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# **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

For the 2014 calendar year, or tax year beginning and ending D Employer identification number Check if applicable C Name of organization WA State Assoc for Justice Legal Education Seminars Doing business as Address change Number and street (or PO box if mail is not delivered to street address) Room/suite 91-0981502 Name change 1500 E Telephone number 1809 Seventh Avenue ZIP code Initial return City or town (206) 464-1011 Seattle WA 98101-1324 Final return/terminated Foreign province/state/county Foreign country name Foreign postal code 836,324 G Gross receipts \$ Amended return F Name and address of pnncipal officer Yes X No Application pending H(a) Is this a group return for subordinates? Gerhard Letzing 1809 Seventh Avenue Suite1500, Seattle, WA 98101-1 H(b) Are all subordinates included? If "No," attach a list (see instructions) 501(c)(3) 501(c) ) ◀ (insert no ) 4947(a)(1) or Tax-exempt status Website: ► N/A H(c) Group exemption number ▶ X K Form of organization Corporation Trust Association L Year of formation M State of legal domicile 1976 WA Part I Summary Briefly describe the organization's mission or most significant activities To provide legal education to attorneys and Activities & Governance other interested parties Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets 2 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) . 52 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 0 7a Net unrelated business taxable income from Form 990-T, line 34 0 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) . . . 0 0 Program service revenue (Part VIII, line 2g) . . . . 744.628 836,324 9 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 744,628 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 836,324 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 15 161,111 178,375 Professional fundraising fees (Part IX, column (A), line 11e). 16a b Total fundraising expenses (Part IX, column (D), line 25) → Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e ECEIVED 17 625,904 571,518 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 787,015 749,893 Revenue less expenses Subtract line 18 from line 12 19 -42,387 86,431 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) . 612,986 686,789 21 Total liabilities (Part X, line 26) 393,346 380,718 Net assets or fund balances Subtract line 21 from line 20 219,640 306,071 Signature Block Under penalties of perjury, I deciale that I have examined this equip Including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of prepare sther than officer) is based on all information of which preparer has any knowledge Sign Here 11-9-2015 Type or print name and title Print/Type preparer's name eparer's signature Date Paid Arthur O Beck self-employed P00359802 Preparer Firm's name Arthur O Beck, CPA Firm's EIN > 91-0063072 **Use Only** Firm's address ► 310-120th Ave NE, Suite 201, Bellevue, WA 98005 Phone no 425-453-0498 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Form 9	90 (2014) WA State Assoc for Justice Legal Education Seminars	91-0981502	Page <b>2</b>
	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III.		
1	Briefly describe the organization's mission		
	To provide continuing education to the legal profession and other interested parties		
			·
2	Did the organization undertake any significant program services during the year which were not listed or		
	the prior Form 990 or 990-EZ?	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		[ <del>[</del> ]
	services?	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program ser expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants at the total expenses, and revenue, if any, for each program service reported		
4a	(Code ) (Expenses \$ 571,518 including grants of \$ ) (Re	evenue \$	<u> </u>
74	Direct costs of legal education presented to attorneys and others		
		*******************	
4b	(Code: ) (Expenses \$ Including grants of \$ ) (Re	venue \$	)
		<b></b>	
4c	(Code ) (Expenses \$ including grants of \$ ) (Re	venue \$	)
		<del></del>	
	·		
4d	Other program services. (Describe in Schedule O ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$	0)	
40	Total program saying expanses 571.518		

Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х 1 Х 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Х candidates for public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Х election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, 5 Х Part III . . 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 Х 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 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ complete Schedule D, Part III . . Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Х 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 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 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete 11a Schedule D, Part VI . 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 c 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 Х 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a Х b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," 12b and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Χ Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E... 13 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Х for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions). . . . . 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . . . . . . . . . . . . . . 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 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?

Par	V Checklist of Required Schedules (continued)	1		
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		Х
00	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	<u> </u>		^
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Х
22	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	1		
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
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		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds? :	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	254		v
	990-EZ? If "Yes," complete Schedule L, Part I.  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	25b		Х
26	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part 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		X
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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N,</i>	50		^
31	Part I	31		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
Ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	256		
	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	х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-	<del>-^</del>	
51	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
- <b>-</b>	19? <b>Note</b> . All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990	(2014)

1 01111 330 (2014)	VVA State Association Sustice Legal Education Community		0.7.000.1002	3
	Statements Regarding Other IRS Filings and Tax Compliance			_
•	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		<u>L</u>
		<del>.</del>	Ye	8
		1 4 - 1	4 5056856 60266	70 B

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .	1a	_1		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	reportable			
	gaming (gambling) winnings to prize winners?	 ! !	1c	X	N.4525
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	0-			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a turno?	0 2b	20.00	
b	if at least one is reported on line 2a, did the organization file all required federal employment tax re <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instruction		20	0.86.85	
20	Did the organization have unrelated business gross income of \$1,000 or more during the year?	0115)	3a	A Shake w	X
3a b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedu		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		3.0		
•••	over, a financial account in a foreign country (such as a bank account, securities account, or other				ĺ
	account)?		4a		Х
b	If "Yes," enter the name of the foreign country:		. 3		<b>(2)</b>
	See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financia	Accounts			
	(FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	·	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	saction?	5b	<b> </b>	X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c	$\vdash$	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	I the			
_	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 contribu	itions or	6b		l
-	gifts were not tax deductible?	•	60	377	33:33
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	or anods			
а	and services provided to the payor?	n goods	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	was			
	required to file Form 8282?		7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			1000
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		7e	oxdot	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cor		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 86		7 <u>g</u>		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			452555555	38 Sect. 35
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain	ned by the			
	sponsoring organization have excess business holdings at any time during the year?		8		YVSST
9	Sponsoring organizations maintaining donor advised funds.		9a	22.50	
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	•	9b	$\vdash$	
b 10	Section 501(c)(7) organizations. Enter:		744	S#238	1
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
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	11a			1
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)	11b		3332	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo		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.		12.5	1985	T.
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	39.00	1000 2
L	Note. See the instructions for additional information the organization must report on Schedule O.			选资	
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	13b			
_	Enter the amount of reserves on hand	13c			
с 14а	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 Sched	ule O	14b		
	ii rooj neo kinoa a i anni i za ta repentina per			9907	(2014)

