

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



# 50th 990

Department of the Treasury

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

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

OMB No. 1545-0047

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

Open to Public

Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection For the 2014 calendar year, or tax year beginning and ending D Employer identification number Name of organization Washington State Association for Justice Foundation Check if applicable Address change Doing business as Room/suite Number and street (or PO box if mail is not delivered to street address) 91-1940182 Name change 1500 Telephone number 1809 Seventh Avenue Initial return City or town ZIP code (206) 464-1011 WA 98101-1324 Seattle Final return/terminated Foreign postal code Foreign country name Foreign province/state/county 857.416 Gross receipts \$ Amended return Yes X No F Name and address of principal officer Application pending H(a) Is this a group return for subordinates? Gerhard Letzing 1809 Seventh Avenue Suite 1500, Seattle, WA 98101 H(b) Are all subordinates included? If "No." attach a list (see instructions) X 501(c)(3) 4947(a)(1) or ) < (insert no ) Tax-exempt status Website: ► N/A H(c) Group exemption number ▶ X Corporation K Form of organization. L Year of formation M State of legal domicile Association 1999 WA Summary Part I Briefly describe the organization's mission or most significant activities: Preparation of Amicus brief reports for the State Supreme Court Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 Number of independent voting members of the governing body (Part VI, line 1b). 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 **Current Year** Prior Year 390,103 514,525 Contributions and grants (Part VIII, line 1h). 9 Program service revenue (Part VIII, line 2g) . Investment income (Part VIII, column (A), lines 3, 4, and 7d) 132,358 60,576 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 522,461 575,101 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 13 Grants and similar amounts paid-(Part-IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 0 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10).

Professional fundraising fees (Part IX, column (A), line 11e)

Total fundraising expenses (Part IX, column (D), line 25) 15 16a b Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).

Total expenses. Add lines 113-17 (must equal Part IX, column (A), line 25). 17 201.002 218,884 18 201,002 218.884 Revenue less expenses Subtract-line 18 from line 12 19 321,459 356,217 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 2.591.324 2.947.541 21 Total liabilities (Part X, line 26) 7,000 7,000 Net assets or fund balances Subtract line 21 from line 20 2,584,324 2,940,541 Signature Block Under penalties of penjury, I deglare that I have examin ncluding accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, ag Sign Here Type or print name and title Preparer's signature Print/Type preparer's name Paid self-employed P00359802 Arthur O Beck Preparer Firm's EIN > 91-0063072 ► Arthur O Beck, CPA Firm's name **Use Only** Firm's address ► 310-120th Ave NE, Suite 201, Bellevue, WA 98005 425-453-0498

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Phone no

Х Yes

Form **990** (2014)

| Part | V Checklist of Required Schedules   |     |                   |                     |
|------|---|-----|-------------------|---------------------|
|      |   |     | Yes               | No                  |
| 1    | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"           |     |                   |                     |
|      | complete Schedule A   | _ 1 | Х                 |                     |
| 2    | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?                       | 2   | Х                 |                     |
| 3    | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to        |     |                   |                     |
|      | candidates for public office? If "Yes," complete Schedule C, Part I   | 3   |                   | X                   |
| 4    | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)           |     |                   |                     |
|      | election in effect during the tax year? If "Yes," complete Schedule C, Part II  | 4   |                   | Х                   |
| 5    | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,            |     |                   |                     |
|      | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,                   |     |                   | ĺ                   |
|      | Part III  | 5   |                   | X                   |
| 6    | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors                 |     |                   |                     |
|      | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If             | i   |                   |                     |
|      | "Yes," complete Schedule D, Part I  | 6   | ļ                 | Х                   |
| 7    | Did the organization receive or hold a conservation easement, including easements to preserve open space,               |     |                   |                     |
|      | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                    | 7   |                   | X                   |
| 8    | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"     |     |                   |                     |
|      | complete Schedule D, Part III   | 8   | $\sqcup$          | Х                   |
| 9    | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a         |     |                   |                     |
|      | custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt       |     |                   |                     |
|      | negotiation services? If "Yes," complete Schedule D, Part IV.   | 9   |                   | X                   |
| 10   | Did the organization, directly or through a related organization, hold assets in temporarily restricted                 |     |                   |                     |
|      | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V                            | 10  | X Showman         | 200                 |
| 11   | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,            |     |                   |                     |
|      | VII, VIII, IX, or X as applicable.  |     | <b>500</b>        |                     |
| а    | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete         |     |                   | ٠,,                 |
| _    | Schedule D, Part VI   | 11a |                   | <u> X</u>           |
| b    | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more            |     |                   | v                   |
|      | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII                                | 11b |                   | X                   |
| С    | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more             |     |                   | v                   |
|      | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.                              | 11c |                   | Х                   |
| d    | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets        | 44  |                   | v                   |
| _    | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d |                   | X                   |
|      | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.  | 11e |                   | ^                   |
| Ţ    | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 146 |                   | х                   |
| 10-  | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f |                   | <u> </u>            |
| ı∠a  | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete     | 122 |                   | Х                   |
| L-   | Schedule D, Parts XI and XII  | 12a | $\longrightarrow$ |                     |
| Ŋ    | and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional             | 12b |                   | Х                   |
| 13   | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                       | 13  |                   | $\frac{\hat{x}}{x}$ |
|      | Did the organization maintain an office, employees, or agents outside of the United States?                             | 14a |                   | Ŷ                   |
|      | 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       |     |                   | <u> </u>            |
|      | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15  | - 1               | Х                   |
|      | 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  |                   | Χ                   |
|      | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on             |     |                   |                     |
|      | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18  |                   | Χ                   |
|      | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?            |     |                   |                     |
|      | If "Yes," complete Schedule G, Part III .   | 19  |                   | Х                   |
|      | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                             | 20a |                   | Х                   |
|      | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?            | 20b |                   |                     |

91-1940182

Form 990 (2014)

| Par | t IV Checklist of Required Schedules (continued)  |      |               |                 |
|-----|---|------|---------------|-----------------|
|     |   |      | Yes           | No              |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21   |               | х               |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III                     | 22   |               | X               |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the   | 1    |               |                 |
|     | organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.   | 23   |               | x               |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than   |      |               |                 |
|     | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a                                    | 24a  |               | х               |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b  |               |                 |
| С   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year   | 1    |               |                 |
|     | to defease any tax-exempt bonds?  | 24c  |               | <u> </u>        |
|     | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d  |               |                 |
|     | 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  |               | х               |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a  |      |               |                 |
|     | prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  | 25b  |               | ×               |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any  |      |               |                 |
|     | current or former officers, directors, trustees, key employees, highest compensated employees, or   |      |               |                 |
|     | disqualified persons? If "Yes," complete Schedule L, Part II  | 26   |               | X               |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,  |      |               |                 |
|     | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled   |      |               |                 |
|     | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III  | 27   | N-5-(10) 400) | X               |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L,   | 1    |               | water S         |
|     | Part IV instructions for applicable filing thresholds, conditions, and exceptions).   | 28a  |               | X               |
| a   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | 20a  |               | <del>  ^-</del> |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28b  |               | х               |
| C   | 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   |               | Χ               |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>                               | 30   |               | ×               |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,   |      |               |                 |
|     | 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   |               | X               |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I                          | 33   |               | 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   | x             |                 |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a  |               |                 |
|     | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled  |      |               |                 |
|     | entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35b  |               |                 |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related  |      |               |                 |
|     | organization? If "Yes," complete Schedule R, Part V, line 2.  | 36   |               | <u>X</u>        |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization  |      |               |                 |
|     | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part   |      |               | v               |
|     | VI  | 37   |               | X               |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and  |      |               |                 |
|     | 19? Note. All Form 990 filers are required to complete Schedule O   | 38 J | ×  <br>990 (  | 204.1           |
|     |   | LOIM | J J U (       | ZU 14)          |

| • | • |
|---|---|
|   |   |
|   |   |

|     | 990 (2014) Washington State Association for Justice Foundation  | 91-1940182  | Р  | age  |
|-----|---|-------------|--|--|
| Par |   |             |  |  |
|     | Check if Schedule O contains a response or note to any line in this Part V  |             | •  | 닏  |
|     |   | Acassas .   | Yes  | No   |
| 1a  | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   | 3           |  |  |
| b   | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  |             |  | ٤,   |
| С   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable                     |             |  |  |
| _   | gaming (gambling) winnings to prize winners?  | 1c          |  |  |
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax   |             |  | ) (3)<br>2, 4)                                   |
|     | Statements, filed for the calendar year ending with or within the year covered by this return  2a                               | 2b          | 1.5  |  |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?.                 |             |  |  |
| 2-  | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)                | 3a          |  | X  |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                   | 3b          | <del>-</del>                                     | <del>  ^</del>                                   |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O                     | 30          |  | -  |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority               | , '         |  |  |
|     | over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?        | 4a          |  | X  |
| L   | If "Yes," enter the name of the foreign country   | 40          | 70140  |  |
| þ   | See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts                     |             | 1  |  |
|     | (FBAR)  |             |  | Silver   |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                           | 5a          | de la constant                                   | Х  |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                | 5b          |  | X  |
| C   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   | 5c          |  | F  |
| 6a  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the                          | .   33      |  | <del>                                     </del> |
| Vu  | organization solicit any contributions that were not tax deductible as charitable contributions?                                | .   6a      |  | х  |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or                  | ·           |  |  |
| _   | gifts were not tax deductible?  | 6b          |  |  |
| 7   | Organizations that may receive deductible contributions under section 170(c).   |             | ( )  |  |
| a   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods                     | 4.5         |  |  |
| _   | and services provided to the payor?   | . 7a        |  | Х  |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                 | 7b          |  |  |
| c   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was                        |             |  |  |
| •   | required to file Form 8282?   | 7c          |  | Х  |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year   |             |  |  |
| e   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                 | 7e          | MINISTER AND | Х  |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                    | 7f          |  | Χ  |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required | <del></del> |  |  |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1096 |             | i  |  |
| 8   | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the                            |             | ÷ .  |  |
|     | sponsoring organization have excess business holdings at any time during the year?  | . 8         |  | Χ  |
| 9   | Sponsoring organizations maintaining donor advised funds.   |             |  |  |
| а   | Did the sponsoring organization make any taxable distributions under section 4966?  | 9a          |  | Χ  |
| b   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                               | 9b          |  | Χ  |
| 10  | Section 501(c)(7) organizations. Enter:   |             |  |  |
| а   | Initiation fees and capital contributions included on Part VIII, line 12  |             |  | 7  |
| 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   |             |  | 5 . <b>r</b> .;                                  |
| b   | Gross income from other sources (Do not net amounts due or paid to other sources  |             |  |  |
|     | against amounts due or received from them )   |             | # X  | er m   |
| 2a  | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                      | 12a         |  |  |
| b   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   |             |  |  |
|     | Section 501(c)(29) qualified nonprofit health insurance issuers.  | \$250E      |  |  |
| а   | Is the organization licensed to issue qualified health plans in more than one state?  | . 13a       |  | (algebras  |
|     | Note. See the instructions for additional information the organization must report on Schedule O.                               |             |  |  |
|     | Enter the amount of reserves the organization is required to maintain by the states in which                                    |             |  |  |
|     | the organization is licensed to issue qualified health plans  |             |  |  |
| С   | Enter the amount of reserves on hand  |             |  |  |

Did the organization receive any payments for indoor tanning services during the tax year? . . . If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

91-1940182

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

|      | Check if Schedule O contains a response of note to any line in this rait vi   | • •             | <u> </u>     |                 |
|------|---|-----------------|--------------|-----------------|
| Sec  | tion A. Governing Body and Management   |                 | 1            | Ι               |
| 1a   | Enter the number of voting members of the governing body at the end of the tax year .  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O |                 | Yes          | No              |
| b    | Enter the number of voting members included in line 1a, above, who are independent  |                 |              |                 |
| 2    | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with  |                 |              |                 |
| -    | any other officer, director, trustee, or key employee?  | 2               |              | Х               |
| 3    | Did the organization delegate control over management duties customarily performed by or under the direct   |                 |              |                 |
| •    | supervision of officers, directors, or trustees, or key employees to a management company or other person?  | 3               |              | ×               |
| 4    | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | 4               |              | X               |
| 5    | Did the organization become aware during the year of a significant diversion of the organization's assets?  | 5               | <del> </del> | X               |
| 6    | Did the organization have members or stockholders?  | 6               |              | X               |
| 7a   | Did the organization have members of stockholders, or other persons who had the power to elect or appoint   | -               |              | <del>  ^</del>  |
| 14   | one or more members of the governing body?  | 7a              |              | Х               |
| b    | Are any governance decisions of the organization reserved to (or subject to approval by) members,   | <u> </u>        |              | <del>  ^`</del> |
|      | stockholders, or persons other than the governing body?   | 7b              |              | x               |
| 8    | Did the organization contemporaneously document the meetings held or written actions undertaken during  |                 | 1200         | 100             |
| 0    | the year by the following:  |                 |              |                 |
| •    | The governing body?   | 8a              | X            | BAPSASS.        |
| a    | Each committee with authority to act on behalf of the governing body?   | 8b              | X            |                 |
| b    | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached   | 00              |              |                 |
| 9    | at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  | 9               |              | Х               |
| Soci | ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C  |                 | 1            |                 |
| 360  | ion b. 1 oncies This Section B requests information about policies not required by the internal Nevenue C   | <del>5000</del> | Yes          | No              |
| 10a  | Did the organization have local chapters, branches, or affiliates?  | 10a             |              | X               |
| b    | If "Yes," did the organization have written policies and procedures governing the activities of such chapters,  | 104             |              |                 |
| D    | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   | 10b             |              |                 |
| 44.  | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?   | 11a             | Х            |                 |
| 11a  | Describe in Schedule O the process, if any, used by the organization to review this Form 990.   | 110             |              | 32.22           |
| b    |   | 1               | X            |                 |
| 12a  | Did the organization have a written conflict of interest policy? If "No," go to line 13   | 12a<br>12b      | X            |                 |
| b    | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  | 120             | -^-          |                 |
| С    | describe in Schedule O how this was done  | 12c             | х            |                 |
| 12   | Did the organization have a written whistleblower policy?   | 13              | X            |                 |
| 13   |   | 14              | X            |                 |
| 14   | Did the organization have a written document retention and destruction policy?  | 14<br>3300      |              | Series 1        |
| 15   | Did the process for determining compensation of the following persons include a review and approval by  |                 | M.           |                 |
|      | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   | 4.5             |              |                 |
| a    | The organization's CEO, Executive Director, or top management official  | 15a             | X            |                 |
| þ    | Other officers or key employees of the organization   | 15b             | 7.650        | 0.2405A         |
|      | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  |                 |              |                 |
| 16a  | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement  | 4.0             |              |                 |
|      | with a taxable entity during the year?  | 16a             | 2243         | X               |
| b    | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its  |                 |              |                 |
|      | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard   | 401             |              |                 |
|      | the organization's exempt status with respect to such arrangements?   | 16b             |              |                 |
|      | ion C. Disclosure   |                 |              |                 |
| 17   | List the states with which a copy of this Form 990 is required to be filed WA   | 0.00            |              |                 |
| 18   | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)   | s only          | )            |                 |
|      | available for public inspection. Indicate how you made these available. Check all that apply  Our washelds. Other (explain in Schodule O)   |                 |              |                 |
| 46   | Own website Another's website X Upon request Other (explain in Schedule O)  | a.,             | 4            |                 |
| 19   | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest poli-   | sy, and         | u            |                 |
| 20   | financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records.  | •               |              |                 |
| 20   |   |                 |              |                 |
|      | Gerhard Letzing (206) 464-1011<br>1809 Seventh Avenue, Suite1500, Seattle, WA 98101-1324  |                 |              |                 |
|      | 1000 OGVENIN AVENUE, OUNC 1000, OCCINIC, VALOO TO 1-1024  |                 |              |                 |

| Form 990 (2014)  | Washington State Association for   |  |                                  |                          |                              |                            |                                |                        |   | 91-1940                                     | 182 Page <b>7</b>  |
|--|--|--|----------------------------------|--------------------------|------------------------------|----------------------------|--------------------------------|------------------------|---|---|--|
| Part VII   | Compensation of Officers, Dire   |  | es, l                            | Key                      | y Er                         | npl                        | oyee                           | s,                     | Highest Comp  | pensated                                    |  |
|  | Employees, and Independent Check if Schedule O contains a r  |  | ote to                           | n ar                     | nv li                        | ne '                       | in thi                         | s P                    | art VII   |   |  |
| Section A.   | Officers, Directors, Trustees, Key E   | · · · · · · · · · · · · · · · · · · ·                                      |                                  |                          | <u> </u>                     |                            |                                |                        | <del></del>   | <u> </u>                                    |  |
|  | this table for all persons required to be  |  |                                  |                          |                              |                            |                                |                        |   | with or within the                          |  |
| organization's   | ·  |  |                                  |                          | •                            |                            |                                |                        | <b>,</b>  |   |  |
| List all     List the     List the     who received     organization a | of the organization's current officers, does not be some control of the organization's current key employerganization's five current highest correportable compensation (Box 5 of Formand any related organizations. | (F) if no compen<br>byees, if any. Se<br>mpensated empl<br>rm W-2 and/or B | sation<br>e inst<br>oyee<br>ox 7 | n watruc<br>s (c<br>of F | as p<br>tions<br>ther<br>orm | ald.<br>s for<br>tha<br>10 | r defir<br>ın an<br>99-MI      | nition<br>offic<br>SC) | n of "key employ<br>er, director, trust<br>of more than \$1 | ee "<br>ee, or key emplo<br>00,000 from the | oyee)  |
|  | of the organization's <b>former</b> officers, ke<br>eportable compensation from the organ  |  |                                  |                          |                              |                            |                                | .eu                    | employees who i   | received more un                            | arı  |
| List all organization, List persons is compensated.                    | of the organization's former directors of the organization's former directors of the following order, individual trustees employees; and former such persons so box if neither the organization nor an               | or trustees that<br>ensation from the<br>s or directors, ins               | rece<br>e org                    | ived<br>and<br>ona       | d, in<br>zatio               | the<br>on a<br>stee        | capa<br>nd an<br>es; off       | y re<br>icer           | lated organizations; key employees                          | ons<br>s; highest                           | the  |
|  |  |  |                                  |                          | (                            | (C)                        |                                |                        |   | 1   |  |
|  | (A)<br>Name and Title  | (B) Average hours per week (list any                                       |                                  | unle<br>er a             | check<br>ess pond a o        | ersor<br>direct            | e than<br>is both<br>tor/trust | an<br>(ee)             | (D) Reportable compensation from                            | (E) Reportable compensation from related    | (F) Estimated amount of other  |
|  |  | hours for<br>related<br>organizations<br>below dotted<br>line)             | or director                      | Institutional trustee    | Officer                      | Key employee               | Highest compensated employee   | Former                 | the organization (W-2/1099-MISC)                            | organizations<br>(W-2/1099-MISC)            | compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) Frank L  | adenburg   | 10 00  |                                  | T                        | 1                            |                            | 1                              |                        |   |   |  |
| President  |  | 0 00   | •                                | _                        | $\bot$                       | _                          | ļ                              | <u> </u>               |   |   |  |
| (2) Bradfor  | d J Fulton   | 10.00<br>0 00  | 1                                |                          |                              |                            |                                |                        |   |   |  |
| (3) Blaine   |  | 10 00  |                                  | t                        | T                            | $\vdash$                   | <del> </del>                   | -                      |   |   |  |
| Secretary/Trea   |  | 0 00   | 1                                |                          |                              |                            |                                |                        |   |   |  |
| (4)  |  |  |                                  |                          |                              |                            |                                |                        |   |   |  |
| (5)  |  |  |                                  |                          |                              |                            |                                |                        |   |   |  |
| (6)  |  |  |                                  |                          |                              |                            |                                |                        |   |   |  |
| (7)  |  |  |                                  |                          |                              |                            |                                |                        |   |   |  |
| (8)  |  |  |                                  |                          |                              |                            |                                |                        |   |   |  |
| (9)  |  |  |                                  |                          |                              |                            |                                |                        |   |   |  |

(11)

(12)

(13)

|              | 990 (2014) Washington State Association art VII Section A. Officers, Directors, Tru  |  |                                   |        | and                  | Hi                  | ahes                         | t C           | ompensated Em                                  |  | 94018<br>tinued |  | Page 8                            |
|--------------|--|--|-----------------------------------|--------|----------------------|---------------------|------------------------------|---------------|--|--|-----------------|--|-----------------------------------|
|              | (A) Name and title   | (B) Average hours per  | (do r                             | not cl | Pos<br>neck<br>ss pe | c)<br>Ition<br>more | than o                       | one<br>n an   | (D) Reportable compensation                    | (E) Reportable compensation                    |                 | (F)<br>Estimati  |                                   |
|              |  | week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | _      | Officer              | Key employee        | Highest compensated employee | Former        | from<br>the<br>organization<br>(W-2/1099-MISC) | from related<br>organizations<br>(W-2/1099-MIS | C) 6            | other<br>compensa<br>from th<br>organiza<br>and relatorganizat | r<br>ation<br>ne<br>ition<br>ited |
| (15)         |  |  |                                   |        |                      |                     |                              |               |  |  | +               |  |                                   |
| (16)         |  |  |                                   |        |                      |                     |                              |               |  |  |                 |  |                                   |
| (17)         |  |  |                                   |        |                      |                     |                              |               |  | ,  |                 |  |                                   |
| (18)         |  |  |                                   |        |                      | -                   |                              |               |  |  |                 |  |                                   |
| (19)         |  |  |                                   |        |                      |                     |                              |               |  |  |                 |  |                                   |
| (20)         |  |  |                                   |        |                      |                     |                              |               |  |  |                 |  |                                   |
| (21)         |  |  |                                   |        |                      |                     |                              |               |  |  |                 |  |                                   |
| (22)         |  |  |                                   |        |                      |                     |                              |               |  |  |                 |  |                                   |
| (23)         |  |  |                                   |        |                      |                     |                              |               |  |  |                 |  |                                   |
| (24)         |  |  |                                   |        |                      |                     |                              |               |  |  |                 |  |                                   |
| (25)         |  |  |                                   |        |                      |                     |                              |               |  |  |                 |  |                                   |
| 1b<br>c<br>d | Sub-total .  Total from continuation sheets to Part VII, Set  Total (add lines 1b and 1c).  Total number of individuals (including but not line) | ection A   |                                   |        | e) w                 | ho                  | · · ·                        | ▶<br>▶<br>ved | 0<br>0<br>0<br>more than \$100                 | ,000 of  | 0<br>0<br>0     |  | 0                                 |
|              | reportable compensation from the organization  | <u> </u>   |                                   |        | 0                    |                     |                              |               |  |  |                 | Yes  | No                                |
| 3            | Did the organization list any <b>former</b> officer, dire employee on line 1a? <i>If "Yes," complete Schedu</i>                                  |  | -                                 |        | -                    |                     | -                            |               |  |  | 3               |  | X                                 |
| 4            | For any individual listed on line 1a, is the sum of the organization and related organizations great individual                                  |  |                                   |        |                      |                     |                              |               | •  | )<br>  | 4               |  | ***<br>X                          |
| 5            | Did any person listed on line 1a receive or according for services rendered to the organization? If "Yes   |  |                                   |        |                      |                     |                              |               |  | idual  | 5               |  | X                                 |
| Sect         | ion B. Independent Contractors   |  | -                                 |        |                      |                     |                              |               |  | ···  |                 |  | ·                                 |
| 1            | Complete this table for your five highest compercompensation from the organization Report conyear  |  |                                   |        |                      |                     |                              |               |  |  | s tax           |  |                                   |
|              | (A)<br>Name and business addr  | ess  |                                   |        |                      |                     |                              |               | (B)<br>Description of serv                     | ices   |                 | (C)<br>ensation  |                                   |
|              |  |  |                                   |        | _                    |                     |                              |               |  |  |                 |  | 0                                 |
|              |  |  | -                                 |        |                      |                     |                              | -             |  |  |                 |  | 0                                 |
|              |  |  |                                   |        |                      |                     |                              |               |  |  |                 |  | 0                                 |
|              |  |  |                                   |        |                      |                     |                              |               |  | Later, James                                   | . Fillocomic-   | ( as about the second  | 0                                 |
| 2            | Total number of independent contractors (includ more than \$100,000 of compensation from the contractors)  |  | ed to t                           | thos   | e lis                | sted                | abov<br>0                    | /e) י         | who received                                   |  |                 |  |                                   |

| Form                                     | 990 (20 | 14) Washington State Associa   | ition for Justice  | e F              | oundation                |   | <u>.</u>                               | 91-1940  | 182                                     | Page   |
|--|---------|--|--|------------------|--------------------------|---|--|--|---|--|
| Par                                      | t VIII  | -  |  |                  |                          |   |  |  |   | $\Box$   |
| DAY D'                                   | 75-05 V | Check if Schedule O contains   | s a response o   | r n              | ote to any line ii       |   | (B)                                    | , (C)  | <del></del>                             | <u></u>  |
|  |         |  |  |                  |                          | (A)<br>Total revenue                    | Related or                             | Unrelated  | Rev                                     | venue  |
| 1  |         |  | Committee of the control of the cont | 140              |                          |   | exempt<br>function                     | business<br>revenue  | 1                                       | ded from<br>er section   |
| A CO                                     |         |  |  | 322.<br>F        |                          |   | revenue                                |  | 1                                       | 2-514  |
| ង ង                                      | 1a      | Federated campaigns  |  | a                | 0                        |   |  |  |   | 7.   |
| ts, Grants<br>Amounts                    | b       | Membership dues  | <b>├</b>   | b                | 0                        |   |  |  |   | resident of  |
| S, S                                     | C       | Fundraising events .   | <u> </u>   | c                | 0                        |   |  |  |   | *  |
| Gifts,<br>illar Ar                       | d       | Related organizations .  | <del>-</del>   | d<br>e           | 0                        |   |  |  |   | * , 4<br>**  |
| ons,<br>Str                              | e       | Government grants (contribution  |  | е                | 0                        |   |  |  |   |  |
| Contributions, Giff<br>and Other Similar | '       | All other contributions, gifts, gran<br>similar amounts not included abo | 1  | lf               | 514,525                  |   |  | A CONTRACTOR OF THE PARTY OF TH |   | TA MARINE  |
| Ēδ                                       | ٦,      | Noncash contributions included in I                                      |  | <u>'''</u><br>\$ | 31 <del>4</del> ,323     |   |  | The same of the sa | 100° C . 00° C .                        |  |
| Conf                                     | h       | Total. Add lines 1a–1f   |  | •                | . •                      | 514,525                                 |  |  |   |  |
| •  |         |  | <u>::</u>  |                  | Business Code            | 2000 S                                  | X 200                                  | 35.600.6500.5  |   |  |
| Vent                                     | 2a      |  |  |                  |                          | 0                                       |  |  |   |  |
| å  | b       |  |  |                  |                          | 0                                       | ·                                      |  |   |  |
| <u> </u>                                 | С       |  |  |                  |                          | 0                                       |  |  | ļ .                                     |  |
| Ser                                      | d       |  |  |                  |                          | 0                                       |  |  | ,                                       |  |
| Ta TI                                    | e       | All other program control revenue  |  | ļ                |                          | 0                                       | -                                      |  | <del> </del>                            |  |
| Program Service Revenue                  |         | All other program service revenue <b>Total.</b> Add lines 2a–2f          | ie   | ı                | <b>-</b>                 |   |  |  | Same Same                               |  |
|  | 3       | Investment income (including div   | vidends intere   | st               |                          |   | ANGE CONTROL TO THE                    | 1885 1 4 2 1 April   | " <del></del>                           |  |
|  | •       | other similar amounts)   |  | - · ,            |                          | 29,819                                  |  |  |   |  |
|  | 4       | Income from investment of tax-e  | xempt bond pr  | oc               | eeds                     | 0                                       |  |  | 1                                       |  |
|  | 5       | Royalties  |  |                  | <u>.</u> <b>&gt;</b>     | 0                                       |  |  |   |  |
|  |         | •  | (ı) Real   |                  | (II) Personal            |   |  | Mar a Service  | 84                                      | 7.87   |
|  | 6a      | Gross rents  |  |                  |                          |   |  |  | \$ 38 ·                                 | Take   |
|  | b       | Less rental expenses   |  | _                |                          |   |  |  |   |  |
|  | Ç       | Rental income or (loss)  |  | 0                | 0                        |   |  |  | 20 1 To 10                              |  |
|  | d       | Net rental income or (loss)  |  |                  | <b>&gt;</b>              | 0                                       | 99525 75955 77996 900 v                | 1984 ) 194 ( start "   | 24A . ^ 85                              | ,  |
|  | 7a      | Gross amount from sales of   | (ı) Securities   | ᆛ                | (II) Other *             |   |  |  | 8 8 CO.                                 | Sec.   |
|  |         | assets other than inventory  |  | 의                | 313,072                  |   |  |  |   |  |
|  | D       | Less: cost or other basis and sales expenses                             |  | o                | 282,315                  |   |  |  |   |  |
|  | _       | Gain or (loss)   |  | 쉬                | 30,757                   | 1 |  |  |   | 1862   |
|  | d       | Net gain or (loss)   |  | <u>.</u>         |                          | 30,757                                  |  |  | 2000                                    | <u> </u>   |
|  |         | ( )  |  | ſ                |                          |   |  | 数据数据数据   | <b>37</b> - 30, 7                       | (# # ·   |
| He                                       | 8a      | Gross income from fundraising  |  | Ī                |                          |   | ###################################### |  | Section of the                          | e de de la companya d |
| /en                                      |         | events (not including \$   | .0   |                  |                          |   |  |  |   | 7 12<br>1 135  |
| Other Revenue                            |         | of contributions reported on line  | 1c)  |                  |                          |   |  |  |   |  |
| e  |         | See Part IV, line 18   |  | "                | 0                        |   |  |  |   | ara gira   |
| )th                                      | b       |  |  | ) [              | 0                        |   |  |  |   |  |
|  | C       | Net income or (loss) from fundrai  |  | ٠ ٦              | <del>.</del> <b>&gt;</b> | 0                                       |  | 295 1200 700   | 5g 5 €                                  | 3  |
|  | 9a      | Gross income from gaming activi  |  |                  | 0                        |   |  |  |   | and a  |
|  | b       |  | <b>.</b>   | - 1              | 0                        |   |  |  | AND |  |
|  | C       | Net income or (loss) from gaming   |  | , r              | •                        | O                                       |  |  |   | a Georgia Procedure  |
|  | 10a     |  | ,  | Ţ                |                          |   |  | W 779  |   | 1870 ·   |
|  |         | returns and allowances   | a  | 1                | 0                        |   |  |  |   | Arras  |
|  | b       |  | <b>t</b>   | -                | 0                        |   |  |  |   | A STATE .  |
|  | С       | Net income or (loss) from sales o  |  |                  | 🕨                        | 0                                       |  |  | 11.                                     |  |
|  |         | Miscellaneous Revenue  |  | 4                | Business Code            |   |  |  | 25 / J.S.                               | i. 🔆 .   |
| j  | 11a     |  |  | ŀ                |                          | 0                                       |  |  |   |  |
|  | b       |  |  | ŀ                |                          | 0                                       | <del></del>                            |  |   |  |
|  | C       | All other revenue  |  | ŀ                |                          | 0                                       |  |  |   |  |
|  | d       | All other revenue  |  | L                |                          | UI                                      |  |  |   |  |

575,101

e Total. Add lines 11a-11d . .

Total revenue. See instructions.

#### Part IX Statement of Functional Expenses

| Sect | ion 501(c)(3) and 501(c)(4) organizations must complete all                 | columns. All other o  | organizations must           | complete column (A                  | )  |  |  |  |
|------|---|-----------------------|------------------------------|-------------------------------------|--|--|--|--|
|      | Check if Schedule O contains a response or note to any line in this Part IX |                       |                              |                                     |  |  |  |  |
|      | not include amounts reported on lines 6b, 7b,<br>9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B) Program service expenses | (C) Management and general expenses | (D)<br>Fundraising<br>expenses   |  |  |  |
| 1    | Grants and other assistance to domestic organizations                       |                       |                              |                                     |  |  |  |  |
|      | domestic governments. See Part IV, line 21                                  | , 0                   |                              | e to the street                     | et. se se se   |  |  |  |
| 2    | Grants and other assistance to domestic                                     |                       |                              |                                     |  |  |  |  |
|      | ındıvıduals. See Part IV, line 22   | 0                     |                              |                                     |  |  |  |  |
| 3    | Grants and other assistance to foreign                                      |                       |                              | 10 24 25                            |  |  |  |  |
|      | organizations, foreign governments, and foreign                             |                       |                              |                                     | The state of the s |  |  |  |
|      | individuals See Part IV, lines 15 and 16                                    | 0                     |                              | المقائلات عن م                      |  |  |  |  |
| 4    | Benefits paid to or for members   | 0                     |                              |                                     |  |  |  |  |
| 5    | Compensation of current officers, directors,                                |                       |                              |                                     | ł  |  |  |  |
|      | trustees, and key employees   | 0                     |                              |                                     |  |  |  |  |
| 6    | Compensation not included above, to disqualified                            |                       |                              |                                     |  |  |  |  |
|      | persons (as defined under section 4958(f)(1)) and                           |                       | ļ.                           |                                     |  |  |  |  |
|      | persons described in section 4958(c)(3)(B)                                  | 0                     | <del> </del>                 |                                     |  |  |  |  |
| 7    | Other salaries and wages  | 0                     |                              |                                     |  |  |  |  |
| 8    | Pension plan accruals and contributions (include                            |                       |                              |                                     |  |  |  |  |
|      | section 401(k) and 403(b) employer contributions)                           | 0                     |                              |                                     |  |  |  |  |
| 9    | Other employee benefits   | 0                     |                              |                                     |  |  |  |  |
| 10   | Payroll taxes   | 0                     |                              |                                     |  |  |  |  |
| 11   | Fees for services (non-employees)   |                       |                              |                                     |  |  |  |  |
| а    | Management  | 0                     |                              |                                     |  |  |  |  |
| b    | Legal   | 0                     |                              |                                     |  |  |  |  |
| С    | Accounting  | 980                   | 980                          |                                     |  |  |  |  |
| d    | Lobbying  | 0                     |                              |                                     |  |  |  |  |
| е    | Professional fundraising services. See Part IV, line 17 .                   | 0                     |                              |                                     |  |  |  |  |
| f    | Investment management fees  | 0                     |                              |                                     |  |  |  |  |
| g    | Other. (if line 11g amount exceeds 10% of line 25, column                   |                       |                              |                                     |  |  |  |  |
|      | (A) amount, list line 11g expenses on Schedule O.)                          | 0                     |                              |                                     |  |  |  |  |
| 12   | Advertising and promotion   | 0                     |                              |                                     |  |  |  |  |
| 13   | Office expenses   | 3,732                 | 3,732                        |                                     |  |  |  |  |
| 14   | Information technology  | 0                     |                              |                                     |  |  |  |  |
| 15   | Royalties   | 0                     |                              |                                     |  |  |  |  |
| 16   | Occupancy   | 0                     |                              |                                     |  |  |  |  |
| 17   | Travel  | 0                     |                              |                                     |  |  |  |  |
| 18   | Payments of travel or entertainment expenses                                |                       |                              |                                     | •  |  |  |  |
|      | for any federal, state, or local public officials                           | 0                     |                              |                                     |  |  |  |  |
| 19   | Conferences, conventions, and meetings                                      | _                     |                              |                                     |  |  |  |  |
| 20   | Interest  | 0                     |                              |                                     |  |  |  |  |
| 21   | Payments to affiliates  | 0                     |                              |                                     |  |  |  |  |
| 22   | Depreciation, depletion, and amortization .                                 | 0                     | 0                            | .0                                  |  |  |  |  |
| 23   | Insurance   | 0                     |                              |                                     |  |  |  |  |
| 24   | Other expenses Itemize expenses not covered                                 |                       |                              |                                     |  |  |  |  |
|      | above (List miscellaneous expenses in line 24e. If                          |                       |                              |                                     |  |  |  |  |
|      | line 24e amount exceeds 10% of line 25, column                              |                       |                              |                                     | 6. 406 A   |  |  |  |
|      | (A) amount, list line 24e expenses on Schedule O)                           |                       |                              |                                     |  |  |  |  |
| а    | Portfolio fees  | 26,146                | 26,146                       |                                     |  |  |  |  |
| b    | Professional contractors  | 176,942               | 176,942                      |                                     |  |  |  |  |
| С    | Research data   | 8,122                 | 8,122                        |                                     |  |  |  |  |
| d    | Travel and accommodations   | 2,962                 | 2,962                        |                                     |  |  |  |  |
| е    | All other expenses  | 0                     |                              |                                     |  |  |  |  |
| 25   | Total functional expenses. Add lines 1 through 24e                          | 218,884               | 218,884                      | 0                                   | <u>C</u>   |  |  |  |
| 26   | Joint costs. Complete this line only if the                                 |                       |                              | /                                   |  |  |  |  |
|      | organization reported in column (B) joint costs                             |                       |                              |                                     |  |  |  |  |
|      | from a combined educational campaign and                                    |                       |                              | ļ                                   |  |  |  |  |
|      | fundraising solicitation. Check here ► if                                   |                       |                              | 1                                   |  |  |  |  |
|      | following SOP 98-2 (ASC 958-720)  |                       |                              |                                     |  |  |  |  |

91-1940182

|                             |          | Check if Schedule O contains a response or note to any line in this Part >  | <b>(</b> , , , , ,                       |               |  |
|-----------------------------|----------|---|--|---------------|--|
|                             |          |   | (A)<br>Beginning of year                 |               | (B)<br>End of year   |
|                             | 1        | Cash—non-interest-bearing   | 195,656                                  | +             | 67,927   |
|                             | 2        | Savings and temporary cash investments  | 2,395,668                                | 2             | 2,879,614  |
|                             | 3        | Pledges and grants receivable, net  | 0  | 3             |  |
|                             | 4        | Accounts receivable, net  | 0  | 4             | <u> </u>   |
|                             | 5        | Loans and other receivables from current and former officers, directors,  | 49.402 37.40                             |               |  |
|                             |          | trustees, key employees, and highest compensated employees.  Complete Part II of Schedule L                       |  | 5             |  |
|                             | 6        | Loans and other receivables from other disqualified persons (as defined under section                             |  |               |  |
|                             |          | 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and                           | 10 10 10 10 10 10 10 10 10 10 10 10 10 1 | 6.2           |  |
| <b>(A</b>                   |          | sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary                                    |  |               |  |
| Assets                      | _        | organizations (see instructions) Complete Part II of Schedule L   |  | 6             |  |
| ASS.                        | 7        | Notes and loans receivable, net   | 0  | - ·           | 0  |
|                             | 8        | Inventories for sale or use   | •  | 8             | 1  |
|                             | 9        | Prepaid expenses and deferred charges   |  | 9             |  |
|                             | 10a      | Land, buildings, and equipment: cost or   |  |               | Programme and the second   |
|                             | ١.       | other basis Complete Part VI of Schedule D 10a 0  |  | A Property of |  |
|                             | b        | Less accumulated depreciation   | 0  |               | 0  |
|                             | 11<br>12 | Investments—publicly traded securities  | 0  |               | 0  |
|                             | 13       | Investments—other securities See Part IV, line 11   | 0  |               | 0  |
|                             | 14       | Investments—program-related. See Part IV, line 11   | 0  |               | 0  |
|                             | 15       | Other assets. See Part IV, line 11  | 0  |               | - 0  |
|                             | 16       | Total assets. Add lines 1 through 15 (must equal line 34)   |  |               | 2,947,541  |
|                             | 17       | Accounts payable and accrued expenses   | 2,051,024                                | 17            | 2,347,341  |
|                             | 18       | Grants payable  |  | 18            |  |
|                             | 19       | Deferred revenue  |  | 19            |  |
|                             | 20       | Tax-exempt bond liabilities   |  | 20            |  |
|                             | 21       | Escrow or custodial account liability Complete Part IV of Schedule D  | ····                                     | 21            |  |
| S                           | 22       | Loans and other payables to current and former officers, directors,   |  |               |  |
| Liabilities                 |          | trustees, key employees, highest compensated employees, and   |  |               | San Salan Street Street  |
| ğ                           |          | disqualified persons. Complete Part II of Schedule L .  |  | 22            |  |
| Ë                           | 23       | Secured mortgages and notes payable to unrelated third parties  | 0  | 23            | 0  |
|                             | 24       | Unsecured notes and loans payable to unrelated third parties  | 7,000                                    | 24            | 7,000  |
|                             | 25       | Other liabilities (including federal income tax, payables to related third  |  |               |  |
|                             |          | parties, and other liabilities not included on lines 17-24). Complete   | j  |               |  |
|                             |          | Part X of Schedule D  | 0  | 25            | 0  |
|                             | 26       | Total liabilities. Add lines 17 through 25  | 7,000                                    | 26            | 7,000  |
| es                          |          | Organizations that follow SFAS 117 (ASC 958), check here ► and complete lines 27 through 29, and lines 33 and 34. |  |               |  |
| ũ                           | 27       | Unrestricted net assets   |  | 27            | and the second s |
| 3ag                         | 28       | Temporarily restricted net assets   |  | 28            |  |
| <b>D</b>                    | 29       | Permanently restricted net assets   |  | 29            |  |
| ᆵ                           |          | · · · · · · · · · · · · · · · · · · ·   |  |               |  |
| Net Assets or Fund Balances |          | Organizations that do not follow SFAS 117 (ASC958), check here X and complete lines 30 through 34.                | + 3-4-3-                                 |               |  |
| iets                        | 30       | Capital stock or trust principal, or current funds  |  | 30            |  |
| Ass                         | 31       | Paid-in or capital surplus, or land, building, or equipment fund  |  | 31            |  |
| et/                         | 32       | Retained earnings, endowment, accumulated income, or other funds  | 2,584,324                                | 32            | 2,940,541  |
| Z                           | 33       | Total net assets or fund balances   | 2,584,324                                |               | 2,940,541  |
|                             | 34       | Total liabilities and net assets/fund balances  | 2,591,324                                | 34            | 2,947,541  |

| Form : | 990 (2014) Washington State Association for Justice Foundation  | <u>91-19401</u> | <u>82 Pa</u>   | ge 12  |  |  |
|--------|---|-----------------|----------------|--------|--|--|
| Par    | 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               | 57             | 5,101  |  |  |
| 2      | Total expenses (must equal Part IX, column (A), line 25)  | 2               | 21             | 8,884  |  |  |
| 3      | Revenue less expenses. Subtract line 2 from line 1  | 3               | 35             | 6,217  |  |  |
| 4      | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))   | 4               | 2,58           | 4,324  |  |  |
| 5      | Net unrealized gains (losses) on investments  | 5               |                |        |  |  |
| 6      | Donated services and use of facilities  | 6               |                |        |  |  |
| 7      | Investment expenses   | 7               |                |        |  |  |
| 8      | Prior period adjustments  | 8               |                |        |  |  |
| 9      | Other changes in net assets or fund balances (explain in Schedule O)  | 9               |                |        |  |  |
| 10     | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,  |                 |                |        |  |  |
|        | column (B))   | 10              | 2,94           | 0,541  |  |  |
| Part   | Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII   |                 | Yes            | No     |  |  |
| 1      | Accounting method used to prepare the Form 990 Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in  Schedule O  |                 | Yes            | No     |  |  |
| 2a     |   |                 |                |        |  |  |
| b      |   |                 |                |        |  |  |
| 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. | . 2             | 2c             |        |  |  |
| 3a     | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  | 3               | а              | x      |  |  |
| b      | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the  |                 |                |        |  |  |
|        | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.  |                 | b              |        |  |  |
|        |   | Fo              | orm <b>990</b> | (2014) |  |  |

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

# Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public

Department of the Treasury Inspection Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service Employer identification number Name of the organization Washington State Association for Justice Foundation 91-1940182 Reason for Public Charity Status (All organizations must complete this part.) See instructions. 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). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 7 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 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 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 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) 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see instructions) above or IRC section document? instructions) (see instructions)) Yes No (A) 91-0981502 9 Х WSAJ Legal Education Seminars (B) (C)

(D)

(E)

Total

| Sch     | edule A (Form 990 or 990-EZ) 2014 Washingto  | on State Associati        | on for Justice Fo                 | undation                              |                      | 91-194018           | 2 Page <b>2</b>   |
|---------|--|---------------------------|-----------------------------------|---------------------------------------|----------------------|---------------------|-------------------|
| Pá      | Support Schedule for Org. (Complete only if you check  | anizations Des            | cribed in Sec<br>ne 5, 7, or 8 of | tions 170(b)(1)<br>Part I or if the   | organization fa      | iled to qualify un- |                   |
| -       | Part III. If the organization fa   | alls to quality ur        | ider the tests ii                 | sted below, pież                      | ase complete i       | Part III.)          |                   |
| _       | ction A. Public Support  | (a) 2010                  | <b>(b)</b> 2011                   | (c) 2012                              | (d) 2013             | (e) 2014            | (f) Total         |
| _       | endar year (or fiscal year beginning in)   | (a) 2010                  | (0) 2011                          | (6) 2012                              | (u) 2013             | (e) 2014            | (I) Iolai         |
| 1       | Gifts, grants, contributions, and  |                           |                                   |                                       |                      |                     |                   |
|         | membership fees received. (Do not include any "unusual grants") .  | ]                         |                                   |                                       |                      |                     | 0                 |
| 2       | Tax revenues levied for the organization's   |                           |                                   |                                       |                      |                     |                   |
| •       | benefit and either paid to or expended on its behalf   |                           |                                   |                                       |                      |                     |                   |
| 3       | The value of services or facilities furnished by a governmental unit to the organization without charge  |                           |                                   |                                       |                      |                     | 0                 |
| 4       | Total, Add lines 1 through 3.  | 0                         | 0                                 | 0                                     | 0                    | 0                   | 0                 |
| 5       | The portion of total contributions by each   |                           |                                   | STATE OF SERVICE                      |                      |                     |                   |
|         | person (other than a governmental unit   |                           |                                   |                                       |                      |                     |                   |
|         | or publicly supported organization)  |                           |                                   |                                       |                      |                     |                   |
|         | included on line 1 that exceeds 2%   | 4.00                      | Applement of the                  |                                       |                      |                     |                   |
|         | of the amount shown on line 11,  | 100                       |                                   |                                       | tion of the same     |                     |                   |
| _       | column (f)   |                           |                                   |                                       |                      |                     |                   |
| 6       | Public support. Subtract line 5 from line 4  | Carl Marketon (A. Carlos) | Name of the second                |                                       |                      |                     | 0                 |
| _       | 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         |
|         |  |                           | (b) 2011<br>0                     |                                       |                      | (e) 2014<br>0       |                   |
| 7<br>8  | Amounts from line 4  | 0                         |                                   | 0                                     | 0                    | <u> </u>            | 0                 |
| •       | Gross income from interest, dividends, payments received on securities loans,  | i                         |                                   |                                       |                      |                     |                   |
|         | rents, royalties and income from similar   |                           |                                   |                                       |                      |                     |                   |
|         | sources  |                           |                                   | 1                                     |                      |                     | 0                 |
| 9       | Net income from unrelated business   |                           |                                   |                                       |                      |                     |                   |
|         | activities, whether or not the business is   |                           |                                   |                                       | İ                    |                     |                   |
|         | regularly carried on   |                           |                                   |                                       |                      |                     | 0                 |
| 0       | Other income. Do not include gain or   |                           |                                   |                                       |                      |                     |                   |
|         | loss from the sale of capital assets   |                           |                                   |                                       |                      |                     |                   |
|         | (Explain in Part VI )  |                           |                                   |                                       | ,                    |                     | 0                 |
| 1       | Total support. Add lines 7 through 10  |                           | Primar Visit                      | J. W. I                               |                      |                     | 0                 |
| 2       | Gross receipts from related activities, etc. (se   | •                         |                                   |                                       | [                    | 12                  |                   |
| 3       | First five years. If the Form 990 is for the or  | -                         |                                   | -                                     | s a section 501(c)(  | 3)                  |                   |
|         | organization, check this box and stop here .   |                           |                                   | • • • •                               |                      |                     |                   |
|         | ction C. Computation of Public Sup   | <del></del>               |                                   | · · · · · · · · · · · · · · · · · · · |                      |                     | 0.000/            |
| 4<br>=  | Public support percentage for 2014 (line 6, c  |                           |                                   |                                       |                      | 15                  | 0 00%             |
| 5<br>6a | Public support percentage from 2013 Schedu   |                           |                                   |                                       |                      | <del></del>         | 0 00%             |
|         | 33 1/3% support test—2014. If the organization qualifies as  | a publicly supporte       | ed organization                   |                                       |                      |                     | · · · <b>&gt;</b> |
| D       | 33 1/3% support test—2013. If the organization qualified box and stop here. The organization qualified   |                           |                                   |                                       | 33 1/3% or more,<br> | check this          | <b>▶</b> □        |
| 7a      | 10%-facts-and-circumstances test—2014 is 10% or more, and if the organization meets Part VI how the organization meets the "facts organization             | s the "facts-and-cire     | cumstances" test,                 | check this box and                    | stop here. Explair   | n in                | . ▶               |
| b       | 10%-facts-and-circumstances test—2013 15 is 10% or more, and if the organization me Part VI how the organization meets the "facts supported organization." | eets the "facts-and-      | circumstances" te:                | st, check this box ai                 | nd stop here. Ex     |                     | <b>.</b> □        |

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.)

| Se   | ction A. Public Support  |   | 0.0 1101.00 101.   |                           |  |                                       |           |
|------|--|---|--------------------|---------------------------|--|---------------------------------------|-----------|
| Cal  | endar year (or fiscal year beginning in)   | (a) 2010                                | (b) 2011           | (c) 2012                  | (d) 2013   | (e) 2014                              | (f) Total |
| 1    | Gifts, grants, contributions, and membership fees  |   |                    |                           |  |                                       |           |
| _    | received (Do not include any "unusual grants ")  |   |                    |                           |  | 514,525                               | 514,52    |
| 2    | Gross receipts from admissions, merchandise sold or services performed, or facilities      |   |                    |                           |  |                                       |           |
|      | furnished in any activity that is related to the   | ,                                       |                    |                           | 1  |                                       |           |
|      | organization's tax-exempt purpose  |   |                    |                           |  |                                       | (         |
| 3    | Gross receipts from activities that are not an   |   |                    |                           |  |                                       |           |
|      | unrelated trade or business under section 513.   |   | <del></del>        |                           |  |                                       |           |
| 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  |   | i                  |                           | ,  |                                       |           |
|      | organization without charge  |   |                    |                           |  |                                       | (         |
| 6    | Total. Add lines 1 through 5   | 0                                       | 0                  | 0                         | 0  | 514,525                               | 514,525   |
| 7a   | Amounts included on lines 1, 2, and 3  |   |                    |                           |  |                                       |           |
|      | received from disqualified persons .   |   |                    |                           |  | <u> </u>                              | (         |
| b    | Amounts included on lines 2 and 3 received   |   |                    |                           |  |                                       |           |
|      | from other than disqualified persons that  |   |                    |                           |  |                                       |           |
|      | exceed the greater of \$5,000 or 1% of the   |   | j                  |                           |  | }                                     |           |
|      | amount on line 13 for the year   |   |                    |                           |  |                                       |           |
| C    | Add lines 7a and 7b  | 0                                       | 0                  | 0                         | 0  | 0                                     |           |
| 8    | Public support (Subtract line 7c from  | 11 480 mg                               | Company            | 4. 6                      |  |                                       |           |
|      | line 6) ...........  | State of the second                     | Serve M            | 13. (41. (41. <b>(43.</b> | # 24 1 ·   |                                       | 514,525   |
|      | tion B. Total Support  |   | ··-                |                           |  |                                       |           |
| Cale | 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  | 0                                       | 0                  | 0                         | 0  | 514,525                               | 514,525   |
| 10a  | Gross income from interest, dividends,   |   |                    |                           |  |                                       |           |
|      | payments received on securities loans,   |   |                    |                           |  |                                       |           |
|      | rents, royalties and income from similar sources .   |   |                    |                           |  |                                       | 0         |
| b    | Unrelated business taxable income (less  | 1                                       |                    |                           |  |                                       |           |
|      | section 511 taxes) from businesses   |   |                    |                           |  |                                       |           |
|      | acquired after June 30, 1975   |   |                    |                           |  |                                       | 0         |
| С    | Add lines 10a and 10b  | 0                                       | 0                  | 0                         | 0  | 0                                     | 0         |
| 11   | Net income from unrelated business   | l                                       | ľ                  | ĺ                         |  |                                       |           |
|      | activities not included in line 10b, whether   |   |                    |                           |  |                                       |           |
|      | or not the business is regularly carried on  |   |                    |                           |  |                                       | 0         |
| 12   | Other income. Do not include gain or   |   | J                  | j                         | ]  |                                       |           |
|      | loss from the sale of capital assets   |   |                    |                           |  |                                       | _         |
|      | (Explain in Part VI.)  |   |                    |                           |  |                                       | 0         |
| 13   | Total support. (Add lines 9, 10c, 11,  |   |                    |                           | _  |                                       |           |
|      | and 12.)   | 0]_                                     | 0]                 | 0[                        | 0]   | 514,525                               | 514,525   |
| 14   | First five years. If the Form 990 is for the org   |   |                    |                           |  | 3)                                    |           |
|      | organization, check this box and stop here.  |   |                    | · · · · ·                 | ·  | · · · · · · · · · · · · · · · · · · · |           |
|      | tion C. Computation of Public Sup  |   |                    |                           | <del></del> -  |                                       |           |
|      | Public support percentage for 2014 (line 8, co   | • |                    |                           | -  | 15                                    | 0 00%     |
|      | Public support percentage from 2013 Schedu   |   |                    |                           |  | 16                                    | 0 00%     |
|      | tion D. Computation of Investment  |   |                    |                           | The state of the s | <del></del>                           |           |
|      | Investment income percentage for 2014 (line  |   | =                  | lumn (f))                 | · ·  | 17                                    | 0 00%     |
|      | Investment income percentage from 2013 Sch   |   |                    |                           |  | 18                                    | 0 00%     |
|      | 33 1/3% support tests—2014. If the organization  |   |                    |                           | · · · · · · · · · · · · · · · · · · ·  | nd line 17 is                         | . —       |
|      | not more than 33 1/3%, check this box and ste  | -                                       |                    |                           | -  |                                       | ▶         |
|      | 33 1/3% support tests—2013. If the organization 18 is not more than 33 1/3%, check this be |   |                    |                           |  |                                       | , I       |
|      | line 18 is not more than 33 1/3%, check this be  |   |                    |                           |  | 11ZaUO11                              |           |
| 20   | Private foundation. If the organization did no   | a check a box on lif                    | ie 14, 19a, or 19b | , cneck this box ar       | ia see instructions  |                                       |           |

#### 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 Supporting Organizations

- 1 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
- 2 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.
- c 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) purposes
- 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.
- 7 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).
- 8 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**.
- 10a 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)

|   | ,                 |            |
|---|-------------------|------------|
| 70 5.20   | Yes               | No         |
| <b>A</b>  |                   |            |
| aide 9  |                   |            |
| 1   | X                 | 2000       |
| Sales and the sales are a |                   | 2000       |
|   |                   | 3.         |
| 16.0  |                   |            |
| 2   |                   | X          |
|   | 200               | 8.7        |
| 3a  | Х                 |            |
|   |                   | 250.70     |
|   |                   |            |
| 1822  |                   |            |
| 3b  | Χ                 |            |
|   |                   |            |
| 3c  | Kraw.             | Х          |
|   | 4633              |            |
|   |                   |            |
| 4a  |                   | X          |
|   |                   |            |
|   |                   |            |
| 4b  |                   | 1          |
|   |                   | 1          |
|   |                   |            |
|   | 40.4              |            |
|   |                   |            |
| 4c  |                   | L          |
| 100   |                   | ***        |
|   |                   |            |
|   |                   |            |
|   |                   |            |
|   |                   |            |
| 5a  |                   | Х          |
|   |                   |            |
| 5b  |                   | CONCACACAN |
| <b>——</b>   |                   | -          |
| 5c  | 4.7               | 500000     |
|   |                   |            |
|   |                   |            |
|   |                   |            |
|   |                   |            |
| 1 6 1   | - Control Control | X          |
|   | 3497.51           | X          |
| V.  | ,                 |            |
|   |                   |            |
| 7   |                   | X          |
| 100   | 1                 |            |
| 8   |                   | X          |
| TOTAL STREET  | 32.0              | 200        |
|   |                   |            |
| *   |                   |            |
| 9a  | and the same of   | X          |
|   |                   |            |
| 9b  |                   | Χ          |
| XX6   |                   |            |
| 9c  | NOTE OF STREET    | y<br>Y     |
|   | <b>286</b> 64     | ŵ          |
|   |                   |            |
|   |                   |            |
| 10a   |                   | Χ_         |
|   |                   |            |
| 10b   |                   |            |

| Part-        | V Supporting Organizations (continued)   |   |                 |                |
|--------------|--|---|-----------------|----------------|
|              |  |   | Yes             | No             |
| 11           | Has the organization accepted a gift or contribution from any of the following persons?  | . 50<br>0.80                                    |                 |                |
| a            | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)   |   |                 |                |
|              | below, the governing body of a supported organization?   | 11a   | ļ               | X              |
| Ь            | A family member of a person described in (a) above?  | 11b   |                 | X              |
| <u>c</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   | <u> </u>        | X              |
| <u>Secti</u> | on B. Type I Supporting Organizations  |   | T               | 7              |
|              |  | ~ 26  | Yes             | No             |
| 1            | Did the directors, trustees, or membership of one or more supported organizations have the power to  |   | <b>X</b> X.1    | 200            |
|              | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the   |   | 77              |                |
|              | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or  |   |                 | 遊              |
|              | 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  | نَشْنُهُ مُنْ مُنْ مُنْ مُنْ مُنْ مُنْ مُنْ مُن | شقشت            | Silver         |
| •            | organizations and what conditions or restrictions, if any, applied to such powers during the tax year.   | 1<br>20546-0                                    | S-280           | 3250           |
| 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,   | 2   | 10.77           | 2              |
| Ca-4:        | supervised, or controlled the supporting organization  | 2   | l               | 1              |
| Secu         | on C. Type II Supporting Organizations   |   | Voc             | No             |
| 1            | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors   | 1.15g   | Yes             | 480            |
| '            | or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control   |   | 15. 2 J         |                |
|              | or management of the supporting organization was vested in the same persons that controlled or managed   | "\" \" \" \" \" \" \" \" \" \" \" \" \"         | <b>X</b> .,     | \$3/<br>- \$3/ |
|              | the supported organization(s).   | 1   | in a same       | 132556         |
| Secti        | on D. All Type III Supporting Organizations  |   | <u> </u>        | <u> </u>       |
| <u> </u>     | on print type in dupporting organizations  |   | Yes             | No             |
| 1            | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the   | 5.48  | e               | 75.            |
|              | organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax  | <b>建</b>  |                 |                |
|              | year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the  | 0.20.13   |                 |                |
|              | organization's governing documents in effect on the date of notification, to the extent not previously provided?   | 1   | X               |                |
| 2            | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported   | 73.53   |                 | 120            |
|              | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how  | 50000   |                 | 2              |
|              | the organization maintained a close and continuous working relationship with the supported organization(s).  | 2   | Х               | -              |
| 3            | By reason of the relationship described in (2), did the organization's supported organizations have a  | 2 10 10 10                                      |                 | 3.             |
|              | 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   | 17.5  | 1               |                |
|              | supported organizations played in this regard  | 3   |                 | X              |
| Secti        | on 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 insti   | ruction   | s)              |                |
| а            | X 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.  |   |                 |                |
| С            | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see   | e instruc                                       | tions)          | )              |
|              |  |   |                 |                |
| 2            | Activities Test. Answer (a) and (b) below.   | 3 \ 550   | 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 <b>Part VI identify</b>   |   | 200             | ATTE           |
|              | the supported organization(s) to which the organization was responsive? If the rest in the |   |                 |                |
|              | how the organization was responsive to those supported organizations, and how the organization determined  |   |                 |                |
|              |  | 2a  | X               | 22             |
| b            | that these activities constituted substantially all of its activities  Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more   | 2a  | 7<br>57 - 47 12 | 3):1           |
| U            | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the  | 32%   | 医核              | dis.           |
|              | reasons for the organization's position that its supported organization(s) would have engaged in these   |   | 1000            | W.             |
|              | activities but for the organization's involvement  | تشفشا<br>2b                                     | Sec. Size       | X              |
| 3            | Parent of Supported Organizations Answer (a) and (b) below.  | 2.8 45  | f Lak           | <del>/</del>   |
| a            | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or  | 2   | )<br>2035es     |                |
|              | trustees of each of the supported organizations? Provide details in Part VI.   | 3a  | 2.5.50          | Χ              |
|              | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each  | 1. 3.5  | 1945h           | resident<br>V  |
|              | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard   | 31  | A CONTRACTOR    |                |

| Schedule A (Form 990 or 990-EZ) 2014 Washington State Association for Justice Founda | ation         | _ 91-                                   | 1940182 Page <b>6</b>       |
|--|---------------|---|-----------------------------|
| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C                   | )rgai         | nizations                               |                             |
| 1 Check here if the organization satisfied the Integral Part Test as a qualifyin     |               |   | structions. All             |
| other Type III non-functionally integrated supporting organizations must co          | mplet         | te 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                                       | C                           |
| 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             |   | l .                         |
| 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) |
| Aggregate fair market value of all non-exempt-use assets (see                        |               | 7 7 7 7 7 7 7 7 7 8 7 8 8 8 8 8 8 8 8 8 |                             |
| 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   |               |   |                             |
| factors (explain in detail in <b>Part VI</b> )                                       |               |   |                             |
| 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             | o                                       | 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             |   | 0                           |
| 2 Enter 85% of line 1  | 2             |   | 0                           |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A)             | <del> 1</del> |   | 0                           |
| 4 Enter greater of line 2 or line 3  | 4             |   | 0                           |
| 5 Income tax imposed in prior year   |               |   |                             |
| o modifie tax imposed in prior year  | 1 🗸           |   |                             |

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

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

instructions)

| Part           | V Type III Non-Functionally Integrated 509(a)(3               | ) Supporting Organi                            | zations (continued)                              |  |
|----------------|---|--|--|--|
|                | on D - Distributions  |  |  | Current Year   |
| 1              | Amounts paid to supported organizations to accomplish exe     | empt purposes                                  |  |  |
| 2              | Amounts paid to perform activity that directly furthers exem  |  | <u> </u>   |  |
|                | organizations, in excess of income from activity              |  |  |  |
| 3              |   | es of supported organiz                        | ations   |  |
| 4              | Amounts paid to acquire exempt-use assets                     | <u> </u>                                       |  |  |
|                | 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.            |  | ·  | C  |
| <del>.</del> 8 | Distributions to attentive supported organizations to which t | he organization is respo                       | nsive  |  |
| •              | (provide details in Part VI) See instructions                 | ,        |  |  |
| 9              | Distributable amount for 2014 from Section C, line 6          |  |  | C  |
| 10             | Line 8 amount divided by Line 9 amount                        |  |  | 0 000  |
|                |   | <u> </u>                                       | (ii)   | (iii)  |
| S              | ection E - Distribution Allocations (see instructions)        | (i)  | Underdistributions                               | Distributable  |
|                | (   | Excess Distributions                           | Pre-2014   | Amount for 2014  |
| 1              | Distributable amount for 2014 from Section C, line 6          |  | 77 C C C C C C C C C C C C C C C C C C           | O  |
| 2              | Underdistributions, if any, for years prior to 2014           |  |  |  |
| _              | (reasonable cause required-see instructions)                  |  |  |  |
| 3              |   | 77512 F 74 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |  | YOMEN AND I  |
| a              | Excess distributions carryover, if any, to 2014               |  |  |  |
| b              |   |  |  | And the second   |
|                |   |  |  |  |
| d              |   |  |  | via de la companya d   |
| e              | From 2013   |  |  | N. Santario Philippin  |
| f              | Total of lines 3a through e                                   | 0  |  | PROPERTY OF THE PROPERTY OF TH |
| q              | Applied to underdistributions of prior years                  |  | 0  | See Comment  |
| h              | Applied to 2014 distributable amount                          |  |  | 0  |
| i              | Carryover from 2009 not applied (see instructions)            |  |  | 143 B. HARLES COMPONENT  |
|                | Remainder Subtract lines 3g, 3h, and 3i from 3f.              | 0  |  |  |
| 4              | Distributions for 2014 from Section                           |  |  | BOOK STATE   |
| •              | D, line 7. \$ 0   |  |  |  |
| a              | Applied to underdistributions of prior years                  |  | 0  |  |
|                | Applied to 2014 distributable amount                          |  |  | 0  |
|                | Remainder Subtract lines 4a and 4b from 4                     | 0  |  | 31.766 27 - 1.75 CV 21   |
| 5              | Remaining underdistributions for years prior to 2014, if      |  | 80 ; 30 c y 60 60 ; 47 4 X 1, 7 1 1 00 5 2 6 5 2 | -Branking 12 mg  |
| •              | any Subtract lines 3g and 4a from line 2 (if amount           |  |  | Section 18 of Brown  |
|                | greater than zero, see instructions)                          |  | 0  |  |
| 6              | Remaining underdistributions for 2014. Subtract lines 3h      |  |  |  |
| •              | and 4b from line 1 (if amount greater than zero, see          |  |  |  |
|                | instructions)   |  |  | 0  |
| 7              | Excess distributions carryover to 2015. Add lines 3           | - / / / / / / / / / / / / / / / / / / /        |  |  |
| -              | and 4c  | o  |  |  |
| 8              | Breakdown of line 7:  |  |  |  |
| a              |   |  |  | The state of the s |
| <u>p</u>       |   |  |  | A STATE OF THE STA |
| c              |   |  |  |  |
| <u>d</u>       | Excess from 2013 0  |  | 1978-1978-1978-1978-1978-1978-1978-1978-         |  |
| <u>~</u>       |   |  |  |  |

| Schedule A (Fo | orm 990 or 990-EZ) 2014 | Washington State                      | Association for Jus   | tice Foundation     |                     | 91-1940182      | Page <b>8</b> |
|----------------|-------------------------|---------------------------------------|-----------------------|---------------------|---------------------|-----------------|---------------|
| Part VI        | Supplemental li         | nformation. Provid                    | e the explanation     | is required by Part | t II, line 10; Part | II, line 17a or | 17b; and      |
| ·              | Part III, line 12 A     | Also complete this p                  | art for any addition  | onal information. ( | See instructions    | ).              |               |
|                |                         |                                       |                       |                     |                     |                 |               |
| Part IV Sec    | tion E Line 2a WSA      | J Legal Education Sen                 | ninars. Assist in pro | viding continuing   |                     |                 |               |
|                |                         |                                       |                       |                     |                     |                 |               |
| education to   | o the profession and    | other interested partie               | 28                    |                     |                     |                 |               |
|                |                         |                                       |                       |                     |                     |                 |               |
|                |                         | · · · · · · · · · · · · · · · · · · · |                       |                     |                     |                 |               |
|                |                         |                                       |                       |                     |                     |                 |               |
|                |                         |                                       |                       |                     |                     |                 |               |
|                |                         |                                       |                       |                     |                     |                 |               |
|                |                         |                                       |                       |                     |                     |                 |               |
|                |                         |                                       |                       |                     |                     |                 |               |
|                |                         |                                       |                       |                     |                     |                 |               |
|                |                         |                                       |                       |                     |                     |                 |               |
|                |                         |                                       |                       |                     |                     |                 |               |
|                |                         |                                       |                       |                     |                     |                 |               |
|                |                         |                                       |                       |                     |                     |                 |               |
|                |                         |                                       |                       |                     |                     |                 |               |
|                |                         |                                       |                       |                     |                     |                 |               |
|                |                         |                                       |                       |                     |                     |                 |               |
|                |                         |                                       |                       |                     |                     |                 |               |
|                |                         |                                       |                       |                     |                     |                 |               |
| <del>-</del> - |                         |                                       |                       |                     |                     |                 |               |
|                |                         |                                       |                       | •                   |                     |                 |               |
|                |                         |                                       |                       |                     |                     |                 |               |
|                |                         |                                       |                       |                     |                     |                 |               |
|                |                         | ·····                                 |                       |                     |                     |                 |               |
|                |                         |                                       |                       |                     |                     |                 |               |
|                |                         |                                       |                       |                     |                     |                 |               |
|                |                         |                                       |                       |                     |                     |                 |               |
|                |                         |                                       |                       |                     |                     |                 |               |
|                |                         |                                       |                       |                     |                     |                 |               |
|                |                         |                                       |                       |                     |                     |                 |               |
|                |                         |                                       |                       |                     |                     |                 |               |
|                |                         |                                       |                       |                     |                     |                 |               |
|                |                         |                                       |                       |                     |                     |                 | •••••         |
|                |                         |                                       |                       |                     |                     |                 |               |
|                |                         |                                       |                       |                     |                     |                 |               |
|                |                         |                                       |                       |                     |                     |                 |               |
|                |                         |                                       |                       |                     |                     |                 | <b></b>       |
|                |                         |                                       |                       |                     |                     |                 |               |
|                |                         |                                       |                       |                     |                     |                 |               |
|                |                         |                                       |                       |                     |                     |                 |               |
|                |                         |                                       |                       |                     |                     |                 |               |
|                |                         |                                       |                       |                     |                     |                 |               |
|                |                         |                                       |                       |                     |                     |                 |               |
|                |                         |                                       |                       |                     |                     |                 |               |
|                |                         |                                       |                       |                     |                     |                 |               |
|                |                         |                                       |                       | ··                  |                     |                 |               |
|                |                         |                                       |                       |                     |                     |                 |               |
|                |                         |                                       |                       |                     |                     |                 |               |

#### SCHEDULE D (Form 990)

# Supplemental Financial Statements Complete if the organization answered "Yes" to Form 990,

► 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.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 2014

Open to Public Inspection

| Name | of the organization  |  | İ                 | Employer identification number          |
|------|--|--|-------------------|---|
| Was  | nington State Association for Justice Foundation   |  |                   | 91-1940182                              |
| Par  |  | sed Funds or Other                         | Similar Fund      | ls or Accounts.                         |
|      | Complete if the organization answered "Y   |  |                   |   |
|      |  | (a) Donor advised funds                    |                   | (b) Funds and other accounts            |
| 1    | Total number at end of year  |  |                   |   |
| 2    | Aggregate value of contributions to (during year) .  |  | -                 | 100 100 100 100 100 100 100 100 100 100 |
| 3    | Aggregate value of grants from (during year) .   |  | <del></del>       |   |
| 4    | Aggregate value at end of year   |  |                   |   |
| 5    | Did the organization inform all donors and donor advis                                       | ors in writing that the as                 | sets held in do   | nor advised                             |
| 3    | funds are the organization's property, subject to the or                                     |  |                   |   |
| 6    | Did the organization inform all grantees, donors, and  | _  | -                 |   |
| Ð    | used only for charitable purposes and not for the bene                                       | _  | -                 |   |
|      |  |  |                   |   |
|      | purpose conferring impermissible private benefit?  |  | <del></del>       | L les L No                              |
| Par  |  |  |                   |   |
|      | Complete if the organization answered "Y   |  |                   |   |
| 1    | Purpose(s) of conservation easements held by the org   | janization (check all that                 | apply).           |   |
|      | Preservation of land for public use (e.g., recreation or                                     | education) Pr                              | reservation of a  | historically important land area        |
|      | Protection of natural habitat  | Pr Pr                                      | reservation of a  | certified historic structure            |
|      |  | L.,  |                   |   |
| 2    | Preservation of open space   | a avalified concentation                   | contribution in t | the form of a consequence               |
| 2    | Complete lines 2a through 2d if the organization held  | a qualified conservation (                 | Contribution in ( | A.C. ARRESTOR                           |
|      | easement on the last day of the tax year.  |  |                   | Held at the End of the Tax Year         |
| a    | Total number of conservation easements .   |  | • • • •           | 2a                                      |
| b    | Total acreage restricted by conservation easements .   |  |                   | 2b                                      |
| C    | Number of conservation easements on a certified history                                      |  |                   | 2c                                      |
| ď    | Number of conservation easements included in (c) acc   |  |                   |   |
| _    | historic structure listed in the National Register .   |  |                   | 2d                                      |
| 3    | Number of conservation easements modified, transfer  | red, released, extinguish                  | ied, or terminat  | ed by the organization                  |
| _    | during the tax year  |  | _                 |   |
| 4    | Number of states where property subject to conservat   |  | ·                 |   |
| 5    | Does the organization have a written policy regarding  |  | •                 |   |
| _    | violations, and enforcement of the conservation easen  |  |                   |   |
| 6    | Staff and volunteer hours devoted to monitoring, inspe                                       | cting, and enforcing cons                  | servation easei   | ments during the year                   |
| _    | P  |  |                   |   |
| 7    | Amount of expenses incurred in monitoring, inspecting  | i, and enforcing conserva                  | ation easement    | s during the year                       |
| _    | \$   |  |                   |   |
| 8    | Does each conservation easement reported on line 2(  | <ol> <li>above satisfy the requ</li> </ol> | irements of sec   |   |
| _    | 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?.   |  |                   | ☐ Yes ☐ No                              |
| 9    | In Part XIII, describe how the organization reports con-                                     |  |                   |   |
|      | balance sheet, and include, if applicable, the text of the                                   | _  | ation's financial | statements that describes               |
| 0    | the organization's accounting for conservation easeme  |  |                   |   |
| Pari |  |  |                   | tner Similar Assets.                    |
|      | Complete if the organization answered "Ye  | es" to Form 990, Part                      | 1V, line 8.       |   |
| 1a   | If the organization elected, as permitted under SFAS 1                                       | 16 (ASC 958), not to rep                   | ort in its revenu | ue statement and balance sheet          |
|      | works of art, historical treasures, or other similar asset                                   | s held for public exhibitio                | n, education, o   | r research in furtherance               |
|      | of public service, provide, in Part XIII, the text of the fo                                 | otnote to its financial stat               | tements that de   | escribes these items                    |
| b    | If the organization elected, as permitted under SFAS 1                                       |  |                   |   |
|      | works of art, historical treasures, or other similar asset                                   |  |                   |   |
|      | of public service, provide the following amounts relating                                    | •  | , , , , , ,       | -<br>-                                  |
|      |  |  |                   | ▶ \$                                    |
|      | (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X |  |                   | \$                                      |
| 2    | If the organization received or held works of art, historic                                  |  |                   |   |
| _    | following amounts required to be reported under SFAS   |  |                   | 0                                       |
| а    | B  | , ,  |                   | ▶ \$                                    |
| b    | Assets included in Form 990. Part X  | , ,  |                   | <b>b</b> \$                             |

| Sche | edule D (Form 990) 2014 Washington St                                       | ate Assoc   | ciation for Justi   | ice Found      | dation         |   |                                       | 91-19  | <u>40182</u> |               | Page 2        |
|------|---|-------------|---------------------|----------------|----------------|---|---------------------------------------|--|--------------|---------------|---------------|
| Par  | rt'll Organizations Maintair  |             |                     |                |                |   |                                       |  |              | <u>ıtinue</u> | :d)           |
| 3    | Using the organization's acquisitio   | n, access   | sion, and other     | records,       | check any      | of the follow                           | ving tha                              | it are a significar                          | ıt           |               |               |
|      | use of its collection items (check a  | il that app | oly).               |                | _              |   |                                       |  |              |               |               |
| а    | Public exhibition   |             |                     | d [            | Loan           | or exchange                             | progra                                | ms   |              |               |               |
| b    | Scholarly research  |             |                     | e 🗀            | Other          |   |                                       |  |              |               |               |
| С    | Preservation for future gene  | rations     |                     |                |                |   |                                       | -  |              |               |               |
| 4    | Provide a description of the organi   |             | collections and     | explain h      | now they fu    | urther the org                          | ganızatı                              | on's exempt pur                              | pose in      |               |               |
|      | Part XIII.  |             |                     |                |                |   |                                       |  |              |               |               |
| 5    | During the year, did the organization assets to be sold to raise funds rate |             |                     |                |                |   |                                       |  | Y            | es 🗀          | No            |
| Par  | rt IV Escrow and Custodial  | Arrange     | ments.              |                |                |   | <del>-</del>                          | <del></del>                                  |              |               |               |
|      | Complete if the organiza  |             |                     | to Form        | 990. Pai       | rt IV. line 9.                          | or rep                                | orted an amou                                | int on Fo    | orm           |               |
|      | 990, Part X, line 21.   | -           |                     |                | ,              | , ,                                     | •                                     |  |              |               |               |
| 1a   | Is the organization an agent, truste  | e custoc    | tian or other in    | termedia       | ry for cont    | ributions or o                          | ther as                               | sets not                                     |              |               |               |
| ··u  | included on Form 990, Part X?.  | , odolo     | 21G.1 01 01.101 111 |                | .,             | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , , , , , , , , , , , , , , , , , , , |  | Ye           | ا ءو          | No            |
| b    | If "Yes," explain the arrangement in  | Part XII    | I and complete      | the follo      | <br>wına tahle | • •                                     | 9                                     | •  | ·· لــا      | <u></u>       | ]             |
| IJ   | ii res, explain the arrangement ii  | I I all All | r and complete      | , tile lollo   | wing table     | 1                                       |                                       |  | Amount       |               |               |
| С    | Beginning balance   |             |                     |                |                |   | . 1                                   | <u>-                                    </u> | ranoane      |               | 0             |
| d    | Additions during the year   |             |                     | •              | •              |   |                                       |  |              |               | <del></del>   |
| e    | Distributions during the year .   | •           |                     |                | • •            |   | 1                                     |  |              |               |               |
| f    | Ending balance  | • •         | •                   |                |                |   | 1                                     |  |              |               | 0             |
|      | <u> </u>  | ount on I   | <br>Tarm 000 Bort   | <br>2 مصل ک    | 1 for occ      | aw ar auatac                            | L                                     | <del></del>                                  |              | es X          |               |
| 2a   | Did the organization include an am  |             |                     |                |                |   |                                       |  | L. ''        | <i>"</i>  ≙   | ווע<br>ז      |
| b    | If "Yes," explain the arrangement in  | Part XII    | I. Check here i     | the expl       | lanation ha    | as been prov                            | ided in                               | Part XIII                                    | <u> </u>     |               | <u></u>       |
| Par  | t V Endowment Funds.  |             |                     |                |                |   |                                       |  |              |               |               |
|      | Complete if the organiza  | tion ans    | wered "Yes"         | <u>to Form</u> | 990, Par       | t IV, line 10                           | )                                     |  |              |               |               |
|      |   | (a          | Current year        | (b) