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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

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

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

<u>A</u>	For the	2013 ca	lendar year, or tax year b				, and	ending	_			
В	Check if a	pplicable	C Name of organization	Western State	es Center				D Employer id	entification r	umber	
\square	Address o	change	Doing Business As				· · · · · · · · · · · · · · · · · · ·					
\Box	Name cha	ange	Number and street (or P O	box if mail is not	delivered to stre	et address)	Room/suite		93-0952137			
\equiv		·	P.O. Box 40305				<u></u>		E Telephone n	umber		
יש	nıtıal retu	ım	City or town Portland			itate DR	ZIP code 97240		(503) 228-886	56		
	Terminate	ed	Foreign country name	Foreign	province/state/co		Foreign post	al code	1			
\Box	Amended	retum	Torongin doubliny manne						G Gross receip	ts \$	1,337,500	
一.	Annlicatio	n pending	F Name and address of princ	ipal officer		,		H(a) is i	this a group return for	subordinates?	Yes X No	
٬ ب	тррисанс	n pending	Kelley Weigel 310 SW	•	e 420 Portla	ind OR 97	204		re all subordinates		Yes No	
						-		╗ ``.,	"No," attach a list			
	ax-exem	·		() -	(insert no)	4947(a)(1)	501 527	4			··- /	
			w.wsc pdx org				-		roup exemption nu	1		
		rganization	X Corporation Tru	ist Associa	tion Othe	r 🕨	LY	ear of forn	nation 1987	M State of le	egal domicile OR	
P	art I		mmary									
a	1		describe the organization						Western States	Center bu	ilias	
Governance			ind connections among o				eaders to c	nanenge	anu			
Ë	_		m in order to achieve rac									
Š	2		his box ▶ ☐ if the org						re tnan ∠5% of I	3	eis	
<u>ග</u> න	3		r of voting members of th				 \/Llmo.1b\		· · · · ·	4	7	
es	4		r of independent voting n imber of individuals emp					•	+	5	12	
V.	5 6		imber of individuals emp imber of volunteers (esti			S (Fait V,	iiiie Zaj .	•	·	6		
Activities &	0 7a		nrelated business revenu			 C) line 12			· · ·	7a	0	
	'a		elated business taxable			•			_	7b	0	
	 ~	Herain	Ciatea Daoineso taxabio		<u> </u>				Prior Year		Current Year	
en.	8	Contrib	utions and grants (Part V	III, line 1h)					1,532,	927	1,234,037	
Ž	9		n service revenue (Part)						156,	896	101,160	
Revenue	10	_	nent income (Part VIII, co			d)			3,	203	2,303	
œ	11	Other re	evenue (Part VIII, column	n (A), lines 5, (3d, 8c, 9c, 10	Oc, and 116	e) .			0	0	
	12	Total re	venue—add lines 8 throug	h 11 (must equ	al Part VIII, co	<u>olumn (A), li</u>	ne 12).		1,693,		1,337,500	
	13		and similar amounts paid						921,		582,000	
	14		s paid to or for members						211	0	500,004	
es	15		, other compensation, emp				s 5–10) .		644,452 598,6			
Expenses	16a		ional fundraising fees (P				91 4	<u>_</u>			0	
Š	b	l otal fu	indraising expenses (Par expenses (Part IX, colum	TIX, columnic	D), line 439 (81,44	"	406,	057	300,454	
	17 18	Total or	xpenses (Part IX, colum xpenses. Add lines 13–1	7 (must equal	Part IX coli	mn (A) lin	25110	\vdash	1,971,		1,481,148	
	19	Peven	ie less expenses. Subtra	ct line 18 from	Pine 12:16	7 J 20°		_	-278,		-143,648	
- 5 6		TREVEIL	ie iess expenses. oubtra	100	s i Au u	# # KU	88	Begin	nning of Current Y	- 1	End of Year	
St c	20	Total a	ssets (Part X, line 16).				<u> </u> \\$		1,338,	180	1,159,896	
Ass	21		abilities (Part X, line 26) .		OGI) [M = [M		61,	966	27,334	
Net Assets or	22	Net ass	sets or fund balances. Su	ıbtract line 2					1,276,	214	1,132,562	
P	art II	Si	gnature Block	· · · · · · · · · · · · · · · · · · ·								
Und	ier penal	ties of perju	ry, I declare that I have examine ect, and complete. Declaration	ed this return, included the contract of the c	iding accompan	ying schedule	s and stateme	nts, and to	the best of my knowle	wledge dne		
and	bellet, it	is true, con	ed, and complete Declaration	pregare (other	phan officer) is b	ased on all lin	Offication of Wi	пот ргера	Ter rias arry knowle	7-30	-14	
Si	_	🗗	Signature of officer	X					Date			
He	ere		Kelley Weigel	Ü			Ex	ecutive	Director			
			Type or print name and title									
		Рп	nt/Type preparer's name		Preparer's sign	ature		D	ate	. 🗖 .	PTIN	
Pa	iid									eck if If-employed		
	epare											
Us	se Oni	עי 🦳	m's name	-					Firm's EIN ▶			
_			m's address						Phone no		<u> </u>	
			ss this return with the pro-	<u> </u>		restruction	ns)		· · ·		Yes No	
Fo	r Panei	work Re	duction Act Notice, see t	he separate in	structions.						Form 990 (2013)	

For Paperwork Reduction Act Notice, see the separate instructions.

Form 99	oo (2013) Western States Center	93-0952137	Page 2
Par	t III Statement of Program Service Accomplishments		_
	Check if Schedule O contains a response or note to any line in this Part III	•	X
1	Briefly describe the organization's mission	· -	
	Every day Western States Center builds power and connections among community based		
	organizations and leaders to challenge and transform individuals, institutions and systems		
	ın order to achieve racıal, gender and economic justice		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	L Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	□	
	services?	Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services		
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo	ocations to others	5,
	the total expenses, and revenue, if any, for each program service reported		
	(O. I	- (40	0.500.
4a	(Code) (Expenses \$ 225,957 including grants of \$) (Revenu		
	Through our Leadership Development Program we train people to be community organizers Our Activist		
	Mobilizing for Power (AMP) conference, formerly Community Strategic Training Initiative, brings together over 400 participants across the country. Western Institute for Leadership Development		
	CARLED		
	Alaska, Washington, Oregon, Idaho, Montana and Wyoming Through retreats and one-on-one mentoring,		
	participants develop critical skills and lasting relationships with a network of colleagues that		
	crosses constituencies, issues and geography. Since 1994, over 150 organizers have graduated from		
	WILD and are now directing programs and organizations across the country		
4b	(Code) (Expenses \$ 266,738 including grants of \$ 148,000) (Revenue)	e\$1	7,900)
	Our Building Political Power Program believes that by organizing members as voters, underserved		
	and marginalized communities can move from being legislated about to becoming equal partners and		
	centerpiece of the program is our Voter Organizing Training and Empowerment (VOTE) Project We		-
	work with 14 groups to boost their people capacity, increasing the number of volunteers, members		
	and leaders Through year-round organizing and advocacy, participants in VOTE push for progressive		
	discrimination, help prevent foreclosure, and increase state minimum wage		
4c	(Code) (Expenses \$ 478,879 including grants of \$ 207,353) (Revenue	ie.\$ 84	0.598.)
	The Condendary Indian Branch address of the base of the condendary and the condendary of the condendar		
	water and family appropriate in the context of recolland appropriate Made develop tools		
	resources and analysis and provide training and exceptional sympaths halp groups and thou		
	constitution and fight consequence of the least and promote programme nelected. Our Conder Justice		
	Program consists of Uniting Communities and Strong Families Northwest. We work with organizations		
	based in communities of color to be more inclusive of their members who are LGBTQ, and be able to		
	table and the LORTO and the through the transfer Community Change Foreign Madh week in		
	part of a national initiative to shift the way we define family and to change the way policies		
	affect most families		
4d	Other program services (Describe in Schedule O)		
		195,399)	
<u>4e</u>	Total program service expenses ► 1,240,221		

Form 9	990 (2013) Western States Center	93-0952137	Р	age :
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	\vdash
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		<u> </u>	一
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Ιx
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h election in effect during the tax year? If "Yes," complete Schedule C, Part II	1) 4	x	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			\vdash
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5		×
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,			Ħ
	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,</i> "	7	<u> </u>	X
8	complete Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	-	 -	X
3	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or de			
	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		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			5 y
	VII, VIII, IX, or X as applicable	<u> </u>		
а		te		
	Schedule D, Part VI	11a	X	<u> </u>
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		x
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		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		 	├
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, P		_	É
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	s		Ţ
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," contains the contains a separate of th		 	X
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	· ·	,	
40	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
_	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		X
b	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 c			┝
10	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	- 13		广
. •	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			广
• •	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	 ''' -		广
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
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

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20b

Par	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		<u> </u>	
	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			
	24b through 24d and complete Schedule K If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		l
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		X
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	し 選	4	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			1
	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)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
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,			1
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		X
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	<u> </u>	X
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	L _X	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled		1	
	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	X	↓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part		1	1
	VI .	37	├ —	<u>X</u>
38	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	38	<u> X</u>	<u> </u>

orm 9	90 (2013) . Western States Center	93-0952137	<u>P</u>	age ɔ
Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V.			П
	Check in Goricadae G contains a response of flote to any line in this fact v.	<u> </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	29	163	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
·	gaming (gambling) winnings to prize winners?	1c	X	l
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 2a	12		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	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			ł
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	<u> </u>		
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
_	required to file Form 8282?	7c	-	X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	├	-
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 109		 	
h	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	0-C! /II	 	
8	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	"	 	
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		-
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
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 12b		1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	L
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	_
	Note. See the instructions for additional information the organization must report on Schedule O		1	
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans		1	
С	Enter the amount of reserves on hand			l
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		l

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Part VI

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 or note to any line in this Part VI

	Check in Contradic C contains a response of note to any line in this rate vi		•	<u> </u>			
Sect	ion A. Governing Body and Management						
4.	The state of the s		Yes	No			
та	Enter the number of voting members of the governing body at the end of the tax year If there are metasial differences in voting rights are not members of the governing body as	4					
	If there are material differences in voting rights among members of the governing body, or						
	of the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O						
L		,	1				
b		4					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2	-	X			
•	any other officer, director, trustee, or key employee?						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х			
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X	 ^			
4	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	 ^-	Х			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X			
6 7a							
1 a	one or more members of the governing body?	7a		х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	'a		<u> </u>			
D	stockholders, or persons other than the governing body?	7b		х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			 ^			
O	the year by the following						
а	The governing body?	8a	X				
b	Each committee with authority to act on behalf of the governing body?	8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached						
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х			
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		Х			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,						
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х				
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	Х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х				
С	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	Х				
14	Did the organization have a written document retention and destruction policy?	14	Х				
15	Did the process for determining compensation of the following persons include a review and approval by		1	İ			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		 _ -			
a	The organization's CEO, Executive Director, or top management official	15a		X			
b	Other officers or key employees of the organization	15b	 	-^-			
40-	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	16a	l	<u></u>			
h	with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100					
b	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					
Saat	ion C. Disclosure	TIOD	1	Щ.			
<u>3eci</u>	List the states with which a copy of this Form 990 is required to be filed OR						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3	3)s onl	v)				
	available for public inspection. Indicate how you made these available. Check all that apply	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,				
	Own website X Another's website 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 po		nd				
	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 ► Steve Mayes (503) 228-8	866					
	310 SW 4th Ave Ste 1140 Portland OR 97240						

						-	_				
Form 990 (2013)	. Western States Center									93-09521	37 Page 7
Part VII	Compensation of Officers, Dire Employees, and Independent C Check if Schedule O contains a re	ontractors		-		•	-			ensated	🗇
Section A.	Officers, Directors, Trustees, Key E							_		_	
1a Complete	this table for all persons required to be l					_				vith or within the	
List all List the who received organization a	of the organization's current officers, di tion Enter -0- in columns (D), (E), and (I of the organization's current key emplo e organization's five current highest con reportable compensation (Box 5 of For- and any related organizations of the organization's former officers, ke	F) if no compens yees, if any Seo npensated emplo m W-2 and/or Bo	e instr oyees ox 7 c	waructi (ot of Fo	s pa ons her t orm	id for thar 109	defini n an o 9-MIS	tior ffica (C)	of "key employer, director, trust of more than \$1	ee " ee, or key emplo 00,000 from the	yee)
\$100,000 of r	reportable compensation from the organ of the organization's former directors of	ization and any	relate	d or	gan	ıızat	ions				
organization, List persons i	more than \$10,000 of reportable compe n the following order individual trustees I employees, and former such persons	ensation from the	e orga	nıza	atıor	n an	d any	rel	ated organizatio	ns	
Check th	is box if neither the organization nor any	related organiz	ation	con	npei	nsat	ed an	ус	urrent officer, dir	ector, or trustee	
					(C	C) ition	than o				/ E)
	(A) Name and Title	(B) Average hours per week (list any	box, office	unles er an	ss pe d a d	rson irecto	is both or/truste	an e)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
Section A. 1a Complete to organization's List all conference of compensation List all conference organization and List all conference organization and List all conference organization, rulist persons in compensated		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Amy C	asso	3 00									
		0 00	X	<u> </u>							
(2) Sharor	n Gary Smith	3 00									
Board Memb	er	0 00	Х								
(3) Leah H	lenry-Tanner	1 00					İ				
		0 00	_	<u> </u>	Ц						-
		1 00	1								
		0 00	+	_					,		
	<i>N</i> alsh	3 00									
		0 00	-	_	Х						
		3 00									
		0 00	_		<u> </u>						
		3 00	• 1			1				1	
		0 00	_	<u> </u>	<u> </u>	X					
	eal	3 00	· I								
		0 00		 	X		\sqcup				
	lerzfeld	5 00	• 1	1	١						
		0 00	_	1	X	1	$\vdash \vdash \vdash$				
		40 00	· I		1						
Executive Dir	rector	0 00	-	\vdash	X	├	X		63,960		3,648

(11)

(12)

(13)

(14)

3,648

	western States Center rt VII Section A. Officers, Directors, True	ıstees. Kev Em	plove	es.	and	ı Hi	ahes	t C	ompensated Em		3-0952 contin			age 8		
	(A) Name and title	(B) Average hours per	(C) Position (do not check more than coox, unless person is both officer and a director/truster.					one n an	(D) Reportable compensation	(E) Reportable compensation	ble	(F) Estimated amount of				
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer				from from relate organization (W-2/1099-MISC)				ted ions	com fr org an	other pensar om the anization relate	tion e ion ed
(15)									**** - * *****************************							
(16)																
(17)																
(18)																
(19)			-													
(20)																
(21)																
(22)																
(23)																
(24)																
(25)																
1b	Sub-total		1		L	<u> </u>		•	63,960		0		3	3,648		
C	Total from continuation sheets to Part VII, S	ection A						>	63,960		0			0 3,648		
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but not li		sted a	abov		who	rece	ive),000 of		<u> </u>		<u> </u>		
	reportable compensation from the organization	<u> </u>			0								Yes	No		
3	Did the organization list any former officer, dire				loye	ee, c	or hig	hes	t compensated							
4	employee on line 1a? If "Yes," complete Scheol For any individual listed on line 1a, is the sum of				an a	nd .	other		mpensation from			3		X		
4	the organization and related organizations greated individual									h		4				
5	Did any person listed on line 1a receive or acci									/idual						
Sec	for services rendered to the organization? If "Y	es, compiete S	crieat	iie c	1 101	Suc	зи ре	1801	<u> </u>			5		<u> </u>		
1	Complete this table for your five highest compecompensation from the organization Report covers											tax				
	(A) Name and business add	fress							(B) Description of ser	vices	C	(C Comper				
NON	E													0		
								╁						0 0		
		-						+						0		

	Name and business address	Description of services	Compensation
NONE			0
			0
			0
			0
			0
	endent contractors (including but not limited to those list compensation from the organization	sted above) who received 1	
			Form 990 (2013)

Page 9

Part VIII S

Statement of Revenue	
Check if Schedule O contains a response or note to any line in this Part VI	11

				,	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
└──	1a	Federated campaigns .	12	T 0		revenue		512-514
at at	b	Membership dues	1a 1b	0				
G G	C	Fundraising events	16	0				
활절	d	Related organizations	1d	0				
ig i	e	Government grants (contributions		0				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, gran		<u> </u>				
the the	•	similar amounts not included abo		1,234,037				
d di	g	Noncash contributions included in li		0				
လ E	h	Total. Add lines 1a–1f		•	1,234,037			
-			•	Business Code				
Program Service Revenue	2a	Tuition for Training		611600	52,927			
Re Se	b	Contract Income		900004	35,812			
i. G	С	Merchandise Sales		453220	1,642			
Şeι	d	Management Fees		541200	10,779			
Ē	е				0			
ogra	f	All other program service revenu	е		0			
- P	g	Total. Add lines 2a-2f		•	101,160			
	3	Investment income (including div	idends, interest,	and				
		other sımılar amounts)		•	2,303			
	4	Income from investment of tax-ex	cempt bond proc	ceeds . ►	0			
	5	Royalties			0			
			(ı) Real	(ii) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	С	Rental income or (loss)	0	0				
	d _	Net rental income or (loss)	(ı) Securities	(II) Other	0			
	7a	Gross amount from sales of		<u> </u>				
	_	assets other than inventory	0	0				
	b	Less cost or other basis and sales expenses	l	o				
	_	Gain or (loss)						
	d	Net gain or (loss)		<u> </u>	0			
	"	Net gain or (1033)			- · · · ·			
e	 8a	Gross income from fundraising		,				
eur	"	events (not including \$	0					
ě		of contributions reported on line						
E.		See Part IV, line 18	a	0				
Other Revenu	ь	Less direct expenses	b	0				
0	с	Net income or (loss) from fundra	sing events .	•	0			
	9a	Gross income from gaming activ						
		See Part IV, line 19	а	0				
'	ь	Less direct expenses	b	0		-	= -	
	С	Net income or (loss) from gaming	gactivities		0			
	10a	2.					1	
		returns and allowances	а	0				
	b	Less cost of goods sold	. b	0		-		
	c	Net income or (loss) from sales of	of inventory		0			
	<u> </u>	Miscellaneous Revenue	_	Business Code				
	11a			-	0		<u> </u>	
	b				0			
	C	All all a constants			0		 	
	d	All other revenue			0			
	12	Total. Add lines 11a–11d Total revenue. See instructions			1,337,500	0	0	
	, , 4	TOTAL LEAGUING. OCC INSURCIOUS	•		1,007,000	, 0	1 0	

93-0952137

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 or note to any line in this Part IX

	Check if Schedule O contains a response or note	to any line in this Pa	III IA		
	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	582,000	582,000		
2	Grants and other assistance to individuals in the				
	United States See Part IV, line 22 .	0			
3	Grants and other assistance to governments,	1			
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	63,960	50,529	5,756	7,675
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	·			
	persons described in section 4958(c)(3)(B)	l ol			
7	Other salaries and wages	376,061	297,088	33,845	45,128
8	Pension plan accruals and contributions (include			·	
_	section 401(k) and 403(b) employer contributions)	22,985	18,159	2,068	2,758
9	Other employee benefits	88,289	69,749	7,946	10,594
10	Payroll taxes	47,399	37,445	4,266	5,688
11	Fees for services (non-employees)	,000		,,===	5,000
a	Management	o			
b	Legal .	270	-	270	
	Accounting	4,600		4,600	
c d	Lobbying	9,000		4,000	
	Professional fundraising services. See Part IV, line 17	o o			
e f	Investment management fees	0		-	
-	_				
g	Other (If line 11g amount exceeds 10% of line 25, column	52,825			
42	(A) amount, list line 11g expenses on Schedule O)	71	70		1
12	Advertising and promotion	53,582	41,797	8,373	3,411
13	Office expenses	756	41,737	756	3,411
14	Information technology	730	***	730	
15	Royalties	44,544	37,862	6 692	· · · · · · · · · · · · · · · · · · ·
16	Occupancy			6,682 18,734	2.264
17	Travel	52,239	31,141	10,734	2,364
18	Payments of travel or entertainment expenses	ا			
40	for any federal, state, or local public officials	70,400	00.700	676	
19	Conferences, conventions, and meetings	70,468	69,792	0/0	· · · · · · · · · · · · · · · · · · ·
20	Interest	0			_
21	Payments to affiliates	0		2 200	
22	Depreciation, depletion, and amortization	3,399	0	3,399	0
23	Insurance	9,285		9,285	
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column		1		
	(A) amount, list line 24e expenses on Schedule O)	2.4.5	0.465		1.050
a	Printing & Publications	3,448	2,189		1,258
þ	Merchandise	2,102	2.122		2,102
C	Training	2,865	2,400		465
d		0			
е	All other expenses	0	4 - 4 - 5 - 5		
<u> 25</u>	Total functional expenses. Add lines 1 through 24e	1,481,148	1,240,221	106,656	81,444
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here ► X if				
	following SOP 98-2 (ASC 958-720) .	1			

Part X Balance Sheet

		Check if Schedule O contains a response or	note to	any line in this Part X	•		
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			1,103,970	1	588,536
	2	Savings and temporary cash investments		ľ	6,224	2	
	3	Pledges and grants receivable, net			199,350	3	558,000
	4	Accounts receivable, net		ľ	16,661	4	2,600
	5	Loans and other receivables from current and fo	rmer o	officers, directors.			• • • • • • • • • • • • • • • • • • • •
	_	trustees, key employees, and highest compensation					
		Complete Part II of Schedule L				5	·
	6	Loans and other receivables from other disqualified person	ns (as c	defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), a		3			
		sponsoring organizations of section 501(c)(9) voluntary e					
ध		organizations (see instructions) Complete Part II of Sche		,		6	
Assets	7	Notes and loans receivable, net		Ì	0	7	0
As	8	Inventories for sale or use			250	8	
	9	Prepaid expenses and deferred charges			2,865	9	2,865
	10a	Land, buildings, and equipment cost or					,
		other basis Complete Part VI of Schedule D	10a	63,821			
	b	Less accumulated depreciation	10b	55,926	8,860	10c	7,895
	11	Investments—publicly traded securities			0	11	0
	12	Investments—other securities See Part IV, line	11		0	12	0
	13	Investments-program-related See Part IV, line			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			0	15	0
	16	Total assets. Add lines 1 through 15 (must equ	al line	34)	1,338,180	16	1,159,896
	17	Accounts payable and accrued expenses			18,545	17	7,077
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete I	Part IV	of Schedule D		21	
es	22	Loans and other payables to current and former	officer	rs, directors,			
Liabilities		trustees, key employees, highest compensated	emplo	yees, and	·		
ap		disqualified persons Complete Part II of Schedi	ule L			22	
_	23	Secured mortgages and notes payable to unrela	ated the	ird parties	0	23	0
	24	Unsecured notes and loans payable to unrelate			0	24	0
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24) Complete			
		Part X of Schedule D			43,421	25	20,257
	26	Total liabilities. Add lines 17 through 25			61,966	26	27,334
' 0		Organizations that follow SFAS 117 (ASC 95)	3), che	ck here ▶ X and			
ĕ		complete lines 27 through 29, and lines 33 ar	nd 34.				
<u>a</u> n	27	Unrestricted net assets .			661,588	27	409,983
Ba	28	Temporarily restricted net assets			614,626	28	722,579
덜	29	Permanently restricted net assets				29	
Ξ		Organizations that do not follow SFAS 117 (ASC958),	check l	here and			
ō		complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30	
556	31	Paid-in or capital surplus, or land, building, or e	guinme	ent fund		31	
t A	32	Retained earnings, endowment, accumulated in				32	
Se	33	Total net assets or fund balances .	,		1,276,214	33	1,132,562
	34	Total liabilities and net assets/fund balances			1,338,180		1,159,896

-orm 99	90 (2013) .VVestern States Center	93	-0952137	Pag	e 12
Part	XI Reconciliation of Net Assets	<u> </u>			
	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		1,337	,500
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,481	,148
3	Revenue less expenses Subtract line 2 from line 1	3		-143	,648
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	•	1,276	,214
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,				
	column (B))	10	<u></u>	1,132	,566
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990		_		
	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	Х	
	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 X Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		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 Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight o	f			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	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		Х
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		

Form **990** (2013)

SCHEDULE A (Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service 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

Employer identification number

4 AC216	5111 3	states Center								93-08	102131		
Par	1	Reason	for Public Ch	arity Status (All org	anızatıoı	ns must o	complete	this par	t) See ın	struction	าร		
The c	rgan		•	ion because it is (For		_		f	•				
1	Щ			ches, or association of			ın sectio	n 170(b)(1)(A)(i).				
2	Ш	A school des	cribed in sectior	n 170(b)(1)(A)(ii) . (Atta	ch Sched	ule E)							
3		A hospital or	a cooperative ho	ospital service organiza	ation desc	rıbed ın s e	ection 17	0(b)(1)(A)	(iii).				
4			search organizat me, city, and stat	ion operated in conjuncte	ction with	a hospital	describe	d ın sectio	on 170(b)((1)(A)(iii).	Enter	the	
5		•	•	the benefit of a college Complete Part II)	or univer	sity owned	d or opera	ited by a (governmer	ntal unit d	escribe	:d	
6		A federal, sta	ite, or local gove	rnment or government	al unit des	scribed in	section 1	70(b)(1)(4)(v).				
7		•	•	receives a substantial		support f	rom a gov	ernmenta	al unit or fr	om the ge	eneral p	ublic	
8	\Box			n section 170(b)(1)(A		nplete Pa	rt II)						
9	X	An organization receipts from support from	on that normally activities related gross investmen	receives (1) more that d to its exempt function at income and unrelated after June 30, 1975 Se	in 33 1/3% s—subjec d busines	6 of its sup ct to certai s taxable i	port from n exception ncome (le	ons, and (ess sectio	2) no more n 511 tax)	e than 33	1/3% c	of its	3
10		An organizati	ion organized an	d operated exclusively	to test for	r public sa	fety See	section 5	509(a)(4).				
11 e		purposes of c 509(a)(3). Ch a Type By checking persons other	one or more publick the box that i b Ty this box, I certify	that the organization is managers and other	ations des supporting III–Funct s not cont	scribed in a correction organization organiz	section 50 ition and o egrated ctly or ind	09(a)(1) o complete l d T irectly by	r section 5 lines 11e t Type III—No one or mo	09(a)(2) hrough 1 on-functio ore disqua	See se 1h nally in alified	tegrated	d
f		If the organiz	ation received a	written determination t	from the II	RS that it i	s a Type	I, Type II,	or Type II	l supporti	ng		
		-	check this box				•						
g		-		he organization accept	ed any gif	ft or contri	bution fro	m any of t	the				
		following per			مسمام حمالا					()		Yes	N1-
			•	or indirectly controls, ei erning body of the sup		_		ersons de	scribed in	(11)	110(1)	res	No
		•		person described in (i)		garnzation	•				11g(ı) 11g(ıı)		
		, ,	•	of a person described		ıı) above?					11g(iii)		
h		Provide the f	ollowing informa	tion about the supporte	ed organiz	ation(s)							
(i)		e of supported anization	(iı) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	the organ	ou notify nization in of your port?			(viı) An	nount of mo support	onetary
					Yes	No	Yes	No	Yes	No			
(A)													
(B)			_									·	
(C)				,									
(D)													
(E)												<u> </u>	
Total	 		_										

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)

				p. 0 0 0 0 0 1 1 1 1			
	tion 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")	2,548,456	1,925,989	2,155,322	1,532,927	1,234,037	9,396,731
2	Gross receipts from admissions, merchandise	2,0 10, 100	1,020,000	2,100,022	1,002,021	1,20 1,001	0,000,101
-	sold or services performed, or facilities furnished						
	in any activity that is related to the						
	organization's tax-exempt purpose	360,659	104,760	220,127	156,896	101,160	943,602
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						
	its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						•
	organization without charge	0.000.445	0.000.740	0.075.440	4 000 000	4 005 407	0
6	Total. Add lines 1 through 5	2,909,115	2,030,749	2,375,449	1,689,823	1,335,197	10,340,333
7a	Amounts included on lines 1, 2, and 3						0
	received from disqualified persons Amounts included on lines 2 and 3 received						0
D	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from				-		
•	line 6)				ļ		10,340,333
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	2,909,115	2,030,749	2,375,449	1,689,823	1,335,197	10,340,333
9 10a	Gross income from interest, dividends,	2,909,113	2,030,749	2,373,449	1,009,023	1,555, 197	10,040,000
IVa	payments received on securities loans,						
	rents, royalties and income from similar sources	5,258	8,484	766	3,203	2,303	20,014
b	Unrelated business taxable income (less	,	,			•	· ·
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	5,258	8,484	766	3,203	2,303	20,014
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						0
12	Other income Do not include gain or						
	loss from the sale of capital assets						•
40	(Explain in Part IV)						0
13	Total support. (Add lines 9, 10c, 11,	2 014 272	2 030 233	2 276 215	1 603 036	1 227 500	10,360,347
1.4	and 12)	2,914,373			1,693,026	1,337,500	10,360,347
14	First five years. If the Form 990 is for the organiz organization, check this box and stop here	ation's ilist, secoi	na, mira, ioarm, c	or murtax year a:	s a section 50 r(c	.)(3)	
		D		· · · · · · · · · · · · · · · · · · ·	•	•	
	tion C. Computation of Public Support		. 40 (0)			45	00.048/
15	Public support percentage for 2013 (line 8, column	•	e 13, column (t))	•		15	99 81%
16	Public support percentage from 2012 Schedule A,					16	99 62%
	tion D. Computation of Investment Inco			mn (fl)		17	0.100/
17 18	Investment income percentage for 2013 (line 10c,		-	14III (1 <i>))</i>		18	0 19% 0.38%
16 19a	Investment income percentage from 2012 Schedu 33 1/3% support tests—2013. If the organization			and line 15 is mo	 		0.30%
130	not more than 33 1/3%, check this box and stop h						► X
b	33 1/3% support tests—2012. If the organization						
~	line 18 is not more than 33 1/3%, check this box as						▶ □
20	Private foundation. If the organization did not che	-	-			_	—
			,				

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ)

and its instructions is at www.irs.gov/form990.

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

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

Contract FOM/S/A) (F) and (C) and section of Complete Port III

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

• 0	section 50 f(c)(4), (5), or (6) or	ganizations Complete Part III						_
Nam	e of organization			Em	ployer id	entification i	number	
Wes	stern States Center					93-0952137		
Pai		he organization is exempt und			<u>527 org</u>	<u>anization.</u>		
1	Provide a description of the	ne organization's direct and indirect p	olitical campaign a	ectivities in Part IV				
2	Political expenditures				▶ \$			
3	Volunteer hours							
Pa	rt I-B Complete if t	he organization is exempt und	er section 501(c)(3).				_
1		excise tax incurred by the organization			▶ \$			_
2	- -	excise tax incurred by organization m		ction 4955	\$	· <u></u>		
3		d a section 4955 tax, did it file Form				Yes	No	
_	Was a correction made?					Yes	□No	
	If "Yes," describe in Part I	V						
		he organization is exempt und	er section 501(c), except section	501(c)	(3).		
1		expended by the filing organization for						
	activities				▶ \$			
2	Enter the amount of the fi	ling organization's funds contributed	to other organizati	ons				
	for section 527 exempt fu	nction activities			▶ \$			
3	Total exempt function exp	penditures Add lines 1 and 2 Enter h	nere and on Form	1120-POL,				
	line 17b			•	▶ \$	Yes		0
4	Did the filing organization	file Form 1120-POL for this year?				Yes	☐ No	
5	Enter the names, address	ses and employer identification numb	er (EIN) of all sect	ion 527 political orgar	ıızatıons	to which the	filing	
	organization made payme	ents For each organization listed, en	ter the amount par	d from the filing organ	ıızatıon's	funds Also	enter	
	the amount of political coi	ntributions received that were prompt	tly and directly deli	vered to a separate p	olitical or	ganization, s	such	
	as a separate segregated	fund or a political action committee	(PAC) if additiona	i space is needed, pro	vide into	rmation in P	art IV	_
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from		(e) Amount o		
				filing organization's funds if none, enter -(contributions re promptly and		
				·		delivered to a	separate	
						political orgai none, ent		
					$-\!$			
(1)								
	·					_		-
(2)								
(2)								
(3)					$-\!$			_
(4)								
								_
(5)			1					
(6)						-		
(0)		1	I	I				

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

f Grassroots lobbying expenditures

Sche	dule C (Form 990 or 990-EZ) 2013					Page 2
Pa	rt II-A Complete if the organiza	tion is exempt	under section 50	01(c)(3) and filed	Form 5768 (elec	
	under section 501(h)).	•			•	
	Check ▶ if the filing organization	n belongs to an a	iffiliated group (ai	nd list in Part IV e	ach affiliated grou	up member's
•	name, address, EIN, e	•			_	.,
В	Check ▶ ☐ If the filing organization					
				p		
	(The term "expenditures	obbying Expendit " means amounts			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence					0
b	Total lobbying expenditures to influence					0
c	Total lobbying expenditures (add lines 1	•	(4 5513)		0	0
d	Other exempt purpose expenditures	u u,			1,481,148	0
e	Total exempt purpose expenditures (add	d lines 1c and 1d)			1,481,148	0
f	Lobbying nontaxable amount Enter the	•	llowing table in boti	n		
	columns		J		223,115	0
ſ	If the amount on line 1e, column (a) or (b)	is: The lobbyin	g nontaxable amou	nt is:	,	
ı	Not over \$500,000		mount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plu	is 15% of the excess	over \$500,000		
	Over \$1,000,000 but not over \$1,500,000		is 10% of the excess			
L	Over \$1,500,000 but not over \$17,000,000	\$225,000 plu	is 5% of the excess o	ver \$1,500,000		
\perp	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25				55,779	0
h	Subtract line 1g from line 1a If zero or le				0.	0
i	Subtract line 1f from line 1c If zero or le	•			0	0
j	If there is an amount other than zero on	either line 1h or lin	e 1ı, dıd the organız	ation file Form 472	O reporting	
	section 4911 tax for this year?					Yes No
	(Some organizations the columns be	at made a section		, , ,		
	Lob	bying Expenditure	es During 4-Year A	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a	Lobbying nontaxable amount	261,134	291,880	248,599	223,151	1,024,764
_b	Lobbying ceiling amount (150% of line 2a, column(e))					1,537,146
_c	Total lobbying expenditures	259,964	0	0	0	259,964
d	Grassroots nontaxable amount	65 284	72 970	62 150	55 770	256 183

65,284

0

72,970

62,150

0

Schedule C (Form 990 or 990-EZ) 2013

256,183

384,275

0

55,779

Par	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	For	n 5768	3	
Eor o		(a)		(b)	
	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description be lobbying activity.	Yes	No	A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?			<u> </u>		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			——		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
!	Other activities?		-	-		
J		- :	-			0
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					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	l				
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	;)(5),	or s	ection		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
1	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes." Dues, assessments and similar amounts from members					3, is
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).	i				
а	Current year					
b	Carryover from last year	1	2b			
c	Total		2c			0
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		Ť			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible					
	lobbying and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			0
Part	***	•				
	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group I	ıst), F	art II-	A, line :	2. and	i
	I-B, line 1 Also, complete this part for any additional information	,.		•	•	
				-		
					·	

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.

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

OMB No 1545-0047 2013

Open to Public Inspection

Hairie	or the organization		Linployer identification flumber
West	ern States Center		93-0952137
Pari	Organizations Maintaining Don	or Advised Funds or Other Similar F	unds or Accounts.
	Complete if the organization answ	vered "Yes" to Form 990, Part IV, line 6	5.
		(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)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and do	nor advisors in writing that the assets held in	n donor advised
	funds are the organization's property, subject	-	
6	Did the organization inform all grantees, don-	=	
	used only for charitable purposes and not for		
	purpose conferring impermissible private ber		Yes No
Par			
ı aı		vered "Yes" to Form 990, Part IV, line 7	,
1	Purpose(s) of conservation easements held		
•	Preservation of land for public use (e.g., reci		n of an historically important land area
			•
	Protection of natural habitat	Preservation	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization	tion held a qualified conservation contributio	n in the form of a conservation
	easement on the last day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation eas	ements	2b
С	Number of conservation easements on a cer	tified 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 Regist	er	2d
3	Number of conservation easements modified	l, transferred, released, extinguished, or terr	ninated by the organization
	during the tax year		
4	Number of states where property subject to o	conservation easement is located	
5	Does the organization have a written policy r	egarding the periodic monitoring, inspection	, handling of
	violations, and enforcement of the conservat		Yes No
6	Staff and volunteer hours devoted to monitor	ing, inspecting, and enforcing conservation	easements during the year
	>		
7	Amount of expenses incurred in monitoring,	nspecting, and enforcing conservation ease	ments during the year
	▶ \$		
8	Does each conservation easement reported	on line 2(d) above satisfy the requirements of	of section
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?		Yes No
9	In Part XIII, describe how the organization re	•	
	balance sheet, and include, if applicable, the	text of the footnote to the organization's fina	ancial statements that describes
	the organization's accounting for conservation	n easements	
Par		ections of Art, Historical Treasures,	
	Complete if the organization answ	vered "Yes" to Form 990, Part IV, line 8	3
1a	If the organization elected, as permitted under	er SFAS 116 (ASC 958), not to report in its r	evenue statement and balance sheet
	works of art, historical treasures, or other sin	nilar assets held for public exhibition, educat	ion, or research in furtherance
	of public service, provide, in Part XIII, the tex	t of the footnote to its financial statements the	hat describes these items
b	If the organization elected, as permitted und	er SFAS 116 (ASC 958), to report in its reve	nue statement and balance sheet
	works of art, historical treasures, or other sin		
	of public service, provide the following amou		
	(i) Revenues included in Form 990, Part VII		. ▶ \$
	(ii) Assets included in Form 990, Part X.		> \$
2	If the organization received or held works of	art, historical treasures, or other similar asse	ets for financial gain, provide the
	following amounts required to be reported ur		
а	Revenues included in Form 990, Part VIII, lir		▶ \$
b	Assets included in Form 990, Part X		> \$

	le D (Form 990) 2013 Western States Center						93-0952			Page 2
Part									tinue	<u>d) </u>
3	Using the organization's acquisition, access		records, c	heck any	of the follows	ng that	t are a significant			
	use of its collection items (check all that app	ly)	. \Box							
а	Public exhibition		□ □	Loan	or exchange p	orogran	ns			
b	Scholarly research		e	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and	explain ho	ow they fu	irther the orga	anızatıc	on's exempt purpo	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							Ye	s 🔲	No
Part	Complete if the organization answ 990, Part X, line 21		to Form	990, Par	t IV, line 9,	or rep	orted an amou	nt on Fo	orm	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other in	termedian	for contr	ributions or ot	her ass	sets not	∏ Y€	s 🗍	No
b	If "Yes," explain the arrangement in Part XIII	and complete	e the follov	ving table						
	•						,	Amount		
С	Beginning balance					10	c			0
d	Additions during the year					10	d			
е	Distributions during the year					10				
f	Ending balance					11	<u>f</u>			0
2a	Did the organization include an amount on F	Form 990, Par	t X, line 21	?				Ye	s X	No
b	If "Yes," explain the arrangement in Part XII	Check here	if the expla	anation ha	as been provi	ded ın	Part XIII			
Part	V Endowment Funds.	-								
	Complete if the organization ansi	wered "Yes"	to Form	990, Par	t IV, line 10	}				
	(a)	Current year	(b) Pric	or year	(c) Two years	back	(d) Three years back	(e) Fo	ur years	back
1a	Beginning of year balance	0		0		0				
b	Contributions									
С	Net investment earnings, gains,									
	and losses				******					
d	Grants or scholarships						<u> </u>			
е	Other expenditures for facilities									
_	and programs		_							
f	Administrative expenses									
g	End of year balance	0	halanaa (l	0	luma (a)) bal	<u> 0</u>		0		0
2	Provide the estimated percentage of the cur	rent year end	%	ine ig, co	numm (a)) nei	u as				
a L	Board designated or quasi-endowment Permanent endowment	%	70							
b c	Temporarily restricted endowment	<u>^^</u> %								
C	The percentages in lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse			n that are	held and adu	ministe	red for the			
Va	organization by		, gai iizado	ii tiidt di d	. Hora and aa.				Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(II), are the related organization	ns listed as re	guired on	Schedule	R?			3b		
4	Describe in Part XIII the intended uses of th									
Part	VI Land, Buildings, and Equipme	nt.								
	Complete if the organization ans	<u>wered "Yes"</u>	to Form	<u>990, Pa</u>	rt IV, line 11	a. Se	<u>e Form 990, Pa</u>	irt X, lin	e 10	
	Description of property	(a) Cost or o			ost or other	1 .) Accumulated	(d) B	ook valu	е
		(investr	•	bas	ıs (other)	ALCOHOL: NAME AND ADDRESS.	depreciation			
1a	Land		0		0					0
b	Buildings		0		0	<u> </u>	0			0
C	Leasehold improvements		0		0 004	<u> </u>	0			7.005
d	Equipment	-	0		63,821	 	55,926			7,895
<u>е</u>	Other .	1	0 0 0	00/4:	(P) (mo 10(a)	<u> </u>	0			7 005
Total	. Add lines 1a through 1e (Column (d) must	equai ⊢orm 9:	90, Pa <u>rt X,</u>	coiumn (ine 10(c), یاne 10(c)	1		_		7,895

	Investments—Other Securi		eart IV, line 11b See Form 990, Part X, line 12
(a)	Description of security or category	(b) Book value	(c) Method of valuation
	(including name of security)	(b) Book Value	Cost or end-of-year market value
(1) Financial		0	
	eld equity interests	0	
(D)			
(E)		-	
(F)			,
(G)			
(H)	must equal Form 990, Part X, col (B) line 12)	>	
Part VIII	Investments—Program Rel		
rait viii			Part IV, line 11c See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(4)			Cost of entrol-year market value
(1)			111
(2)			
(3)			
(4)		<u> </u>	
(5) (6)		-	
(7)			
(8)			
(9)			
	made equal to other education, early (as the first)	0	ALCON TO THE PROPERTY OF THE P
Part IX	Other Assets.	<u>-1 </u>	Part IV, line 11d. See Form 990, Part X, line 15
Part IX (1)	Other Assets.	answered "Yes" to Form 990, F	
Part IX (1) (2)	Other Assets.	answered "Yes" to Form 990, F	
Part IX (1) (2) (3)	Other Assets.	answered "Yes" to Form 990, F	
(1) (2) (3) (4)	Other Assets.	answered "Yes" to Form 990, F	
(1) (2) (3) (4) (5)	Other Assets.	answered "Yes" to Form 990, F	
(1) (2) (3) (4) (5) (6)	Other Assets.	answered "Yes" to Form 990, F	
(1) (2) (3) (4) (5) (6) (7)	Other Assets.	answered "Yes" to Form 990, F	
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets.	answered "Yes" to Form 990, F	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization mn (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization	answered "Yes" to Form 990, F (a) Description col (B) line 15)	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum	Other Assets. Complete if the organization mn (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization line 25	answered "Yes" to Form 990, F (a) Description col (B) line 15)	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columa (b)) Part X	Other Assets. Complete If the organization mn (b) must equal Form 990, Part X, Other Liabilities. Complete If the organization line 25 (a) Description of liability	answered "Yes" to Form 990, F (a) Description col (B) line 15) answered "Yes" to Form 990, F	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column to the column to the	Other Assets. Complete if the organization mn (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization line 25 (a) Description of liability	answered "Yes" to Form 990, F (a) Description col (B) line 15) answered "Yes" to Form 990, F	(b) Book value
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(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colume to the column (b) to the column (b) to the column (b) to the column (b) to the column (column (col	Other Assets. Complete if the organization mn (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization line 25 (a) Description of liability	answered "Yes" to Form 990, F (a) Description col (B) line 15) answered "Yes" to Form 990, F (b) Book value 0	(b) Book value
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(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum X X 1. (1) Federa (2) Accure (3) (4) (5)	Other Assets. Complete if the organization mn (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization line 25 (a) Description of liability	answered "Yes" to Form 990, F (a) Description col (B) line 15) answered "Yes" to Form 990, F (b) Book value 0	(b) Book value
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(1) (2) (3) (4) (5) (6) (7) (8) (9) Accure (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (9) (9) (9) (9) (9)	Other Assets. Complete if the organization mn (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization line 25 (a) Description of liability Lincome taxes d Vacation	answered "Yes" to Form 990, F (a) Description col (B) line 15) answered "Yes" to Form 990, F (b) Book value 0	(b) Book value

SCHEDULE 1 (Form 990)

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

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

▶ Attach to Form 990.

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

2013	Open to Public
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Inspection Employer Identification number

93-0952137

☐ Yes × No

General Information on Grants and Assistance Part I

Vestern States Center

Department of the Treasury Internal Revenue Service Name of the organization Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

ביין יכן מיוץ יינים און יכי מיוץ יכי מיון איני מיכין איני יינים איני אינים אינ	and recipient in	ומר וכסכוזכת זווסור	- 1	dell se deprioace	that to, ood that it can be admissed it admissed to fleeded.		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) 14 The Movie 1631 NE Broadway #453 Portland, OF			8,078				Support Research/Education
(2) Asian Pacific American Network of 240 N Broadway Portland, OR 97227	80-0252850	501c3	11,000				Support Research/Education
(3) Equality State Policy Center 340 W B St #203 Casper, WY 82601	83-0305144	501c3	10,000				Support Research/Education
(4) MomsRising 12011 Bel-Red Road # 206 Bellevue,	20-4448446	50104	150,000				Support Research/Education
(6) Montana Human Rights Network PO Box 1509 Helena, MT 59624	81-0472423	501c3	10,000				Support Research/Education
(6) Montana Women Vote 2525 Palmer St, Ste 1 Missoula, MT 5	81-0472423	501c3	12,500				Support Research/Education
(7) OREGON STUDENT ASSOCIATION 635 Ne Dekum St Portland, OR 97211	93-0683005	501c3	10,000				Support Research/Education
(8) Win Win Network 1402 3RD Ave Ste 201 Seattle, WA 98	26-3921408	501c4	10,000				Support Research/Education
(9) Basic Rights Oregon Ed Fund PO Box 40625 Portland, OR 97240	93-1266613	501c3	106,000				Support Research/Education
(10) CAUSA 700 Marion St NE Salem, OR 97301	61-1590160	501c3	17,000				Support Research/Education
(11) Center for Intercultural Organizing 700 N Killingsworth Street Portland, C	74-3098100	501c3	11,000				Support Research/Education
112) Leading from the Heart 1141A North 93rd Street Seattle, WA 9			34,269				Support Research/Education
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	501(c)(3) and g	overnment organiza	ations listed in the line 1	l table		A	

Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2013)

Western States Center

Schedule I (Form 990) (2013)

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed (b) Number of recipients (a) Type of grant or assistance Part III Part IV S

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Western States Center 93-0952137 **Questions Regarding Compensation** Part I No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items 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 Discretionary spending account Personal services (e.g., maid, chauffeur, chef) 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 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 2 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the 3 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 Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list 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. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 5 compensation contingent on the revenues of The organization? а Any related organization? If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 6 compensation contingent on the net earnings of The organization? 6a а Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 7 payments not described in lines 5 and 6? If "Yes," describe in Part III 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 in Part III 8

Regulations section 53 4958-6(c)?

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

SCHEDULE O (Form 990 or 990-EZ)

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 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Western States Center

Employer identification number

93-0952137

Form 990, Part III, Line 4d Program Service Expenses 42,000, Grants and allocations
42,000, Revenue 0 The Research and Action for Change and Equity (RACE) Program supports
organizations building power in communities of color, immigrant and refugee groups and
communities in addressing vital racial justice issues. We support groups in campaign
organizing, organizational development, strategic convening of allied organizations, issue
research and education, and leadership development
Form 990, Part III, Line 4d Program Service Expenses 150,000, Grants and allocations 0,
Revenue 100,000 Sponsored projects MomsRising conducts public education and research on
issues facing mothers from childcare to health care
Form 990, Part III, Line 4d Program Service Expenses 0, Grants and allocations 0, Revenue
Sponsored projects Paul Loeb conducts public research and outreach for Soul of a Citizen a
published book which offers profound lessons on civic engagement
Form 990, Part III, Line 4d Program Service Expenses 34,300, Grants and allocations 0,
Revenue 34,000 Sponsored projects Student Alliance Project is a youth-led collaboration to
cultivate multicultural young leaders in Oregon and Southwest Washintion equipped to become
our communitites' and country's next college graduates, public policy advacates, community
organizers, entrepreneurs and mentors
Form 990, Part III, Line 4d Program Service Expenses 8,078, Grants and allocations 0,
Revenue 6,878 Sponsored projects "14" The Movie is a documentary produced by Anne Galisky
that will explore past and ongoing challenges to the citizenship clause of the 14th Amendment
Form 990, Part III, Line 4d Program Service Expenses 34,269, Grants and allocations 0,
Revenue 54,521 Sponsored projects Leading from the Heart is a new leadership development
effort that integrates inner personal transformational practices with sound organization tools
for social change agents
Form 990, Part VI, Section A, Line 8b Each committee with authority to act on behalf of the
governing body comtemporaneously documented all the meetings it held and written actions it
determinated expressions and a second

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization	Employer identification number
Western States Center	93-0952137
took during the year	
Form 990, Part VI, Section B, Line 11a Our Operations & Finance Manager prepares form 990	
The Executive Director and the Board of Directors review the form before we file it. We	
provide a copy of form 990 to Board of Directors after it is filed	
Form 990, Part VI, Section B, Line 12c There is a conflicts of interst (COI) policy for the	
Board members and for the employees Board members sign a statement annually that they have	;
read, understand, and comply with the COI policy. If a Board Member or Employee has resonable	,
cause to belive that another board or employee failed to disclose actual or possible COI, her	
or she informs that perons of the basis for such belief and affords the member or employee an	
opportunity to expland the alleged failure to disclose, if further investigation is warrented,	
the Board or the Executive Director takes the appropriate action depending on the	
cırcumsatances	
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SCHEDULE R (Form 990)

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

Related Organizations and Unrelated Partnerships

instruction	
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Form 990.	
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OMB No 1545-0047	2013	Open to Public
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Employer identification number 93-0952137

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

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33

Western States Center

Part I

Department of the Treasury Internal Revenue Service Name of the organization

Section 512(b)(13) controlled entity? ž (f)
Direct controlling
entity × Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had Yes Western States Ce (f)
Direct controlling
entity (e) End-of-year assets Public chanty status (if section 501(c)(3)) • (d) Total income (d) Exempt Code section (c)
Legal domicile (state
or foreign country) 501 04 (c)
Legal domicile (state
or foreign country) Primary activity 8 Educational and Advocacy purposes of one or more related tax-exempt organizations during the tax year (b)
Primary activity (a)Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization (1) Western States Strategies 93-1316666 PO Box 40305 Portland, OR 97240 Part II 3 9 <u>ල</u> **€** 3 2 ପ୍ର € 9 E

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

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Schedule R (Form 990) 2013

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Continuation

	0	Continuation		Sheet for Schedule I (Form 990)	Form 990)		Page 1 of 1
Name of the organization						Employer identification number	ation number
Western States Center						93-0952137	
Part II Continuation of Grants and Other Assistance to	nd Other Ass		Governments and Organizations in the United States	ganizations in th	ne United States		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(13) Oregon Center for Public Policy 204 N First St Suite C P O Box 7 Silverton.	93-1186075	50103	000'9				Support Research/Education
(14) Partnership for Safety and Justice 825 NE 20th. Suite 250 Portland, OR 97232	93-1277774	50163	000'9				Support Research/Education
(16) PLAN 821 Riverside Drive Reno, NV 89503	88-0318655	501c3	7,500				Support Research/Education
(16) Rural Organizing Project PO Box 1350 Scappoose, OR 97056	93-1159856	501c3	10,000				Support Research/Education
(17) SAFETY AND JUSTICE ACTION FUND 825 Ne 20TH Ave Ste 250 Portland, OR 9723.	30-0457438	50104	009'2				Support Research/Education
(18) Statewide Poverty Action Network 1501 North 45th Street Seattle, WA 98103			12,500				Support Research/Education
(19) Urban League of Portland 10 N Russell St Portland, OR 97227	93-0395590	501c3	11,000				Support Research/Education
(20) Momentum Alliance 1631 NE Broadway, #453 Portland, OR 97213	45-4176224	501c3	39,300				Support Research/Education
(21)							
(22)							
(23)							
(24)							
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(29)							