Part VI

Sect	ion A. Governing Body and Management			,	
4.0	Enter the number of voting members of the governing hady at the and of the tay year	4-	-	Yes	No
ıa	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	<u>1a</u>	52		
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	52		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations				
_	any other officer, director, trustee, or key employee?	mp with	2	200000000	X
3	Did the organization delegate control over management duties customarily performed by or under	he direct	<del></del> -		
•	supervision of officers, directors, or trustees, or key employees to a management company or other		3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	•	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a		5		X
6	Did the organization have members or stockholders?		6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	 appoint		<del>  ^  </del>	
	one or more members of the governing body?	арропк	7a	x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	•	<del>, u</del>		
_	stockholders, or persons other than the governing body?	ı	7b	$\mid _{X} \mid$	
8	Did the organization contemporaneously document the meetings held or written actions undertaken			× 3,20	Trans
•	the year by the following:	r ddinig			
а	The governing body? .		8a	X	TORUS.
b	Each committee with authority to act on behalf of the governing body?	• •	8b	$\frac{x}{x}$	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	eached	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>		
	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		)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		_ <u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	poses? .	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body befo	re filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		1047		1007
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 g		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	Х	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	Х	un unballitä
15	Did the process for determining compensation of the following persons include a review and approve				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?			
a	The organization's CEO, Executive Director, or top management official.		15a		
b	Other officers or key employees of the organization		15b	e: ~>>>>i	925 m \$17.4
	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 arrangements at the state of the second state o	ement			
	with a taxable entity during the year?		16a	City Allower 12	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the state of th				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeg	uaro	401		
C +	the organization's exempt status with respect to such arrangements?		16b		
	ion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed   ► WA				
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	-T (Section 501/a)	(3)6 001	`	
10	available for public inspection. Indicate how you made these available Check all that apply	- i (Gecuon Son(C))	(J)S UIIIY	j	
		olain ın Schedule C	))		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, c		•	4	
	financial statements available to the public during the tax year	Jor or interest pr	og, arr	_	
20	State the name, address, and telephone number of the person who possesses the organization's be	ooks and records	<b>•</b>		
	Gerhard Letzing	(206) 464-101	1		
	1809 Seventh Avenue Suite1500, Seattle, WA 98101-1324				

<del></del>												
•												
Form 990 (2014)	WA State Assoc for Justice Legal E	ducation Semin	ars							91-09815	i02 Pa	age <b>7</b>
Part VII	Compensation of Officers, Dire			(ey	Em	plo	yee	s, ł	lighest Comp	ensated		<del>* .</del>
•	Employees, and Independent C	ontractors									Г	¬
	Check if Schedule O contains a re	<del>`</del>			_						<u>· · L</u>	
Section A.	Officers, Directors, Trustees, Key E									*** ***		
	this table for all persons required to be l	isted. Report co	mper	nsati	on i	for t	he ca	lend	dar year ending v	with or within the		
organization's	•			- 41		J	J I _					
	of the organization's <b>current</b> officers, di ion Enter -0- in columns (D), (E), and (l						iuais	or o	rganizations), re	gardiess of amo	urit	
	of the organization's <b>current</b> key emplo						defin	itior	of "kev emplove	ee "		
	organization's five current highest con										yee)	
	reportable compensation (Box 5 of Fore											
organization a	and any related organizations											
	of the organization's <b>former</b> officers, ke eportable compensation from the organ	• •	_			-		ed e	employees who r	eceived more th	an	
	of the organization's <b>former directors o</b> more than \$10,000 of reportable compe										the	
	n the following order: individual trustees employees, and former such persons	or directors, ins	titutio	onal	trus	stee	s, offi	cers	s, key employees	s, highest		
X Check th	is box if neither the organization nor any	related organiz	ation	cor	npe	nsa	ted a	ny c	urrent officer, dir	ector, or trustee		
					((	C)						
		_				ution						
	(A) Name and Title	(B) Average					than o		(D) Reportable	(E) Reportable	(F) Estimated	d
		hours per	officer and a di					compensation	compensation from related	amount o	of	
		week (list any hours for	or d	Inst	Officer	₹ ey	불	Former	from the	organizations	compensati	on
		related organizations	irect Substitution	Institutional	Ř	e M M	est o	₫	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization	
		below dotted	Individual truste or director	<u>a</u>		employee	Highest comper employee		\  \  \  \  \  \  \  \  \  \  \  \  \		and relate	ed
		line)	l st	ž		l &	<u>  8</u>				organizatio	ıns

(A) Name and Title	(B) Average hours per	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
·	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Todd Nichols	5 00									
President	5 00			X			<u> </u>	0		<del></del>
(2) Jeffrey H Sadler '	5 00			١						
Secretary	5 00			X	<u> </u>			. 0		
(3) Gregory Price	5.00			,			İ			
Treasurer	5 00		<del> </del>	X	<del> </del>			0		
(4)										
(5)										
(6)								,		
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

	(A) Name and title	(B) Average hours per	box,	unles er an	Pos neck ss pe	rson	than o	n an Reportable tee) compensation		(E) Reportal compensa from rela	ation	(F) Estimat amount other	ted t of
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizati (W-2/1099-I	ons	compens from the organize and rela organiza	ation he ition ited
(15)													
(16)													
(17)													<del>,</del>
(18)													
(19)									-				<del> ,-</del>
(20)													
(21)									-			<del> </del>	
(22)				<b> </b>		_							
(23)													
(25)													
1b	Sub-total		<u>.                                    </u>	l	L	!		<b>&gt;</b>	0		0		0
C	Total from continuation sheets to Part VII, So					•		<b>&gt;</b>	0		0	<u> </u>	0 0
d	Total (add lines 1b and 1c)		ted a	bov	e) v	vho	гесе	ved		,000 of	01		
	reportable compensation from the organization				o <sup>′</sup>								- <del></del>
3	Did the organization list any <b>former</b> officer, dire employee on line 1a? <i>If "Yes," complete Sched</i>		-		oye	e, o	r high	nest	t compensated		,	Yes	No X
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual									ל		4	×
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Ye											5	X
Sec	tion B. Independent Contractors	es, complete sc	, riedu	10 0	101	300	n per	3011		·	1	<u> </u>	1 ^
1	Complete this table for your five highest compe compensation from the organization Report co year											эх	
	(A) Name and business add	ress							(B) Description of sen	vices	С	(C) ompensation	1
													0
						-						<del>.</del>	<u>0</u> 0
		. <u>.</u>											0
	Total number of independent contractors (include	ding but not limit	ed to	tho	ا م	ISTA	d abo	Ve)	who received	7		Gr. S. Gers F. Z	0
2	more than \$100,000 of compensation from the		50 l0 ►				0	-0)				1,000	

