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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)

▶ Do not enter social security numbers on this form as it may be made public.

2014 Open to Public

OMB No 1545-0047

► Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection and ending For the 2014 calendar year, or tax year beginning D Employer identification number C Name of organization В Check if applicable WASHINGTON FARM LABOR ASSOCIATION Address change Doing business as 26-0611911 Name change Number and street (or P O box if mail is not delivered to street address) Room/suite 360-455-8064 8830 Tallon Lane Northeast, Suite C C Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated 98516 5,378,758 Lacey G Gross receipts\$ Amended return Name and address of principal officer H(a) Is this a group return for subordinates? Application pending DANIEL N. FAZIO 6729 WESTHILL CT SW H(b) Are all subordinates included? If "No," attach a list (see instructions' OLYMPIA 98512 501(c)(3) X 501(c) Tax-exempt status (insert no) Website: www.wafla.org H(c) Group exemption number X Corporation Year of formation 2007 Form of organization Association Other > M State of legal domicile Part I Summary 1 Briefly describe the organization's mission or most significant activities See Schedule O Activities & Governance 2 Check this box ► If the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 10 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 0 6 6 Total number of volunteers (estimate if necessary) 21,126 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 13,3617b b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 115,265 79,980 8 Contributions and grants (Part VIII, line 1h) 3,663,351 5,246,594 9 Program service revenue (Part VIII, line 2g) -1,784-2,249 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 33,189 50,005 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,810,021 5,374,330 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A) Lines 5 10)

16a Professional fundraising fees (Part IX, column (A), line 11e) 332,848 450,516 Expenses b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 1 (24e) AUG 2 5 2015 3,297,974 4,287,737 4,738,253 3,630,822 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 179,199 636,077 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 3,937,108 4,809,181 325,953 561,721 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 611,155 ,247,460 Part II Signature Block Under penalties of perjury, I/de lare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete occlaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign 4Here

DANIEL N. FAZIO EXECUTIVE DIRECTOR Type or print name and title

Pnnt/Type preparer's name PTIN Check STEVEN DAVIS, CPA self-employed P01052157 Preparer

Davis, Accounting Tax & Audit Services Firm's EIN 27-4818843 Firm's name 123 Fir St NE

360-556-7400 Olympia, WA 98506-4633 Phone no May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes

tise Only

Form 990 (2014) WASHINGTON FA	ARM LABOR ASSOCIATION	26-0611911	Page 2
Part III Statement of Program	n Service Accomplishments		
Check if Schedule O co	ontains a response or note to any lin	ne in this Part III	X
1 Briefly describe the organization's miss	sion		
See Schedule O			
	• •	•	
2 Did the organization undertake any sign	nificant program services during the year while	ch were not listed on the	
prior Form 990 or 990-EZ?			Yes X No
If "Yes," describe these new services of	on Schedule O		
	, or make significant changes in how it conduc	cts, any program	
services?	, or many organization and many transfer	out, and brogram	Yes X No
If "Yes," describe these changes on So	chedule O		
-	ervice accomplishments for each of its three li	argest program services, as measured by	
=	c)(4) organizations are required to report the a		
the total expenses, and revenue, if any		amount of grants and anodations to others,	
the total expenses, and revenue, it any	, for each program service reported.		
An (Only)	4,070,857 including grants of \$	\ /Davanua &	
4a (Code) (Expenses \$	The association con) (Revenue \$	nrowi do
	hrough the federal gue		provide
migrant farm labor t	nrough the rederal gue	st worker program.	
	•		•
			••
		- ·	
MIGRANT FARM WORKER	OUSING PROGRAM - THE A HOUSING PROJECT IN RUR SED TO PROVIDE SEASONA	AL EASTERN WASHINGTON	1. THIS
			•
			••
	178,728 including grants of \$ ING & SUPPORT PROGRAMS ,EDUCATION AND TRAININ		
THE THE SECOND S			•
		•	
	-		
		•	
			•
4d Other program services (Describe in S	ichedule ())		
(Expenses \$	including grants of \$) (Revenue \$)
4e Total program service expenses ►) (Revenue \$	

Part IV 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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		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? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C,			
	Part III	5		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a		i	İ
	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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			7.7
	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			37
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			₹.
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	x	
L.	Schedule D, Parts XI and XII	12a	_	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	406		v
42	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	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
þ	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	14b		x
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
15	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_		
10	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 on	-10		
"	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			
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	-10		
13		19		X
20~	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital faculties? If "Yes." complete Schedule H.	20a		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		

Pa	art 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	1		
	domestic 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 or for domestic individuals 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	İ		
	organization's current and former officers, directors, trustees, key employees, and highest compensated	[
	employees? If "Yes," complete Schedule J	23		_X_
24a	·	İ		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	1		
	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		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	ł		
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
~~	If "Yes," complete Schedule L, Part I	25b		
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			X
27	disqualified persons? If "Yes," complete Schedule L, Part II	26		Α.
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	27		x
28	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	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		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	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,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	1		
	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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,]		
_	or iV, and Part V, line 1	34		X
35a		35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	l		
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36	_	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	27		x
38	Part VI	37		-
50	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	38	x	
	19? Note. All Form 990 filers are required to complete Schedule O	1 30	42	

14b

Form 990 (2014)

Form 990 (2014) WASHINGTON FARM LABOR ASSOCIATION 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 12 Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 1b 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and 1c reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 10 Statements, filed for the calendar year ending with or within the year covered by this return X If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 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 X account)? 4a 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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5b X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible as charitable contributions? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c 7d d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? а 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a а 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter. Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources b against amounts due or received from them.) 11h 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 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which b the organization is licensed to issue qualified health plans 13b 13c Enter the amount of reserves on hand X 14a 14a 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

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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 Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 1b b Enter the number of voting members included in line 1a, above, who are independent 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? 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 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 X а The governing body? 8a $\overline{\mathbf{x}}$ b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 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 give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a X X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 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-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records. LORRAINE STEPHENS 8830 TALLON LANE NE WA 98516 LACEY

Form 990 (2014) WASHINGTON	FARM	LABOR	ASSOCIAT:	ION 2	6-0611	911			Pag
Part VII	Compensation of	Officers	, Director	s, Trustees, K	(ey Employ	ees, Hig	hest Co	ompensated	Employees ,	, and
	Independent Cont	tractors								

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - · List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees, and former such persons.

Check this box if heither the org	janization nor an	y reia	ated	orga	nıza	tion c	com	pensated any current office	er, director, or trustee	
(A) Name and Title	Name and Title Average Position hours per week box, unless person (list any Position (do not check more box, unless person officer and a director				s both	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)Dave Manterola	2.00									
Vice President	0.00	X	L	X	l	ll		0	0	0
(2) Jon Warling	1.50									
CHAIRMAN	0.00	x				!		l	0	0
(3) Orlin Knutsen	2.00									
TREASURER	0.00	$ \mathbf{x} $		x				lo	o	o
(4) STACEY GILMORE	0.00	-	-	-	_	f		 		
SECRETARY	2.00	x		x				0	0	0
(5) DAN FAZIO	0.00	┢	 —	₽		\vdash		· · · · · · · · · · · · · · · · · · ·		<u> </u>
(5) DAN FAZIO	40.00	ļ								
EXECUTIVE DIRECTOR	0.00			x				74,500	0	0
(6)				ĺ						
•	1									
(7)										
(8)			}				1			
(9)							-			
(10)			 		<u> </u>	 				
(11)			 							
	•							·	1	

<u>Pa</u>	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)				
	(A) Name and title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	erson	than o	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	cor	(F) Estimated amount other other pension the	of ation	_
		hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-211035-NII3C)	or a	rganiza nd rela ganizat	tion ted	
(12)														
(13)			ļ		-	ļ								
(14)								\ <u></u>						
(15)														<u> </u>
(16)														
(17)														
(18)	- In the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of													
(19)														
	Sub-total	oto to Bort VIII (l	ion (L	L,	Щ.	>	74,500		-	_		
c d	Total from continuation she Total (add lines 1b and 1c)	els to Part VII, t	Seci	ion A	•		••		74,500					
2	Total number of individuals (in reportable compensation from				thos	e lis	ted a	bov	·	\$100,000 of				
3	Did the organization list any for employee on line 1a? If "Yes,"								oyee, or highest compensa	ated	Γ	3	Yes	No X
4	For any individual listed on line organization and related organ	e 1a, is the sum	of re	port	able	соп	pens	satio						
5	individual Did any person listed on line 1 for services rendered to the or									individual	-	5		x x
Sect	ion B. Independent Contracto		63,	COIII	bien	- 30	neuu	ic J	tor such person			<u> </u>		
1	Complete this table for your five compensation from the organi	zation. Report c	ensa omp	ited i	inde _l	pend for t	lent o	conti	dar year ending with or with	in the organization's tax ye	ear.			
	Name and	(A) business address							Descrip	(B) tion of services		Con	(C) npensat	tion
			-											
					_									
								_						
	Total number of independent of	contractors (incli	ıdına	ı but	not	lımit	ed to	the	se listed above) who	····		 		
-	received more than \$100,000	of companestics	from	, vul	. Ora		ation	LIIO:	SO HISTORIED REPORTED	0	1			

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue Total revenue exempt business excluded from tax function under sections 512-514 revenue revenue 1a Federated campaigns 1a 52,125 b Membership dues 1b c Fundraising events 1c d Related organizations 1ď 27,855 Program Service Revenue Contributions, 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1f Q Noncash contributions included in lines 1a-1f 79,980 h Total. Add lines 1a-1f Busn. Code 4,951,665 4,951,665 Guest Worker Program Income 127,364 127,364 Training Income 119,799 119,799 Farmworker Housing Rents 13,457 13,457 Labor Conference Income 8,840 8,840 Consultation income 25,469 13,787 11,682 f All other program service revenue 5,246,594 g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 954 954 Income from investment of tax-exempt bond proceeds Royalties (i) Real (II) Personal 6a Gross rents **b** Less rental exps c Rental inc or (loss) Net rental income or (loss) Gross amount from (i) Securities (II) Other sales of assets 1,225 other than inventor **b** Less cost or other basis & sales exps 4,428 -3,203 c Gain or (loss) -3,203-3,203d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 26,915 26,915 11a Sponsorship Income 541800 15,488 15,488 b Advertising UBI 5,638 5,638 0 Training Products & Services 1,964 All other revenue 1,964 50,005 Total. Add lines 11a-11d 5,374,330 11,538 15,488 5,267,324 Total revenue. See instructions

Part IX Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must co		her organizations must cor	nplete column (A)	
	Check if Schedule O contains a response				
	ot 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 domestic organizations				
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			40 700	
_	trustees, and key employees	74,500	54,768	19,732	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B) Other salaries and wages	308,798	216,576	92,222	
7	~ F	300,190	210,570	32,222	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)			<u>.</u>	
9	Other employee benefits	29,845	19,565	10,280	
10	Payroll taxes	37,373	26,478	10,895	
11	Fees for services (non-employees)	0.70.0			
а	Management	72	72		
b	Legal	30,523	24,812	5,711	
c	Accounting	31,637	3,615	28,022	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	93,222	90,225	2,997	
12	Advertising and promotion	52,596	42,780	9,816	
13	Office expenses	63,352	25,664	37,688	0
14	Information technology	8,699	3,397	5,302	
15	Royalties	62 000	20.704	05 100	
16	Occupancy	63,982	38,794	<u>25,188</u>	
17	Travel	2,493,895	2,490,324	3,571	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	30,242	27,238	3,004	
20	Interest	12,625	12,625		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	101,636	98,362	3,274	
23	Insurance	10,693	6,660	4,033	***************************************
24	Other expenses Itemize expenses not covered				· · · · · · · · · · · · · · · · · · ·
	above (List miscellaneous expenses in line 24e. If	j	}		
	line 24e amount exceeds 10% of line 25, column	İ			•
	(A) amount, list line 24e expenses on Schedule O)				
a	US Consulate & Crossing F	715,630	715,630		
b	Worker Processing Fees	407,563	407,563		
C	DOL Processing & Certific	90,940	90,940		
d	State B&O Taxes - Guest W	63,909	63,909	12 100	····
	All other expenses	16,521	3,323	13,198	
25_		4,738,253	4,463,320	274,933	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 314,905 1 1,326,733 Cash-non-interest bearing 391,633 117,816 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 224,248 31,716 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 Notes and loans receivable, net Inventories for sale or use Я 11,899 18,575 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or 3,513,144 other basis Complete Part VI of Schedule D 10a 3,120,129 10b 393,015 3,184,995 10c b Less accumulated depreciation Investments—publicly traded securities 11 Investments—other securities See Part IV, line 11 12 12 13 13 Investments-program-related. See Part IV, line 11 1,960 1,680 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 3,937,108 4,809,181 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 53,995 100,909 17 Accounts payable and accrued expenses 17 18 Grants payable 18 3,950 197,708 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 268,008 263,104 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 325,953 561,721 26 Total liabilities. Add lines 17 through 25 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. 395*,*792 1,091,748 27 Unrestricted net assets 27 3,155,712 3,215,363 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 3,611,155 4,247,460 Total net assets or fund balances 33 33 3,937,108 4,809,181 Total liabilities and net assets/fund balances

Form 990 (2014)

	Check if Schedule O contains a response or note to any line in this Part XII			L_J
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	[[
	reviewed on a separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	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			
	X Separate basis Consolidated basis Both consolidated and separate basis	i		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
3а	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		
		For	n 990	(2014)

Fom	1 990 (2014) WASHINGTON FARM LABOR ASSOCIATION 26-0611911		Page 12
Pa	art XI Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,374,330
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,738,253
3	Revenue less expenses Subtract line 2 from line 1	3	636,077
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,611,155
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	228
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		
	33, column (B))	10	4,247,460
Pa	rt XII Financial Statements and Reporting		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service **Supplemental Financial Statements**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

2014
Open to Public Inspection

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number WASHINGTON FARM LABOR ASSOCIATION 26-0611911 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I 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 value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 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 a 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 Held at the End of the Tax Year 2a Total number of conservation easements 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of No violations, and enforcement of the conservation easements it holds? Yes 6 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 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

SUITE	dule D (Form 990) 2014 WASHINGIC					200	<u> </u>					age Z
Pa	art III Organizations Maintaining	Collections of	Art, H	listorical T	reasures,	or Oth	er Sim	ilar A	ssets	(conti	inuec	1)
3									· <u>-</u> ·			
а	Public exhibition	d 🗍	Loan or	exchange prog	grams							
ь	Scholarly research	e 🗍	Other	- , ,	-							
C	Preservation for future generations											
4	Provide a description of the organization's co	illections and explain	how the	ev further the o	organization'	s exemnt	numnse	ın Part				
7		medions and explain	THOW UN	sy luttilet tile t	organization	3 CACITIPE	buipose	mi an				
_	XIII											
5	During the year, did the organization solicit o											٦.,
	assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No											
Pa	art IV Escrow and Custodial Arr Complete if the organization 990, Part X, line 21.		s" to Fo	orm 990, Pa	art IV, line	9, or rep	orted	an an	nount	on Foi	r m	
1a	Is the organization an agent, trustee, custodi	an or other intermed	lary for o	contributions o	r other asse	ts not						
	included on Form 990, Part X?		•							□ Y	es	No
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	ahle.	-					<u></u> .		
U	in res, explain the arrangement in rait Am	and complete the lo	nowing t	abic			- 1			Amour	at	
	Daniel and the							4-		7411001	``	
	Beginning balance							1c				
	Additions during the year							1d				
е	Distributions during the year	•						1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for	escrow or cust	todial accour	nt liability?				Y	es	No
b	If "Yes," explain the arrangement in Part XIII	Check here if the ex	xplanatio	n has been pr	rovided in Pa	rt XIII						
Pa	art V Endowment Funds.											
	Complete if the organization	n answered "Yes	" to Fo	rm 990, Pa	rt IV, line	10.						
		(a) Current year		Pnor year	(c) Two yea		(d) Thi	ee years	back	(e) Foi	ur years	back
1a	Beginning of year balance	<u>`</u>								<u> </u>		
	Contributions	·										
	_				 					 		
С	Net investment earnings, gains, and				ļ					Ì		
	losses				<u> </u>							
d	Grants or scholarships									<u> </u>		
е	Other expenditures for facilities and											
	programs]					L		
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1	column (a))	held as							
	Board designated or quasi-endowment	%	· (5 , •••••(,								
	Permanent endowment > %	. "										
		0/										
С	Temporarily restricted endowment ▶	. %										
_	The percentages in lines 2a, 2b, and 2c shou	· ·										
За	Are there endowment funds not in the posse	ssion of the organiza	ation that	t are held and	administered	d for the						
	organization by										Yes	No
	(i) unrelated organizations									3a(i)	↓	<u> </u>
	(ii) related organizations	_								3a(ii)	Ц	<u> </u>
b	If "Yes" to 3a(ii), are the related organizations	s listed as required of	n Sched	lule R?						3b	<u> </u>	
4	Describe in Part XIII the intended uses of the	organization's endo	wment f	unds								
Pa	art VI Land, Buildings, and Equi											
	Complete if the organization		" to Fo	rm 990 Pa	art IV line	11a Se	e Form	990	Part	X line	10	
	Description of property	(a) Cost or other t		(b) Cost or o			ccumulate		1	(d) Book		
	besorption of property	(investment)		(othe			preciation	•	ı	(4) 500.	(Julius	
		(mresunent)		,5810	,	<u> </u>			1-			
	Land				00 011		240	00.	_		FA	FAC
b	Buildings			3,4	00,311		349	, 8US	2	3,0	<u>5U,</u>	<u> </u>
C	Leasehold improvements											
d	Equipment			1	12,833		<u>43</u>	,210)		<u>69,</u>	<u>623</u>
е	Other											
Tota	1. Add lines 1a through 1e (Column (d) must e	equal Form 990, Par	t X, colu	mn (B), line 10)c)				·L	3,1	20,	129

	form 990) 2014 WASHINGTON FARM LABOR	R ASSOCIATION	<u> </u>	Page -
Part VII	Investments—Other Securities.	- F 000 D-+1// I	: 44b	D V 1: 40
	Complete if the organization answered "Yes" to			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method o Cost or end-of-ye	
/1) Financial			Oction challenge	ar maner value
(1) Financial (•			
	eld equity interests		<u> </u>	
(3) Other	•			
(A)				
(B) .				
(C)				
(D)				
(E)	•			
(F) .				
(G)				
(H)	(1)			
	in (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII	Investments—Program Related.	- C 000 Dod IV II	ina 11a Cas Farm 000	Dent V. line 42
	Complete if the organization answered "Yes" to			
	(a) Description of investment	(b) Book value	(c) Method o Cost or end-of-ye	
(1)				
(2)			<u> </u>	·
(3)				
(4)				··
(5)				
(6)				
(7)				
(8)				
(9)				<u> </u>
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 13) ▶			
Part IX	Other Assets. Complete if the organization answered "Yes" to	o Form 990. Part IV. I	ine 11d. See Form 990.	Part X. line 15.
	(a) Description		<u></u>	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	in (b) must equal Form 990, Part X, col (B) line 15)			
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" to line 25.	o Form 990, Part IV, I	ine 11e or 11f. See Form	n 990, Part X,
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes		7	
(2)				
(3)				
(4)			7	
(5)		···		
(6)				
(7)		<u> </u>	7	
(8)	A THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE	<u> </u>	7	
(9)		 	7	
	in (b) must equal Form 990. Part X. col. (B) line 25)		7	

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2014 WASHINGTON FARM LABOR ASS	OCIATION	26-061191:	<u>L</u>	Page 4
Part XI Reconciliation of Revenue per Audited Financial St	tatements With	Revenue per Re	turn.	
Complete if the organization answered "Yes" to Form 9	990, Part IV, line	12a		
1 Total revenue, gains, and other support per audited financial statements			1	5,376,258
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.	, -	ſ		
a Net unrealized gains (losses) on investments	2a		}	
b Donated services and use of facilities	2b			
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIII)	2d		- }	
e Add lines 2a through 2d		·	2e	
3 Subtract line 2e from line 1	• • • •		3	5,376,258
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:) [-	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII)	4b	-1,928		
C Add lines 4a and 4b	<u> </u>		4c	-1.928
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		}	5	-1,928 5,374,330
Part XII Reconciliation of Expenses per Audited Financial S		Expenses per F	- 	
Complete if the organization answered "Yes" to Form 9			\ctu:	
Total expenses and losses per audited financial statements	330, Tartiv, inic	120.	1	4,739,953
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			 +	
	ا مو ا			
a Donated services and use of facilities	2a			
b Prior year adjustments	2b			
c Other losses	2c	1,700		
d Other (Describe in Part XIII)	2d	1,700		1 700
e Add lines 2a through 2d		-	2e	1,700
3 Subtract line 2e from line 1	ז ו		3	4,738,253
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		i		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)	4b		- [
c Add lines 4a and 4b		_	4c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	;)		5	4,738,253
Part XIII Supplemental Information.				
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4;	Part IV, lines 1b and	l 2b, Part V, line 4, Pa	art X, li	ne
2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p				
Part XI, Line 4b - Revenue Amounts Inclu	ided on Ret	urn - Othe:	r	
				1 000
Book Tax Difference - Loss on Disposal of	of Assets	, , \$		-1,928
Part XII, Line 2d - Expense Amounts Incl	uded in Fi	nanciale -	O+1	her
Fait All, line 2d - Expense Amounts inci	.uded III FI	.nanciais -		riet
Book / Tax Depreciation Difference		Ś		1,700
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Part XIII Supplemental Information (continued)

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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.

2014

Department of the Treasury Internal Revenue Service ► 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.

Open to Public Inspection

Name of the organization

WASHINGTON FARM LABOR ASSOCIATION

Employer identification number 26-0611911

Form 990 - Organization's Mission

WASHINGTON FARM LABOR ASSOCIATION'S PRINCIPLE SERVICE IS TO PROVIDE A STABLE WORKFORCE FOR SEASONAL, LABOR-INTENSIVE AGRICULTURAL EMPLOYERS IN OUR STATE BY UNDERTAKING PROJECTS THAT TRAIN (Continued on Schedule O) SEASONAL EMPLOYEES AND EMPLOYERS, THAT PROVIDE SEASONAL FARMWORKER HOUSING, AND THAT PROVIDE FARMERS WITH A LEGAL AND STABLE WORKFORCE THROUGH A GUEST WORKER PROGRAM.

TO BUILD AND MANAGE HOUSING FOR MIGRANT FARM WORKERS AS A NON-PROFIT COMM UNITY BASED ORGANIZATION.

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

All members have the right to vote on the election of the governing board

at an annual meeting.

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

All Members have the right to vote on the election of the governing board

at the annual meeting.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 COPY OF THE FORM 990 IS PROVIDED TO THE BOARD.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy ENFORCEMENT IS UP TO THE BOARD MEMBERS.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

260611911 08/13/2015 4 52 PM

Page 2 Schedule O (Form 990 or 990-EZ) (2014) Employer identification number Name of the organization

26-0611911 WASHINGTON FARM LABOR ASSOCIATION The compensation of all employees is established by the board.

Form 990, Part VI, Line 15b - Compensation Process for Officers The compensation of all employees is established by the board.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation UPON REQUEST

Form 990, Part XI, Line 9 - Reconciliation of Changes - Other Book Tax Difference - Loss on Disposal of Assets 1,928 \$ -1,700Book / Tax Depreciation Difference

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation Required Transfers from Unrestricted - Replace Res 4,988 Depreciation on temp. restricted capital assets \$ 84,837 Net Assets Released - Deprec. on Capital Assets \$ -84,837 Ŝ Required Transfers to Operating Reserve -20,000 Required Transfer to Replacement Reserves \$ -4,988Required Transfers from Unrestricted - Oper. Res. \$ 20,000 Rounding

Form 4562

Name(s) shown on return

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

2011/2

2014

Identifying number

chment

WASHINGTON FARM LABOR ASSOCIATION 26-0611911 Business or activity to which this form relates Indirect Depreciation Part i **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 500,000 Maximum amount (see instructions) 1 Total cost of section 179 property placed in service (see instructions) 2 2 2,000,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation. Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year. Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost 6 Listed property Enter the amount from line 29 7 7 8 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2013 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2015 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 15 Property subject to section 168(f)(1) election 97,250 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 0 17 17 MACRS deductions for assets placed in service in tax years beginning before 2014 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 Placed in Service During 2014 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (f) Method (a) Classification of property placed in (business/investment use (e) Convention (g) Depreciation deduction period service only-see instructions) 19a 3-year property 5-year property 7-year property d _10-year property 15-year property 20-year property S/L g 25-year property 25 yrs S/L Residential rental 27 5 yrs MM property 27 5 vrs MM S/L Nonresidential real MM S/L 39 yrs property S/L Section C—Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System 20a_Class life S/L 12 yrs S/L b 12-year MM S/L 40-year 40 yrs Part IV Summary (See instructions.) 21 4,106 21 Listed property Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 101,356 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

WASHINGTON FARM LABOR ASSOCIATION	26-0611911	
Form 4562 (2014)		Pa

om	4562 (2014)															Page Z
P	art V	Listed Proper used for enter Note: For any very 24b, columns (a	ertainment, re	creation,	or amu	seme	nt.) nileage i	rate or de	eductina	lease e					d prope	erty
	·		-Depreciation								nits for	passeng	er autor	nobiles)		
!4a	Do you hav	ve evidence to support the					Yes	No				evidence			Yes	No
	(a) (b) (c) (d) Type of property Date placed Instruction in service percentage (c) (d) Business/ (nivestment use percentage				(e) Basis for depreciation (business/investment use only)		(f) Recovery penod		(g) Method/ Convention		(h) Depreciation deduction		(i) Elected section 179 cost			
5	•	depreciation allow	•		• •		ervice du	ırıng	<u>. </u>			5	• •			
26		used more than 5				<u>c (366</u>	ijistructi	0113)				<u> </u>			L	<u> </u>
		ord F-150				<u> </u>			I	T				·		
	7	05/01/14			0,79		30	,795	5.0	o s	5/L-		4	,106		
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	Proporti	used 50% or less	is a qualified by	icinose use		Ц			L						L	
<u>., </u>	Property	used 50% of less	in a qualileu bu	ismess use		T			,	T					· · · · · ·	
			%						S/L	<u>:</u>						
			04			1			ļ	S/L						,
8		ounts in column (h	\ \u00e4pec 25 through	ab 27 Enter	horo one	l on kn	21 50		L	J 3/L	2	. 	Δ	,106		
9		ounts in column (i)					5 Z I, þa	ye i	• •	••		0 1		29		
<u> </u>	7100 01111	ounts in column (i)	, line 20. Lines i				tion on	Use of	Vehicles							
on	nplete this	section for vehicle	s used by a sole								d perso	n If you	provide	d vehicle	s	
o y	our employ	vees, first answer t	he questions in	Section C to			7									
		(a Vehic		(b) 1 Vehicle 2			(c) Vehicle 3		d) iide 4	(e) Vehicle 5		(f) Vehicle 6				
0	Total business/investment miles driven during															
	-	(do not include co	• ,		<u> </u>		ļ		}	-	ļ					
1		mmuting miles driv ner personal (nonc		ear							<u> </u>		 			
_	miles dri	•	ommung)													
3		les driven during th	he vear Add				 		 		·					
•		through 32	ic year 7idd]							
4		vehicle available	for personal		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		ng off-duty hours?	•										1			
5	Was the	vehicle used prim	arily by a more													
	than 5%	owner or related p	person?				l	L				1	ļ	<u> </u>		
6	Is anoth	er vehicle available	e for personal us	e?												
			Section C—Que							-						
		questions to deter	-		n to con	pleting	Section	B for ve	hicles us	ed by e	mploye	es who a	are not			
_		owners or related														
7	=	maintain a written i	policy statement	tnat pronibi	is all per	sonal u	se of ve	nicies, in	cluaing o	commuti	ing, by				Yes	No
8		ployees? maintain a written i	nalicy statement	that probabi	e parcar	al uco	of voluc	los even	nt comm	Lutina h	W WOUL					
	-	es? See the instru	-	-	•				•							
9		reat all use of vehi		•	•		3, uncot	0.3, 0. 1	70 01 11101	COMIC				-		
0	-	provide more than		-			mation f	rom vou	r emplov	ees abo	ut the				-	
	_	ne vehicles, and re						•								
1	Do you r	meet the requireme	ents concerning	qualified aut	omobile	demon	stration	use? (Se	ee instruc	ctions)		•	_			
	Note: If	your answer to 37	, 38, 39, 40, or 4	1 is "Yes," c	lo not co	mplete	Section	B for the	covered	l vehicle	s					
P	art VI	<u>Amortization</u>	1	, <u>.</u>					······································					·		
		(a) Description of costs		(b) Date amo begi	tization	(c) Amortizable amoun			nt	Code section		penod	ortization		(f) zation for this year	
	Amadia	ation of coats that I	hogina dueras es			<u></u>	otions\					Percent	-9"			
2	Amortiza	ation of costs that I	oegins during yo	ui ZU 14 tax	year (sec	mstru	cuons).		<u>-</u>		Т				 	
			į													
3	Amortiza	ation of costs that I	hegan before vo	ur 2014 tay 1	vear				1				43			280
4		dd amounte in coli	-			a ta ra-	vort				•		100		·········	280