
b	Other officers or key employees of the organization	•	15b	Birthous, to	National A
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				199
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement		المستق	
	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				*
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	guard			
	the organization's exempt status with respect to such arrangements?	· ·	16b		
_	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► WA				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	J-1 (Section 501(c)(ა)s only	')	
	available for public inspection. Indicate how you made these available. Check all that apply				
40		plain in Schedule O			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or	conflict of interest po	olicy, an	d	
20	financial statements available to the public during the tax year	and records of the			
20	State the name, physical address, and telephone number of the person who possesses the books		1011		
	organization: Gerhard Letzing	(206) 464-1	<u> </u>		
	1809 Seventh Avenue, #1500, Seattle, WA 98101-1324				

=										04 00045	7
Part VII	WA State Assoc for Justice Legal Compensation of Officers, Dire			COV	En	anle	21/00		lighest Comp	91-09815	02 Page 7
Paul VII	Employees, and Independent (es, r	vey		ihi	Jyee	5, r	ngnest comp	ensaleu	
	Check if Schedule O contains a r		te to	an	y lir	ne i	n this	s Pa	art VII		🗍
Section A.	Officers, Directors, Trustees, Key E	mployees, and	High	est	Cor	npe	nsate	d E	mployees		
1a Complete to organization's	his table for all persons required to be tax year	listed. Report co	mper	ısat	on i	for t	he ca	len	dar year ending	with or within the	
List all confidence of compensation List all confidence of the confidence o	of the organization's current officers, don Enter -0- in columns (D), (E), and (of the organization's current key emploorganization's five current highest correportable compensation (Box 5 of For	F) if no compens byees, if any Sec npensated emplo	sation e insti oyees	wa ructi (ot	s pa ons her	aid. for thai	defin n an c	itior offic	of "key employe er, director, trust	ee." ee, or key emplo	
• List all c	nd any related organizations. If the organization's former officers, ke portable compensation from the organ							ed e	employees who r	eceived more th	an
• List all c	of the organization's former directors of	or trustees that	recei	ved,	in t	the o	capac				the
•	nore than \$10,000 of reportable compe the following order individual trustees		_				-		-		
	employees, and former such persons.	or directors, ins	inanc	ла	uus	icc	3, 0111	CCIC	s, key employees	s, riigilest	
	s box if neither the organization nor an	y related organiz	ation	con	npe	nsa	ted ar	ту с	urrent officer, dir	ector, or trustee	
		<u> </u>				C)		<u> </u>			
	(A)	(B)	/do.	act ch		ition	than c	na.	(D)	(E)	(F)
	Name and Title	Average box, unless person is					ıs both	an	Reportable	Reportable	Estimated
		week (list any	2 2	er and		Trecto	9 <u>=</u>	_	compensation from	compensation from related	amount of other
		hours for related	Individual trustee or director	Institutional	Officer	y en	Highest compensated employee	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
		organizations below dotted	ctor tr	ional		ngloj	r con	,	(W-2/1099-MISC)		organization and related
		line)	ustea	trustee		6	pen				organizations
			"	ee.			sated				
(1) Stephen	Bulzomi	10 00								· ·-··	
President		0 00			Х				0	0	
(2) Jeffrey H	l Sadler	10 00									
Secretary (3) Develop			1	. 1					_	_	
131 18000	T Mounmontor	0 00			Х			_	0	0	
	T Weinmaster	10.00									
Treasurer (4)	T Weinmaster				X				0	0	
Treasurer (4)	T Weinmaster	10.00									
Treasurer (4)	T Weinmaster	10.00									
(4) (5) (6)	T Weinmaster	10.00									
Treasurer (4)	T Weinmaster	10.00									
(4) (5) (6) (7)	T Weinmaster	10.00									
(4) (5) (6)	T Weinmaster	10.00									
(4) (5) (6) (7) (8)	T Weinmaster	10.00									
(4) (5) (6) (7) (8)	T Weinmaster	10.00									
(4) (5) (6) (7) (8) (9)	T Weinmaster	10.00									

more than \$100,000 of compensation from the organization

Р	art VII Section A. Officers, Directors, Tru	istees, Key Em	oloye	es,	and	iH t	ghes	t C	ompensated En	nployees (d	ontin	ued)
	(A) Name and title	(B) Average hours per	box,	unles	Pos neck ss pe	rson	than out	an ee)	(D) Reportable compensation	(E) Reportab compensat		(F) Estimated amount of
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from relation organization (W-2/1099-N	ed ons	other compensation from the organization and related organizations
(15)												
(16)												
(17)											-	
(18)											-	
(19)												
(20)					!							· · · · · · · · · · · · · · · · · · ·
(21)												
(22)												
(23)												
(24)												
(25)												·· · · · · · · · · · · · · · · · · · ·
1b c d	Sub-total Total from continuation sheets to Part VII, Set Total (add lines 1b and 1c) Total number of individuals (including but not line)		ted a	bove	e) w		receiv	▶ ▶ ved	0 0 0 more than \$100	0,000 of	0 0 0	C C
	reportable compensation from the organization	<u> </u>		()					•		Yes No
3	Did the organization list any former officer, dire employee on line 1a? <i>If</i> "Yes," complete Schedu				oye	e, o	r high	est	compensated			3 X
4	For any individual listed on line 1a, is the sum of the organization and related organizations greated individual.	•							•	ר	on the second	4 X
5	Did any person listed on line 1a receive or accrefor services rendered to the organization? If "Yes									ridual	3	5 X
Sec	tion B. Independent Contractors											
1	Complete this table for your five highest compe compensation from the organization. Report con year											ax
	(A) Name and business addr	ess							(B) Description of serv	/ices	C	(C) ompensation
												0
	<u> </u>											0
												0
										į, ra		0
2	Total number of independent contractors (include	ling but not limite	ed to	thos	e lis	sted	abov	ve) '	who received			11 11 11 11

Part VIII	Statement of Revenue
-----------	----------------------

		Check if Schedule O contains	a response o	r n	ote to any line i	n this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
es es	1a	Federated campaigns .	. [1	1a	0				
Grants	b	Membership dues		lb	0	1			
عَ وَ	c	Fundraising events .	_	1 c	О			griff victoria	
Gifts, ilar Ar	d	Related organizations	<u> </u>	ld	0		44.8		
a. 6	ء ا	Government grants (contributions	-	le	0	1979年第1798年2008年		1.00 H	
Sign	f	All other contributions, gifts, gran	<i>'</i> —	<u> </u>			3		
but	·	similar amounts not included abo		1f	٥ (PACT ON	
Contributions, Gifts, Grants and Other Similar Amounts		Noncash contributions included in fi		<u></u> \$	0				
ပ္က	h	Total. Add lines 1a–1f .	103 14-11.	Ψ		0			
		Total: Add lines 1a-11	· · · · · · · · · · · · · · · · · · ·		Business Code				
Program Service Revenue	2a	Seminars			611710	623,485			
ě	b	Publications and member service	S		611710	6,377			
8		Other programs	<u></u>		611710	114,766			
Ž	٦	Outer programs			011710	114,700			
Š	٦		• • • • • • • • • • • • • • • • • • • •			0	 		
Ē	,	All other program service revenue				- 0			
õ	,	Total. Add lines 2a–2f	· .	Į	•	744,628			
	3	Investment income (including divi	dends intere	st	·	744,020	10.000	T74. \$6. 2 \$4.00 \$200 \$200 \$2. 10 ***	2002 Dombers of Land of Barde
	~	other similar amounts).		••,	. ▶	l 0			
	4	Income from investment of tax-ex	empt bond or	oc.	eeds .	0			
	5	Royalties			. •	0			
			(ı) Real		(II) Personal	Mark Street	manufactures.		
	6a	Gross rents					1 × 2 × 2 × 4 ×		
	b	Less ⁻ rental expenses							
	С	Rental income or (loss)		히	0				
	d	Net rental income or (loss)				0			
	7a	Gross amount from sales of	(i) Securities	\Box	(II) Other		diginal as		MANAGER
		assets other than inventory .		0	0				
	b	Less: cost or other basis				NATULE AND			
		and sales expenses		0	0	l en salas			
	С	Gain or (loss)		0	0				
	d	Net gain or (loss)	•	٠.	>	0			
ng	8a	Gross income from fundraising							
ě		events (not including \$	0	J					
Se l		of contributions reported on line 1	c)	-					
e		See Part IV, line 18	. (a	0	2016			
Other Revenue	b	Less direct expenses .	• •	b [0				
	С	Net income or (loss) from fundrais		r		0			20 11 12 more ha 1 a la
	9a	Gross income from gaming activit		ı					
		See Part IV, line 19		a	0				
	b	Less direct expenses	_	b [0				
	С	Net income or (loss) from gaming	activities .	г	<u>. </u>	0		riota a riosa a sin Garan desaren a c	White Park to Jeonal South
J	10a	Gross sales of inventory, less		}					75 3 5 5 5 T
		returns and allowances		a	0	· 在一位一个人			
	b	Less cost of goods sold .	-	շ [0	*			
	<u>C</u>	Net income or (loss) from sales of	inventory	Т		0 		South March State State Town	\$ \$485.50 Printles 14
}		Miscellaneous Revenue		\dashv	Business Code		**************************************	Plant Articles	
1	11a			ŀ	_	0			
	b			ŀ		0			
	d	All other revenue		1		0			
	Ą	Total. Add lines 11a–11d		. L		0	T. PERRY.	Man for terminal surface.	Market State of the State of th
	12	Total revenue. See instructions		•	>	744,628		0	0

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must complete all	columns All other o	rganizations must d	complete column (A))
	Check if Schedule O contains a response or note	to any line in this Pa	art IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		,		**************************************
	organizations in the United States See Part IV, line 21	0		********	CONTRACTOR
2	Grants and other assistance to individuals in the			* *** ****	way state.
	United States See Part IV, line 22	0			
3	Grants and other assistance to governments,			2224	10.47
	organizations, and individuals outside the			Carlos Carlos Carlos	
	United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0		14	Service exec
5	Compensation of current officers, directors,				
	trustees, and key employees	0		<u> </u>	
6	Compensation not included above, to disqualified			İ	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	129,147	- <u>-</u> -	129,147	
8	Pension plan accruals and contributions (include		1		
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	30,600		30,600	-
10	Payroll taxes	1,364		1,364	
11	Fees for services (non-employees)		!		
а	Management .	0			
b	Legal	0			
С	Accounting	0			
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0	***		
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	0			***
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0	<u> </u>		
15	Royalties	0			· · · <u>· · · · · · · · · · · · · · · · </u>
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0		·	
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization .	4,033	4,033	0	C
23	Insurance	0			
24	Other expenses Itemize expenses not covered				*******
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				********
	(A) amount, list line 24e expenses on Schedule O)				
а	Direct costs - seminars	311,325	311,325		
b	Direct costs - other programs	207,756	207,756		
С	Other operating costs	102,790	102,790		
d		0			
е	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	787,015	625,904	161,111	ļ <u>_</u>
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				!
	from a combined educational campaign and	1			
	fundraising solicitation Check here If				
	TOUGHDUNG STILL UND DER CEURS COMM				

Total liabilities and net assets/fund balances

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . (B) (A) End of year Beginning of year 685,973 1 601,454 Cash-non-interest-bearing 2 2 Savings and temporary cash investments 0 3 3 Pledges and grants receivable, net . 0 0 4 Accounts receivable, net . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L . . 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. . . . 6 7 Notes and loans receivable, net. 8 Inventories for sale or use 9 Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 208,403 10b 10,470 10c b Less: accumulated depreciation Investments—publicly traded securities 11 0 11 0 12 0 12 Investments—other securities See Part IV, line 11 13 Investments-program-related See Part IV, line 11 0 13 0 0 14 0 14 Intangible assets . . 3,400 15 3,394 15 Other assets See Part IV, line 11. . 16 699,843 16 Total assets. Add lines 1 through 15 (must equal line 34) 612,986 17 Accounts payable and accrued expenses . 33,837 17 68.083 18 Grants payable 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 0 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 403.979 Total liabilities. Add lines 17 through 25 437.816 26 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 28 Temporarily restricted net assets . . . 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 1,000 30 31 Paid-in or capital surplus, or land, building, or equipment fund. . . 31 32 Retained earnings, endowment, accumulated income, or other funds 261,027 32 219,640 33 Total net assets or fund balances 262,027 33 219,640

612,986

699,843

Form 9	990 (2013) WA State Assoc for Justice Legal Education Seminars	91-09	<u>81502</u>	Pag	e 12
Pari					
	Check if Schedule O contains a response or note to any line in this Part XI			. [
1	Total revenue (must equal Part VIII, column (A), line 12) .	1		744	,628
2	Total expenses (must equal Part IX, column (A), line 25).	2		787	,015
3	Revenue less expenses Subtract line 2 from line 1	3		-42	,387
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4		262	,027
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	ł			
		10		219	,640
art				г	_
	Check if Schedule O contains a response or note to any line in this Part XII	· · · ·	· · ·	· ļ	
			Agenda-in	Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			**	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		**		
_	Schedule O		202		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	20 3327 E	X Newscal
	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	bo, bo 9 000 (2	X
	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 Doth consolidated and separate basis			3.5	
С	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		
	If the organization changed either its oversight process or selection process during the tax year, explain in			9.0	33
	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		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b	- 1	

Form **990** (2013)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Internal Revenue Service Information ab

Name of the organization

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

OMB No 1545-0047

2013

Open to Public Inspection

	0	organización		•					Linpioy				
WA S	State	Assoc for Jus	stice Legal Educ	ation Seminars					<u> </u>	91-0	981502		
Pa	rt I	Reason	for Public Cl	harity Status (All or	ganizatio	ons must	complet	e this pa	rt.) See i	nstructio	ns		
The	orgar	nization is not	a private founda	ation because it is (For	r lines 1 th	rough 11,	check on	ly one bo	x.)				
1		A church, co	nvention of chur	rches, or association of	churches	describe	d in secti d	on 170(b)	(1)(A)(i).				
2		A school des	scribed in sectio	on 170(b)(1)(A)(ii). (Atta	ach Sched	dule E)							
3		A hospital or	a cooperative h	ospital service organiz	ation desc	cribed in s	ection 17	'0(b)(1)(A)(iii).				
4			search organiza	ition operated in conjur	nction with	a hospita	ıl describe	ed in secti	on 170(b)	(1)(A)(iii)	. Enter	the	
5		An organizat	tion operated for	the benefit of a college (Complete Part II)	e or unive	rsity owne	ed or oper	ated by a	governme	ental unit o	describe	ed	
6	\Box			ernment or government	tal unit de	scribed in	section 1	170(b)(1)(A)(v).				
7		An organizat	tion that normally	y receives a substantia (1)(A)(vi). (Complete P	I part of it					rom the g	eneral p	oublic	
8			•	in section 170(b)(1)(A		mplete Pa	rt (1.)						
9	岗												
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)											
10		An organizat	tion organized ai	nd operated exclusively	y to test fo	or public sa	afety. See	section !	509(a)(4).				
11	\sqcap	An organizat	ion organized ar	nd operated exclusively	for the b	enefit of, t	o perform	the funct	ions of, or	to carry o	out the		
e		purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified											
	ш		· · · · · · · · · · · · · · · · · · ·	on managers and other			-			-		ection	
			section 509(a)(2	_		•	•		J				
f		If the organiz	zation received a	written determination	from the I	RS that it	ıs a Type	!, Type II,	or Type II	I supporti	ng		
		_	, check this box							,	•		
g		-		the organization accept	ted any gi	ft or contri	bution fro	m any of t	the				
		following per											-
			•	or indirectly controls, e		_	-	ersons de	scribed in	(11)		Yes	No
				verning body of the sup		ganization	?				11g(i)	-	
				person described in (ı)		w above ?	•	•		•	11g(ii)	 	
h				y of a person described ation about the supporte			• •		•		11g(iii)		
•				(lii) Type of organization (described on lines 1–9 above or IRC section	(iv) Is the o		the organ	ou notify nization in of your	organizat	is the tion in col zed in the	(vii) Am	ount of mo	onetary
				(see instructions))	Yes	No		No		S ?	-		
(A)											†		
B)													
(C)											}		
D)													
E)									}				
										200			

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and					[
	membership fees received (Do not						
	include any "unusual grants") .						0
2	Tax revenues levied for the organization's				•		
	benefit and either paid to or expended on						
	its behalf	<u> </u>			·		0
3	The value of services or facilities						
	furnished by a governmental unit to the						•
	organization without charge						0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
5	The portion of total contributions by each						
	person (other than a governmental unit						
	or publicly supported organization)						
	of the amount shown on line 11,	1.00		e de la company			
	column (f) .	4 16					
6	Public support. Subtract line 5 from line 4			100000000000000000000000000000000000000		1 4 6 6 6	
Sect	ion B. Total Support	July 2 September 2	LOSE TOWN TOWNS BOOK IN THE HELD AND AND AND AND AND AND AND AND AND AN	TOURS OF THE PROPERTY OF THE PARTY OF THE PA	10. 730 10 TOOL 0. 7. 300 Long	AND COMPANY OF ST. ACCO. (CD.)	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4.	0	0	0	0	0	0
8	Gross income from interest, dividends,	<u> </u>					<u></u>
_	payments received on securities loans,						
	rents, royalties and income from similar						
	sources .						0
9	Net income from unrelated business						
	activities, whether or not the business is]					
	regularly carried on	L			=		0
10	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV)			animal Selevier in Sense assess as a	. An exactly and the state of t		0
11	Total support. Add lines 7 through 10	8-07-38-14-12-13-13-13-13-13-13-13-13-13-13-13-13-13-					0
12	Gross receipts from related activities, etc (se					12	
13	First five years. If the Form 990 is for the or	ganization's first	, second, third,	fourth, or fifth t	tax year as a se	ection 501(c)(3)	. —
	organization, check this box and stop here	<u> </u>		· · · ·	• • •	<u> </u>	▶
	ion C. Computation of Public Support		 			·- 	
14	Public support percentage for 2013 (line 6, co	` '		umn (f)) .		14	0 00%
15 460	Public support percentage from 2012 Schedu				14 in 22 1/20/ a	15	0 00%
16a	33 1/3% support test—2013. If the organiza						nis box
b	and stop here . The organization qualifies as 33 1/3% support test—2012. If the organiza				 Hina 15 is 33 1		· · · P L
U	box and stop here . The organization qualifie					73 % OF THOIR, CI	leck tills
470		•				and line 44	. ,
17a	10%-facts-and-circumstances test—2013. is 10% or more, and if the organization meets						n
	Part IV how the organization meets the "facts						11
	organization				· · · · · · · · · · · · · · · · · · ·	oncry supported	▶□
b	10%-facts-and-circumstances test—2012.					or 17a, and line	
-	15 is 10% or more, and if the organization me	-					ain in
	Part IV how the organization meets the "facts						
	supported organization						▶ □
18	Private foundation. If the organization did no			16b. 17a. or 17	b. check this h	ox and see	
-	Instructions						. ▶□

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise						
-	sold or services performed, or facilities furnished						
	in any activity that is related to the			}			
	organization's tax-exempt purpose	907,599	796,258	793,852	976,799	744,628	4,219,136
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on	}					
	ıts behalf						0
5	The value of services or facilities	l					
	furnished by a governmental unit to the						_
	organization without charge .						0
6	Total. Add lines 1 through 5	907,599	796,258	793,852	976,799	744,628	4,219,136
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	ļ. 					0
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year .	}	}		ł		0
С	Add lines 7a and 7b	0	0	0	0	0	
8	Public support (Subtract line 7c from		,			AL AND THE REST	
	line 6)				act and		4,219,136
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	907,599	796,258	793,852	976,799	744,628	4,219,136
10a	Gross income from interest, dividends,	307,033	130,200	190,002	310,133	7 44,020	4,213,130
104	payments received on securities loans,						
	rents, royalties and income from similar sources	1,397	1,212		397	66	3,072
ь	Unrelated business taxable income (less						
	section 511 taxes) from businesses		İ				
	acquired after June 30, 1975						0
C	Add lines 10a and 10b	1,397	1,212	0	397	66	3,072
11	Net income from unrelated business						
	activities not included in line 10b, whether		ł	l			
	or not the business is regularly carried on						0
12	Other income Do not include gain or			ļ			
	loss from the sale of capital assets						0
42	(Explain in Part IV) .				- 		0
13	Total support. (Add lines 9, 10c, 11, and 12).	908,996	797,470	793,852	977,196	744,694	4,222,208
14	First five years. If the Form 990 is for the organization						4,222,200
17	organization, check this box and stop here	ation's mat, secon		_	a section sor(c)(0)	▶ □
500	tion C. Computation of Public Support	Porcontago		• • • • •			
<u>360</u> 15	Public support percentage for 2013 (line 8, column		13 column (ft)			15	99 93%
16	Public support percentage from 2012 Schedule A, F		, 10, 001011111 (1))		·	16	99 88%
	tion D. Computation of Investment Inco		ae				
<u> </u>	Investment income percentage for 2013 (line 10c, o			mn (f))		17	0 07%
18	Investment income percentage from 2012 Schedule				.	18	0 12%
19a	33 1/3% support tests—2013. If the organization			and line 15 is mo	re than 33 1/3%,	_	
	not more than 33 1/3%, check this box and stop he						▶ 🗓
b	33 1/3% support tests—2012. If the organization	did not check a b	ox on line 14 or l	line 19a, and line	16 is more than	33 1/3%, and	
	line 18 is not more than 33 1/3%, check this box an	d stop here. The	e organization qu	alifies as a public	cly supported org	anızation .	▶ 🛄
20	Private foundation. If the organization did not che	ck a box on line	14, 19a, or 19b, o	check this box an	d see instruction	ıs	▶ □

Schedule A (Form	990 or 990-EZ) 2013	WA State Assoc	for Justice Legal I	Education Seminars		91-0981502	Page 4
Part IV	Supplemental	Information. Pr	ovide the explar	nations required by	Part II, line	10, Part II, line 17a	or 17b;
	and Part III, IIn	e 12. Also compi	ete this part for a	any additional infor	mation (See	instructions).	
							
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			••••	•••••			
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	·				·	•••••	

SCHEDULE D (Form 990)

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. Open to Public

OMB No 1545-0047

▶ Attach to Form 990.

Department of the Treasury Inspection Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization 91-0981502 WA State Assoc for Justice Legal Education Seminars 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 1 Total number at end of year 2 Aggregate contributions to (during year) . 3 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? . . . Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?. Yes Part II 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 Preservation of a certified historic structure Protection of natural habitat 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 Total number of conservation easements Total acreage restricted by conservation easements. 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 3 during the tax year Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes 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)(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. 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 Revenues included in Form 990, Part VIII, line 1 . .

Assets included in Form 990, Part X

Page	1
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	Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10									
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value					
1a	Land	0	0		0					
b	Buildings	0	0	0	0					
С	Leasehold improvements	0	0		0					
d	Equipment	0	216,541	208,403	8,138					
е	Other	0	0	0	0					
Tota	I. Add lines 1a through 1e (Column (d) must ed	qual Form 990, Part X,	column (B), line 10(c)) ▶	8,138					

Part VII	Investments—Other Securi Complete if the organization a		90, Part IV, line 11b See For	n 990, Part X, line 12.
(a) [Description of security or category (including name of security)	(b) Book value	(c) Method of v Cost or end-of-year	
(1) Financial d	lerivatives		0	
	ld equity interests			
•				
(0)		1		
(D)				
(E)				
(F)	***************************************			·
(G)				
(H)				
	nust equal Form 990, Part X, col. (8) line 12)			
Part VIII	Investments—Program Rela			
	Complete if the organization a	nswered "Yes" to Form 99	90, Part IV, line 11c. See Forr	n 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of vo Cost or end-of-year	
_ (1)				
_ (2)				
_ (3)				
_ (4)				
_ (5)				
_ (6)				·- <u>-</u>
_(7)				
(8)				
_ (9)				
	ust equal Form 990, Part X, col (B) line 13)	·		
Part IX	Other Assets.			
	Complete if the organization a		90, Part IV, line 11d. See Forn	
		(a) Description		(b) Book value
_ (1)				
_(2)		 		
_ (3)				
(4)				
(5)				
(6)		<u> </u>		
		· -		
(8)		· ·		
(9)	n (b) must equal Form 990, Part X, c	ol (P) lino 15)		
		oi. (b) line 13)	<u> </u>	0
Part X	Other Liabilities. Complete if the organization a	newared "Ves" to Form 00	O Port IV line 11e or 11f Se	o Form 000 Dort V
	line 25.	isweled les to roini 98	o, raitiv, line tie of til. Se	e Foiiii 990, Fait A,
1.	(a) Description of liability	(b) Book value		
(1) Federal in	come taxes	c		
_(2) Due to oth		325,263		
(3) Scholarsh	nip clearing			
_ (4)				
(5)				
(6)		ļ		
(7)				
(8)		<u> </u>		
(9)				
	st equal Form 990, Part X, col (B) line 25)	325,263		
2. Liability for ur	ncertain tax positions. In Part XIII, provi	de the text of the footnote to the	e organization's financial statements	tnat 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.

	WA State Assoc for Justice Legal Education Germinals		
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2.0	
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants	\dashv	
d	Other (Describe in Part XIII)	30	0
e	Add lines 2a through 2d .	2e 3	0
3	Subtract line 2e from line 1.	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a	Other (Describe in Part XIII)		
b	Add lines 4a and 4b	4c	0
С 5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses	ner Return	<u>_</u>
Par	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	per return	
1	Total expenses and losses per audited financial statements	1 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	- X-200	
۷ a	Donated services and use of facilities		
b	Prior year adjustments	- · ·	
C	Other losses 2c		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	0
Par	t XIII Supplemental Information		
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; P		X, line
2, Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional inforr	nation	
	•		
		-	

Schedule D (Form		WA State Assoc for Justice Legal Education Seminars	91-0981502	Page 5
Part XIII	Supple	mental Information (continued)		
	· 			
	-			
			·	
• • • • • • • • • • • • • • • • • • • •				

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2013

Open to Public Inspection

Employer identification number Name of the organization 91-0981502 WA State Assoc for Justice Legal Education Seminars Form 990, Part VI, Section B, Line 11b. The governing body has delegated the review and approval of the Form 990 to the executive committee. A copy of the Form 990 is provided to each member of the executive committee before filing Form 990, Part VI, Section B, Line 12c Compliance with the Organization's conflict of interest policy is reviewed at the annual Board retreat Form 990, Part VI, Section C, Line 19. Governing documents, conflict of interest policy, and financial statements are provided on request

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization	Employer Identification number
WA State Assoc for Justice Legal Education Seminars	91-0981502
THE COLOR TO COLOR DESIGN CONTRACTOR OF THE COLOR OF THE	
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•••••••••••••••••••••••••••••••••••••••	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

WA State Assoc for Justice Legal Education Seminars

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

Open to Publi

OMB No 1545-0047

Employer identification number 91-0981502

Part I	Identification of Disregarded Entities Complete	e if the organization answered "Yes" on Form 990, Part IV, line 33.	nswered "Yes" or	ר Form 990, Par	t IV, line 33.		
	(a) Name, address, and EIN (rf applicable) of disregarded entity	(b) Pnmary activity		(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
Part II	Identification of Related Tax-Exempt Organizations Complete one or more related tax-exempt organizations during the tax year.	ations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had ring the tax year.	organization an	swered "Yes" on	Form 990, Par	t IV, line 34 bec	ause it had
	(a) Name, address, and EIN of related organization	(b) Pnmary activity	(c) Legal domicle (state or foreign country)	(d) Exempt Code secton	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	Section 512 Control entity
(1) Washin 1809 Seven	(1) Washington State Association for Justice 23-7068627 1809 Seventh Avenue Ste1500 Seattle, WA 98101	Assoc of Trial Attorneys	WA	501(c)(6)		Ø/Z	X × NO
(2)							
(3)							
(4)							
(5)							
(9)							
(7)							

For Paperwork P., Juction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2013

Part III

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year

Schedule R (Form 990) 2013 (i) Section 512(b)(13) controlled (k) Percentage ownership ĝ Yes Part General or managing partner? Yes No (h) Percentage ownership Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (g) Share of end-of-year assets (h)
Disproportonate
allocations? ٩ (f) Share of total income Yes (g) Share of end-of-(e)
Type of entity
(C απρ, S ασπρ, or trust) (f) Share of total income (d)

1 Direct controlling entity excluded from tax under sections 512-514) Predominant income (related, unrelated, (c)
Legal domicile
(state or foreign country) (d)
(Direct controlling 1 (b) Primary activity (c)
Legal
domicile
(state or
foreign Primary activity (7) (a) Name, address, and EIN of related organization Name, address, and EIN of related organization (4) Part IV (5) 9 Ξ 5 $\boldsymbol{\epsilon}$ 2 9 2 <u>ල</u> € (2) 9

Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes	s No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ganizations listed in	Parts II-IV?	* * * * * * * * * * * * * * * * * * *	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity.	•		1a	×
b Gift, grant, or capital contribution to related organization(s)			16	×
c Gift, grant, or capital contribution from related organization(s)			15	×
d Loans or loan guarantees to or for related organization(s)			1d	×
e Loans or loan guarantees by related organization(s)			9	×
_			a)	<
f Dividends from related organization(s) .			16	×
g Sale of assets to related organization(s)			19	×
h Purchase of assets from related organization(s).			٦ ۲	×
i Exchange of assets with related organization(s).			;=	×
j Lease of facilities, equipment, or other assets to related organization(s)			1	×
k Lease of facilities, equipment, or other assets from related organization(s)			¥	×
I Performance of services or membership or fundraising solicitations for related organization(s).			11	×
m Performance of services or membership or fundraising solicitations by related organization(s)			1m	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n ×	
o Shanng of paid employees with related organization(s).	•		2	
p Reimbursement paid to related organization(s) for expenses			1p	×
q Reimbursement paid by related organization(s) for expenses			1g ×	
r Other transfer of cash or property to related organization(s)	٠		-	×
S			1s	×
If the answer to any of the above is "Yes," see the instructions for information on who must complete this line,	ncluding covered rela	including covered relationships and transaction thresholds	ion threshold	S
(a)	(q)	(၁)	(p)	
Name of related organization	Iransaction type (a-s)	Amount involved	Method of determining amount involved	emining
(1) Washington State Association for Justice Foundation	q	125,000	Actual payments	ents
(2) Washington State Association for Justice	(26 025	Actual payments	ents
		20,02	Actual payments	ents
(3) Washington State Association for Justice	C	11,873	_	
(4) Washington State Association for Justice	0	296,614	Actual payments	ents
(5)				
(9)				
1		Schec	Schedule R (Form 990) 2013	990) 2013

Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

(k) Percentage ownership Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets å General or managing partner? Yes (i)
Code V—UBI
amount in box 20
of Schedule K-1
(Form 1065) (h)
Disproportionate
allocations? ŝ Yes (g)
Share of
end-of-year
assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. Share of total income (e)
Are all partners section 501(c)(3)
organizations? ž Yes Predominant income (related, unrelated, excluded from tax under sections 512-514) (c) Legal domicile (state or foreign Primary activity Name, address, and EIN of entity <u>4</u> Ξ 6 £ (12)(2) **€** (5) **E** 8 (10) (13) (14) (15) (16) 9

Schedule R (Form 990) 2013

Schedule R (For	n 990) 2013	WA State Assoc for Justice Legal Education Seminars	91-0981502	Page 5
Part VII	Suppleme	ental Information		
•	Provide ad	dditional information for responses to questions on Schedule R (see instruction	ons).	
•				
			•••••	
	. 			
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			. ,	
	•••••			

Form . 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172
2013
Attachment

Department of the Treasury Internal Revenue Service

► See separate instructions

► Attach to your tax return.

Sequence No 179

	(55)	o oopar<u>ato</u>	motiuoti	31101	7 1112 011 10 7 0					
Name(s) shown on return Busine			ness or activity to which this form relates				Identifying number			
WA State Assoc for Justice Legal Education Sen 990			· · · · · · · · · · · · · · · · · · ·	91-0981502						
Pa	rt I Election To Expense Certa									
	Note: If you have any listed prope	rty, complet	e Part V b	efore you comple	ete Part I					
1	Maximum amount (see instructions)							1_1_	500,000	
2	Total cost of section 179 property placed i				•	2	1,700			
3	Threshold cost of section 179 property be				•	3	2,000,000			
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0- Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0 If married filing						• •	4	0	
5		4 from line	e i ir zero	or less, enter -	o- ir married	illing		5	500,000	
_	separately, see instructions .			(b) Cost (business use only)			(c) Elected of		300,000	
6	(a) Description of property			(b) Cost (business use only)			(c) Elected Cost			
_	···								**	
7	Listed property Enter the amount from lin	e 29				7			7.17	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7							8	0	
9								9	0	
_	Carryover of disallowed deduction from line 13 of your 2012 Form 4562							10		
	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)							11		
	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11							12	0	
	Carryover of disallowed deduction to 2014					▶ 13				
	te: Do not use Part II or Part III below for II					•				
_	rt II Special Depreciation Allov	vance an	d Other	Depreciation	n (Do not in	clude listed p	roperty) (See	instr	uctions)	
	Special depreciation allowance for qualified									
	during the tax year (see instructions)		•					14	850	
15	Property subject to section 168(f)(1) elect	ion		•			•	15		
16	Other depreciation (including ACRS).							16	86	
Pa	rt III MACRS Depreciation (Do	not includ	le listed	property.) (Se	e instruction	าร.)				
			Sect					_	,	
									2,976	
18 If you are electing to group any assets placed in service during the tax year into one or more										
	general asset accounts, check here			•			. ▶∐			
	Section B - Assets Place	ed in Servi	ice Durir	g 2013 Tax Yea	r Using the (Seneral Depre	ciation System)	-	
	(b) M	lonth and	(c) Basis	for depreciation		l "				
	(a) Classification of property yea	r placed	(busines	s/investment use	(d) Recovery period	(e) Convention	(f) Method	(g) D	epreciation deduction	
	ın:	service	onlys	ee instructions)	F					
19	a 3-year property									
	b 5-year property							<u> </u>		
	c 7-year property			850	7	HY	200DB		121	
	d 10-year property									
	e 15-year property									
	f 20-year property									
	g 25-year property	All a			25 yrs		S/L			
	h Residential rental				27 5 yrs	MM	S/L	<u> </u>		
	property				27 5 yrs	MM	S/L			
	i Nonresidential real				39 yrs	MM	S/L			
	property					MM	S/L			
	Section C - Assets Placed	l in Servic	e During	2013 Tax Year	Using the Al	ternative Dep		m		
20	a Class life						S/L			
_					12 yrs		S/L	$oldsymbol{oldsymbol{\perp}}$		
	c 40-year				40 yrs	MM	S/L	Щ		
	rt IV Summary (See instructions.									
21	Listed property Enter amount from line 2	8						21		
22	Total. Add amounts from line 12, lines 14	through 17	7, lines 19	and 20 in colui	mn (g), and lir	ne 21				
	Enter here and on the appropriate lines of					ee instructions		22	4,033	
									POLICE AND AND AND AND AND AND AND AND AND AND	
23	For assets shown above and placed in se of the basis attributable to section 263A co		g the cur	rent year, enter	the portion	23			100	