Form 990 (2014)

Part VIII Statement of Revenue

	•	Check if Schedule O contains	a response of	r note to any line i	n this Part VIII .		•	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated campaigns	1	a (	1. 最大、重要的	Yangray		
tributions, Gifts, Grants Other Similar Amounts	ь	Membership dues	1	b (				
D E	С	Fundraising events	1	c C				The state of the s
Gifts, Ilar Aı	ď	Related organizations	_	d C		747 X 22 X 33	的古英語,這	
s, G nlla	e	Government grants (contributions	s) 1	e (				
ons Sir	f	All other contributions, gifts, gran	· —			134 435	A THE SECOND STATE OF THE	AND SAME OF A S
buti	'	similar amounts not included abo		ıf C	100 May 12 May 16	Z Z Postupa (A	Charge Car Line	
Contributions, and Other Sim		Noncash contributions included in li		\$ C				
Conf	9		1162 14-11.	•	- Carrie California de Carrie		1 3 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	h_	Total. Add lines 1a–1f	<del> </del>	Business Code	U CANADADA MATANANA	TO ABBRETT AND	Call satisfact 1 als	8004 LITOSASALINA 900000 - LINGSALINAS
9						572464	2.25	
Ven	2a	Seminars		611710	637,790	<del>†</del>		
8	b	Publications and member service	es	611710	18,205	<del></del>		
92/	С	Other programs		611710	180,329			
Program Service Revenue	d				0			
Ē	е				0			
g	f	All other program service revenu-	е .		0			
P	g	Total. Add lines 2a-2f.			836,324			
	3	Investment income (including div	idends, interes	st, and				
					0			
	4	Income from investment of tax-ex	cempt bond pr	oceeds >	0			
	5	Royalties	• • • •	•	0			-
	•		(ı) Real	(II) Personal	487788			
	6a	Gross rents			<b>1</b>	100		
			ļ		1			
	b			0 0	$\exists$		# 1	
	C	Rental income or (loss).	L	0]				
	d	Net rental income or (loss)	(ı) Securities	(ii) Other	leastern Samuel	POWER STREET		
	7a	Gross amount from sales of	(i) Securiues	<del></del>				
	١.	assets other than inventory .		0 0	4			
	b	Less: cost or other basis	ļ					
		and sales expenses .		0 0				
	С	Gain or (loss)	L	<u>ol c</u>				
	d	Net gain or (loss)		<u> </u>	0	DES PROPER CONTROL OF ANY ANY ANALYSIS	Face a Riddinia armid v	4. E
							eres versions	
e n	8a	Gross income from fundraising						
ē		events (not including \$	0	İ				
Še	}	of contributions reported on line	1c).					
7		See Part IV, line 18		a C				
Other Revenue	b	Less. direct expenses		o C				
0	С	Net income or (loss) from fundrai	sing events.	. •	0			
	9a	Gross income from gaming activi	ties.			· (為人)、(認	1	arian di kacamatan kacamat
		See Part IV, line 19		a C		C. R. S.		The state of the s
	Ь	Less. direct expenses		0		7.		
	c	Net income or (loss) from gaming		<b></b>	1 0			
	10a	· · · · ·	,		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	the Shirt to have	Bath of Share Safe	With the state of
		returns and allowances		a C	,		* * * * * * * * * * * * * * * * * * * *	Sir Ay
	Ь			5	, ,	, ;		a
		Net income or (loss) from sales of		·	1 0			
	<del></del>	Miscellaneous Revenue	n miveritory.	Business Code	1	2 -		<del> </del>
	112			22011600 0040	0			<del></del>
	11a				0			- <del></del>
	b				0	<del></del>		<del></del>
	C	All all and an arrangement		<del></del>	0	<del></del>		
	d	All other revenue		L			<del></del>	
	е	Total. Add lines 11a-11d			0			· ; ; ; ; .
	117	Total revenue. See instructions			836,324	0	l 01	O

### Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must complete all c	olumns All other or	rganizations must c	omplete column (A)	
	Check if Schedule O contains a response or note t	o any line in this Pa	nt IX .		
	not include amounts reported on lines 6b, 7b, 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				
	domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic				
	ındıvıduals. See Part IV, iine 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. 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	o			
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	اه			
7	Other salaries and wages	143,437		143,437	
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	ol			
9	Other employee benefits	33,678		33,678	,,,
10	Payroll taxes	1,260		1,260	
11	Fees for services (non-employees).	1,200		7,200	
a	Management	О			
b	Legal	0			
C	Accounting	0			·
-	Lobbying	0			-
d	Professional fundraising services. See Part IV, line 17				
e	Investment management fees				
,	Other. (If line 11g amount exceeds 10% of line 25, column		·····		
g	(A) amount, list line 11g expenses on Schedule O)	o			
12	Advertising and promotion	0			<u>-</u>
13	Office expenses	0			
14	Information technology	0	··	<u></u>	
15		0	<del> </del>		<del></del>
16	Royalties	0	· · ·		
17	Occupancy	0		· · · · · · · · · · · · · · · · · · ·	
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials	o			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	F	0			
	Payments to affiliates	2,343	2,343	0	
22 23	. '	2,343	2,343	U	
23 24	Other expenses. Itemize expenses not covered				
24	above (List miscellaneous expenses in line 24e. If			A Commence of the Commence of	
	line 24e amount exceeds 10% of line 25, column	45		and the state of the state of the same	
	(A) amount, list line 24e expenses on Schedule O.)				
•	Direct costs	380,919	380,919	5. 5. 7. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.	
b	Direct costs - seminars  Direct costs - other programs	70,595	70,595		
C		117,661	117,661		
d		0			
e	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	749,893	571,518	178,375	
26	Joint costs. Complete this line only if the	,550	37 1,510	0,070	
	organization reported in column (B) joint costs				
	from a combined educational campaign and	4			
	fundraising solicitation Check here	i			
	following SOP 98-2 (ASC 958-720)	İ			

Pa	irt X	Balance Sheet				
	-,	Check if Schedule O contains a response or note to any line	e in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		601,454	1	680,943
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		0	4	0
	5	Loans and other receivables from current and former officers, of	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 und 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing emsponsoring organizations of section 501(c)(9) voluntary employees' beneficial				
ets		organizations (see instructions) Complete Part II of Schedule L			6	
Assets	7	Notes and loans receivable, net		0	<del></del>	0
•	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	51
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a		- 194 - 194	* *	
	b	Less accumulated depreciation 10b	210,746	8,138	10c	5,795
	11	Investments—publicly traded securities	•	0		0
	12	Investments—other securities See Part IV, line 11.	•	0		0
	13	Investments—program-related See Part IV, line 11.		0		0
	14	Intangible assets	•	0		0
	15	Other assets. See Part IV, line 11		3,394		0
	16	Total assets. Add lines 1 through 15 (must equal line 34)		612,986		686,789
	17	Accounts payable and accrued expenses		68,083		71,575
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities	4.1.5		20	
	21	Escrow or custodial account liability Complete Part IV of Sched			21	
Liabilities	22	Loans and other payables to current and former officers, director trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			1	
<u>  a</u>	23	Secured mortgages and notes payable to unrelated third partie	c	0	22	0
_	24	Unsecured notes and loans payable to unrelated third parties	<b>5</b> .	0		0
	25	Other liabilities (including federal income tax, payables to relate	ed third			
		parties, and other liabilities not included on lines 17-24) Compl				
		Part X of Schedule D		325,263	25	309,143
	26	Total liabilities. Add lines 17 through 25		393,346		380,718
es		Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34.	► and			
anc	27	Unrestricted net assets		growing the transfer of the authority of the first and the transfer of the second	27	
3a	28	Temporarily restricted net assets			28	
ē	29	Permanently restricted net assets			29	
Fund Balances			► X and			Part San San
ō		Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34.	► A and			
set	30	Capital stock or trust principal, or current funds			30	· · · · · · · · · · · · · · · · · · ·
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
<u>e</u>	32	Retained earnings, endowment, accumulated income, or other	tunds .	219,640		306,071
~	33	Total net assets or fund balances	•	219,640		306,071
	34	Total liabilities and net assets/fund balances		612,986	34	686,789

Form 9	990 (2014) WA State Assoc for Justice Legal Education Seminars	91-0	981502	Page <b>12</b>
Part	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		836,324
2	Total expenses (must equal Part IX, column (A), line 25)	2		749,893
3	Revenue less expenses Subtract line 2 from line 1	3		86,431
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4		219,640
5	Net unrealized gains (losses) on investments .	5		
6	Donated services and use of facilities	6	<del></del>	
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		306,071
Part				
	Check if Schedule O contains a response or note to any line in this Part XII			
1	Accounting method used to prepare the Form 990: X Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O	-		Yes No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?  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			X
b	Were the organization's financial statements audited by an independent accountant?  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		2b	X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		20	
L	the Single Audit Act and OMB Circular A-133?		3a	X
b	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
	required addition addition, explaint with the deficiency of the described any steps taken to undergo such addition	•		290 (204.4)

### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# **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.

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

Name of the organization

2014

OMB No 1545-0047

Open to Public

#form990. Inspection

Employer Identification number

91-0981502 WA State Assoc for Justice Legal Education Seminars Reason for Public Charity Status (All organizations must complete this part ) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross X 9 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 11 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. 0 Enter the number of supported organizations . . . . Provide the following information about the supported organization(s) (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (I) Name of supported organization (described on lines 1-9 listed in your governing support (see other support (see above or IRC section document? instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D) (E)

che	dule A (Form 990 or 990-EZ) 2014 WA State A	Assoc for Justice	Legal Education	Seminars		91-098150	2 Page 2
Рa	rt II Support Schedule for Orga				(A)(iv) and 17	0(b)(1)(A)(vi)	<del></del>
	· (Complete only if you checke						der
	Part III. If the organization fa				-	•	
Sec	tion A. Public Support	.,	_				·
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	, , , , ,		\.,\	(-/	(-7		
•	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants.")						_
_							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						C
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						C
4	Total. Add lines 1 through 3	0	0	0	0	0	C
5	The portion of total contributions by each		Carry Add			No.	
	person (other than a governmental unit	78787			100		
	or publicly supported organization)	100					
	included on line 1 that exceeds 2%						
	of the amount shown on line 11,		and the second				
	column (f)				12.74		
6	Public support. Subtract line 5 from line 4		200				
	tion B. Total Support	Section Control of the Control of th	SECTION OF THE CO., MANY PROCURES		CONSTRUCTION OF THE PARTY OF TH	NAME OF STREET OF STREET	
	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	0	0	0	0	0	(7 .5.2.
8	l l		<u>_</u>		0	·	
0	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						0
0				-			
9	Net income from unrelated business activities, whether or not the business is						
	regularly carried on						0
^	• •			·		-	
0	Other income. Do not include gain or						
	loss from the sale of capital assets						0
4	(Explain in Part VI )						0
7	Total support. Add lines 7 through 10					40	0
	Gross receipts from related activities, etc (se	· ·			[	12	
3	First five years. If the Form 990 is for the or organization, check this box and stop here	•		•		•	
				• • •	· · · ·	• • • • •	
	tion C. Computation of Public Suj				<u> </u>		
4	Public support percentage for 2014 (line 6, c		•	• •	r	14	0 00%
	Public support percentage from 2013 Schedu				-	15	0 00%
6a	33 1/3% support test—2014. If the organization qualifies as				1/3% or more, ched	k this box	▶ [
b	33 1/3% support test—2013. If the organization qualified box and stop here. The organization qualified					check this	▶ _
7a	10%-facts-and-circumstances test-2014	. If the organizatio	n did not check a b	ox on line 13, 16a,	or 16b, and line 14	ļ	
	is 10% or more, and if the organization meet Part VI how the organization meets the "facts	s-and-circumstanc	es" test. The organ	zation qualifies as	a publicly supporte		
L	organization				16h or 17o ond l		▶
O	10%-facts-and-circumstances test—2013 15 is 10% or more, and if the organization ment VI how the organization meets the "facts supported organization."	eets the "facts-and	l-circumstances" te	st, check this box	and stop here. Ex		

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

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

Sec	tion A. Public Support			, ,			
Cale	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")						(
2	Gross receipts from admissions, merchandise			İ			
	sold or services performed, or facilities furnished in any activity that is related to the			ł			
	organization's tax-exempt purpose	796,258	793,852	976,799	744,628	836,324	4,147,86
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						(
4	Tax revenues levied for the organization's		-				
	benefit and either paid to or expended on						
	its behalf						(
5	The value of services or facilities			"			
	furnished by a governmental unit to the			1			
	organization without charge						(
6	Total. Add lines 1 through 5	796,258	793,852	976,799	744,628	836,324	4,147,861
7a	Amounts included on lines 1, 2, and 3				,		
	received from disqualified persons					1	(
ь	Amounts included on lines 2 and 3 received						
_	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the			i			
	amount on line 13 for the year			i			. (
c	Add lines 7a and 7b	0	0	0	0	0	(
8	Public support (Subtract line 7c from						
•	line 6)						4,147,86
Sec	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	796,258	793,852	976,799	744,628	836,324	4,147,861
	Gross income from interest, dividends,				, -		
	payments received on securities loans,						
	rents, royalties and income from similar sources .	1,212		397	66		1,675
h	Unrelated business taxable income (less	, ,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>					
~	section 511 taxes) from businesses						
	acquired after June 30, 1975						(
_	Add lines 10a and 10b	1,212	0	397	66	0	1,675
11	Net income from unrelated business	1,2,1-					1,070
••	activities not included in line 10b, whether						
	or not the business is regularly carried on .	1					C
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						C
13	Total support. (Add lines 9, 10c, 11,	i					<u>-</u>
	and 12)	797,470	793,852	977,196	744,694	836,324	4,149,536
14	First five years. If the Form 990 is for the o						.,, 10,000
• •	organization, check this box and stop here	-		-			<b>&gt;</b>
Soc	tion C. Computation of Public Su					·	
	Public support percentage for 2014 (line 8, c			<u> </u>		15	99 96%
15				"	·	16	99 93%
16 Sec	Public support percentage from 2013 Sched tion D. Computation of Investmen			<del></del>			33 33 76
				dumo (fl)	1	17	0 04%
17	Investment income percentage for 2014 (line					18	0 04%
18	Investment income percentage from 2013 S 33 1/3% support tests—2014. If the organi	station did not check	the hoven line 1:		re than 33 1/3% :		0 07 70
туа	not more than 33 1/3%, check this box and s	ton here. The orga	suization qualifies	as a publiciv sunnoi	rted organization		. <b>▶</b> 🗓
<b>L</b>	33 1/3% support tests—2013. If the organi	ization did not check	ca box on line 14	or line 19a. and line	16 is more than ?	33 1/3%, and	(1
U	line 18 is not more than 33 1/3%, check this	box and stop here.	. The organization	qualifies as a public	cly supported orga	inization	▶ [
20	Private foundation. If the organization did						. ▶
	. , , , ato realisation in the digametricit did t		, ,			-	

#### Part IV **Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A.	All Sup	porting (	Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes." explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

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Part	V Supporting Organizations (continued)			
	•	Constant	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		3	
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
<u> </u>	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations	<del></del>	1	
		50-2342000	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	V854500	10000
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		L
Secti	ion C. Type II Supporting Organizations		V	NIO
	Market and the state of the sta	500 BOOK	Yes	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	4		
Sooti	the supported organization(s) ion D. All Type III Supporting Organizations			
Secu	on b. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	20 B		<b>38.86</b>
•	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	BIXTHAL	*********
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		<b>2</b> .3.	200
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	20 KUROKA	CONTRACTOR OF THE PERSON OF TH
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	uction	s)	
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	unetrue	tions)	1
С		mouuc		
<b>2</b> .	Activities Test Answer (a) and (b) below.	Executed Sci	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	5333		
_	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		أتكني	
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a	الاست	
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	Ja		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b	- 12 P	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	100		

Schedule A (Form 990 or 990-EZ) 2014 WA State Assoc for Justice Legal Education Sem	ınars	91-0	0981502 Page <b>6</b>
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgar	nizations	
1 · Check here if the organization satisfied the Integral Part Test as a qualifying	g trus	st on Nov 20, 1970 See ins	structions. All
other Type III non-functionally integrated supporting organizations must con-	mplet	e Sections A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or	-		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount	_	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other		Activities to	
factors (explain ın detail ın Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	0	0
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	. 8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	or of the last of	0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

emergency temporary reduction (see instructions)

instructions)

	A (Form 990 or 990-EZ) 2014 WA State Assoc for Justice Leg			1-0981502 Page <b>7</b>					
Part \		) Supporting Organi	zations (continued)	<del></del>					
Section	on D - Distributions	<del></del>		Current Year					
1	Amounts paid to supported organizations to accomplish exe								
2	Amounts paid to perform activity that directly furthers exemp	pt purposes of supported	j						
	organizations, in excess of income from activity	<u> </u>							
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations								
4	4 Amounts paid to acquire exempt-use assets								
5	Qualified set-aside amounts (prior IRS approval required)								
6	Other distributions (describe in Part VI) See instructions								
7	Total annual distributions. Add lines 1 through 6			0					
8	Distributions to attentive supported organizations to which t	he organization is respoi	nsive						
	(provide details in Part VI) See instructions	-							
9	Distributable amount for 2014 from Section C, line 6			0					
10	Line 8 amount divided by Line 9 amount			0 000					
			(ii)	(iii)					
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions	Distributable					
	,	Excess distributions	Pre-2014	Amount for 2014					
1	Distributable amount for 2014 from Section C, line 6	***		0					
2	Underdistributions, if any, for years prior to 2014			492020					
_	(reasonable cause required-see instructions)								
3	Excess distributions carryover, if any, to 2014.								
a		7778							
b		10 m / 10 m / 10 m		St. 1889 189 189 189 189 189 189 189 189 18					
<u>c</u>									
d	The contract of the contract o								
<u>u</u>	From 2013								
	Total of lines 3a through e	0							
	Applied to underdistributions of prior years		U STATE OF THE PROPERTY OF THE						
<u>9_</u>	Applied to 2014 distributable amount			U 3838475557 43 382 -5238 38234 38234 38					
	Carryover from 2009 not applied (see instructions)	A-1							
<u>-</u>		0							
-4	Remainder Subtract lines 3g, 3h, and 3i from 3f  Distributions for 2014 from Section								
4	D, line 7 \$ 0								
	Applied to underdistributions of prior years		0						
			0	U September 1112 Assessment 1112					
b_	Remainder Subtract lines 4a and 4b from 4.	0							
<u>c</u> 5	Remaining underdistributions for years prior to 2014, if	127 T. T. P. A. S. S. S. S. S. S. S. S. S. S. S. S. S.	BBBCR0004,7444-10 "C#69294904 (19), 42 124 134 14						
J	any. Subtract lines 3g and 4a from line 2 (if amount								
	greater than zero, see instructions)		<u></u>						
6	Remaining underdistributions for 2014 Subtract lines 3h			\$\$\$\$\$\$\$\$\$\$\$\$\$\\\\\\\\\\\\\\\\\\\\\\\\\					
0	•								
	and 4b from line 1 (If amount greater than zero, see		24	•					
	instructions)	2365. 4	10 mm 10 mm	0					
7	Excess distributions carryover to 2015. Add lines 3j	_							
	and 4c.	0	THE RESERVE TO THE PARTY OF THE	1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
8	Breakdown of line 7								
a									
<u> </u>									
<u>c</u>				5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
d	Excess from 2013	<del> </del>		<del></del>					
<u>e</u>	Excess from 2014	<u> </u>	8. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	· · · · · · · · · · · · · · · · · · ·					

	m 990 or 990-EZ) 2014	WA State Assoc	for Justice Legal Ed	lucation Seminars	9	1-0981502	Page 8
Part VI	Supplemental In	<b>iformation.</b> Provi	ide the explanatio	ns required by Part tional information. (S	II, line 10; Part II,	line 17a or 1	7b, and
	Faitin, inte 12. F	uso complete trus	part for any addit	donar imorriadion. (C	occ manachons).		
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#### SCHEDULE D (Form 990)

# Supplemental Financial Statements

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

► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Schedule D (Form 990) 2014

Department of the Treasury ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization Employer identification number WA State Assoc for Justice Legal Education Seminars 91-0981502 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year 1 2 Aggregate value of contributions to (during year) 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? . . . . Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Total number of conservation easements Total acreage restricted by conservation easements . . . 2b Number of conservation easements on a certified historic structure included in (a). Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 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 8 | Yes | In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. 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: Revenue included in Form 990, Part VIII, line 1. . .

Assets included in Form 990, Part X

Sched	ile D (Form 990) 2014 WA State Assoc for Just	ice Legal Educa	ation Sem	ınars			91-098	1502		Page 2
Part	III Organizations Maintaining Col	lections of A	rt, Histo	rical Tr	easures, or	Other	Similar Asse	ets (cor	ntinue	<u>d)</u>
3	Using the organization's acquisition, access	ion, and other r	ecords, cl	heck any	of the following	g that a	are a significant			
	use of its collection items (check all that app									
а	Public exhibition		d 🗌	Loan	or exchange p	rogram	s			
b	Scholarly research		e 🗍	Other						
c	Preservation for future generations		لحجا							
4	Provide a description of the organization's of Part XIII	collections and	explain ho	w they fu	irther the organ	nızatıor	n's exempt purp	ose in		
_	During the year, did the organization solicit	ar ragaiya dana	tions of o	rt biotori	and transpures.	or other	r aumiliar			
5	assets to be sold to raise funds rather than							Y	es 🔃	No
Part	Complete if the organization ans 990, Part X, line 21.		o Form 9	90, Par	t IV, line 9, o	r repo	rted an amour	nt on Fo	orm	
1a	Is the organization an agent, trustee, custoo	dian or other into	ermediary	for contr	ributions or oth	er asse	ets not			_
b	included on Form 990, Part X?  If "Yes," explain the arrangement in Part XII							Y	es	No
_	roo, enplantance arrangement and account							Amount		
С	Beginning balance		•			1c				0
d	Additions during the year					1d				
е	Distributions during the year .					1e				
f	Ending balance					1f				0
2a	Did the organization include an amount on i	Form 990 Part	X line 21	for escr	ow or custodia	laccor	int liability2		es X	No
_	~						•	ш ''	•3 <u> </u>	1
b	If "Yes," explain the arrangement in Part XII	Check here ii	the expla	nation na	as been provid	ea in P	art XIII .			<u> </u>
Part										
	Complete if the organization ans									
		) Current year	(b) Prior		(c) Two years b		(d) Three years back	_	our years	back
1a	Beginning of year balance	0		<u> </u>		이		<u> </u>		0
b	Contributions							_		
С	Net investment earnings, gains,									
	and losses									
d	Grants or scholarships				-			1		
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	0		0		0		0		0
2	Provide the estimated percentage of the cur	rrent year end b	alance (lii	ne 1g, co	lumn (a)) heid	as <sup>.</sup>				
а	Board designated or quasi-endowment	<b>•</b>	<u>%</u> .							
b	Permanent endowment	%								
C	Temporarily restricted endowment	<u>%</u>								
	The percentages in lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ession of the org	ganızatıon	that are	held and adm	ınıstere	d for the			
	organization by:								Yes	No
	(i) unrelated organizations				•			3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(II), are the related organization							3b		
4	Describe in Part XIII the intended uses of th		endowm	ent funds	<u> </u>					
Part	Land, Buildings, and Equipme Complete if the organization ans		o Form 9	90, Par	t IV, line 11a.	See F	Form 990, Par	t X, lıne	10.	
	Description of property	(a) Cost or other			st or other		ccumulated		ook value	e
		(investme	nt)	basis	s (other)		preciation			
1a	Land		0		0					0
b	Buildings		0		0		0			0
C	Leasehold improvements		0		0		0			0
d	Equipment		0		216,541		210,746			5,795
е	Other		0		0		0			0
Total	Add lines 1a through 1e. (Column (d) must	equal Form 990	, Part X, c	column (E	3), line 10c.)		<b>&gt;</b>			5,795

1. (a) Description of Hability	(b) Book value	18 18	1.4	3.		1.00	1.	4 77	
(1) Federal income taxes	0			11/2		20			
(2) Due to others	309,143				· • 30				
(3) Scholarship clearing				3				Acres 18	
(4)									روند دوند
(5)						×.			
(6)									
_(7)									
(8)									
(9)									1000
Total. (Column (b) must equal Form 990, Part X, ∞I (B) line 25)	309,143		 ئەتسىدىن			2			

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

Page 4

Part		-40-		
	Complete if the organization answered "Yes" to Form 990, Pa	irt iv, line iza.		
1	Total revenue, gains, and other support per audited financial statements		. 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
_		4b		
b	· · · · · · · · · · · · · · · · · · ·	40	40	
_ C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Part	Reconciliation of Expenses per Audited Financial Statem			
	Complete if the organization answered "Yes" to Form 990, Pa	art IV, line 12a.	<del> </del>	<del> </del>
1	Total expenses and losses per audited financial statements		. 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d	<u> </u>	2e	(
3	Subtract line 2e from line 1	_	3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1	33,22,3	<u> </u>
4		1 1	279e752783651	
4	Investment expenses not included on Form 990. Part VIII. line 7h	4a		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
a b	Other (Describe in Part XIII.)	4b	40	
a b c	Other (Describe in Part XIII.)	4b	4c	
a b c 5	Other (Describe in Part XIII.) .  Add lines 4a and 4b	4b	4c 5	
a b c 5 Part	Other (Describe in Part XIII.) .  Add lines 4a and 4b	4b	5	()
a b c 5 Part	Other (Describe in Part XIII.)	4b	5 and 2b, Part V, line 4, Pa	irt X, line
a b c 5 Part	Other (Describe in Part XIII.) .  Add lines 4a and 4b	4b	5 and 2b, Part V, line 4, Pa	rt X, line
a b c 5 Part	Other (Describe in Part XIII.)	4b	5 and 2b, Part V, line 4, Pa	rt X, line
a b c 5 Part	Other (Describe in Part XIII.)	4b	5 and 2b, Part V, line 4, Pa	rt X, line
a b c 5 Part	Other (Describe in Part XIII.)	4b	5 and 2b, Part V, line 4, Pa	rt X, line
a b c 5 Part	Other (Describe in Part XIII.)	4b	5 and 2b, Part V, line 4, Pa	rt X, line
a b c 5 Part	Other (Describe in Part XIII.)	4b	5 and 2b, Part V, line 4, Pa	rt X, line
a b c 5 Part	Other (Describe in Part XIII.)	4b	5 and 2b, Part V, line 4, Pa	irt X, line
a b c 5 Part	Other (Describe in Part XIII.)	4b	5 and 2b, Part V, line 4, Pa	rt X, line
a b c 5 Part	Other (Describe in Part XIII.)	4b	5 and 2b, Part V, line 4, Pa	rt X, line
a b c 5 Part	Other (Describe in Part XIII.)	4b	5 and 2b, Part V, line 4, Pa	rt X, line
a b c 5 Part	Other (Describe in Part XIII.)	4b	5 and 2b, Part V, line 4, Pa	rt X, line
a b c Farti	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Prt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro-	Part IV, lines 1b a	and 2b, Part V, line 4, Panal information	
a b c Farti	Other (Describe in Part XIII.)	Part IV, lines 1b a	and 2b, Part V, line 4, Panal information	
a b c Farti	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Prt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro-	Part IV, lines 1b a	and 2b, Part V, line 4, Panal information	
a b c Farti	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Prt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro-	Part IV, lines 1b a	and 2b, Part V, line 4, Panal information	
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a b c Farti	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Prt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro-	Part IV, lines 1b a	and 2b, Part V, line 4, Panal information	
a b c Farti	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Prt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro-	Part IV, lines 1b a	and 2b, Part V, line 4, Panal information	
a b c Farti	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Prt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro-	Part IV, lines 1b a	and 2b, Part V, line 4, Panal information	
a b c Farti	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Prt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro-	Part IV, lines 1b a	and 2b, Part V, line 4, Panal information	
a b c Farti	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Prt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro-	Part IV, lines 1b a	and 2b, Part V, line 4, Panal information	
a b c Farti	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Prt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro-	Part IV, lines 1b a	and 2b, Part V, line 4, Panal information	
a b c Farti	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Prt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro-	Part IV, lines 1b a	and 2b, Part V, line 4, Panal information	
a b c Farti	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Prt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro-	Part IV, lines 1b a	and 2b, Part V, line 4, Panal information	
a b c Farti	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Prt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro-	Part IV, lines 1b a	and 2b, Part V, line 4, Panal information	

Schedule Q (Form 990		tate Assoc for J	Justice Legal	Education Se	eminars		9	1-0981502	Pa	ge <b>5</b>
Part XIII S	Supplement	al Informatio	n (continue	d)						
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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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

► 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.

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

Schedule O (Form 990 or 990-EZ) (2014)		Page	2
Name of the organization	Employer identification numb	er	
WA State Assoc for Justice Legal Education Seminars	91-0981502		
VVA State Association Sustained Legal Education Certification	101 0001002		_
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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

Open to Publi Inspection

(f)
Direct controlling
entity Employer identification number 91-0981502 End-of-year assets <u>e</u> Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Total income (c)
Legal domicile (state
or foreign country) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity WA State Assoc for Justice Legal Education Seminars Department of the Treasury Internal Revenue Service Name of the organization (1) Part I 2

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9

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Part II

(a)	(a)	(9)	(p)	(e)		b)	_
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity	Section 512(b)(13) controlled entity?	12(b)(13) olled ty?
						Yes	N <sub>o</sub>
(1) Washington State Association for Justice 23-7068627 1809 Seventh Avenue Ste1500 Seattle, WA 98101	Assoc of Trial Attorneys	WA	501(c)(6)		W/A		×
(2)							
(3)							
(4)							
(5)							
(9)							
7)							

Schedule R (Form 990) 2014

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

91-0981502

Schedule R (F	Schedule R (Form 990) 2014	WA State Assoc for Justice Legal Education Seminars	91-0981502
III tag	Identification of R	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34	Part IV, line 34
ran III	because it had one	because it had one or more related organizations treated as a partnership during the tax year.	

(k) ' Percentage ownership						}					(i) Section 512(b)(13) controlled entity?	Yes No								Schedule R (Form 990) 2014
(j) General or managing partner?	Yes No						-			990, Par	(h) Percentage Secownership	Y								le R (Forn
(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)										as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part nizations treated as a corporation or trust during the tax year.	(g) Share of Percend-of-year assets									Schedu
(h) Disproportionate allocations?	Yes No						·			answered year.	<u>m</u>									
(g) Share of end-of- year assets										ization the tax	Share									
Share o										e organ during t	(e) Type of entity (C corp, S corp, or frust)									
(f) Share of total Income										ete if th	Type (Coorp, S									
					+					Comple ration o	(d) Direct controlling entity									
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		I								r Trust a corpo	Direct o									
Prec Incom un exclu tax										ution or	) omicile ign country)									
(d) Direct controlling entity										Corpora	(c) Legal domicile (state or foreign country)		:							
Direct o										e as a ( anizatio	· .									
(c) Legal domicale (state or foreign country)										Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answive live in the 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	(b) Pnmary activity									
>										ization more re			,	ļ - <del>, · ·</del>			,			
(b) Primary activity			}							Organ	5									
Prin										elated it had	organızatı									
<u> </u>					-					on of Recause	) of related									
(a) Name, address, and EiN of related organization										tification ne 34 bo	(a) Name, address, and EIN of related organization									
(a) me, address, and Elh related organization										Iden  V	ne, addres									
Name, reli				(			(6	(6	)	Part IV	Nan		(	(i	))	(	(6)		0	
l		Ξ	(2)	<b>©</b>	3	4	(2)	9	$ \mathbf{S} $	<u>à</u>	1		$\Xi$	<u>3</u>	<u>(6)</u>	<b>a</b>	(2)	9		

36	
<b>l Organizations</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36	
t, 35b	
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Part V	
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Note. Comple	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		2.00	Yes	ş
1 During	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	I in Parts II–IV?			
a Receipt	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	٠	<u>1</u>		×
b Gift, gra	Gift, grant, or capital contribution to related organization(s)		9		×
c Giff, gra	Gift, grant, or capital contribution from related organization(s)		10		×
d Loans o	Loans or loan guarantees to or for related organization(s).		19		×
e Loans c	Loans or loan guarantees by related organization(s)		<b>-9</b>		×
f Dividen	Dividends from related organization(s)		16		×
g Sale of	Sale of assets to related organization(s)		1g		×
h Purchas	Purchase of assets from related organization(s)		<b>1</b>		×
i Exchan	Exchange of assets with related organization(s)		÷		×
j Lease (	Lease of facilities, equipment, or other assets to related organization(s).		1j		×
				<b>3.8</b>	<b>,</b>
A Lease	Lease of radiities, equipment, of other assets from related organization(s).		<u></u>		<b>&lt;</b>
l Perforn	Performance of services or membership or fundraising solicitations for related organization(s)		=		×
m Perform	Performance of services or membership or fundraising solicitations by related organization(s)		Ę		×
n Sharing	Sharing of facılıtıes, equipment, maıling lısts, or other assets with related organization(s)		두	×	
<ul><li>Sharing</li></ul>	Sharing of paid employees with related organization(s)		9	×	
	Reimbursement paid to related organization(s) for expenses .		1 <sub>0</sub>	×	
<b>q</b> Reimbu	Reimbursement paid by related organization(s) for expenses		19		×
				77.00	
r Other tr	Other transfer of cash or property to related organization(s)		+		×
s Other tr	Other transfer of cash or property from related organization(s).		18		×
2 if the ar	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	relationships and transac	tion threst	olds.	
	(b) (b) Name of related occanization	(c)	Method	(d)	Ş
			amon	amount involved	ם פ
			Actual payments	ayments	
(1) Washingtor	(1) Washington State Association for Justice	200,000	$\overline{}$		
(2)					
(3)					
(4)					
(5)					
(9)					
		Sche	Schedule R (Form 990) 2014	rm 990)	2014

91-0981502

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or anote a related organization. See instructions reparding exclusion for certain investment partnerships

or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships	organization	ee instructions r	egarding exclusi	on for certs	ain investment par	tnerships		<u> </u>				
(a)	(a)		E .	<b>©</b>		(6)	E)		(E)	€		(K)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under	Are all partners section 501(c)(3) organizations?	total income	Share of end-of-year assets	Disproportionate allocations?		Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?		Percentage ownership
				Yes No	T_		Yes	ဗို		Yes	ટ	
(1)										<del> </del>		
(2)												
(3)												
(4)												
(5)			-			_						
(9)									-			<u>{</u>
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Schedule R (Form	m 990) 2014	WA State Assoc for J	ustice Legal Educat	ion Seminars		91-0981502	Page 5
Part VII		ental Information					
·	Provide a	ditional information	for responses to	questions on Se	chedule R (see in	structions)	
<del></del>	1 lovide a	addonal information	TOT TESPONSES TO	questions on o	cricable it joec in	iotraotionoj.	
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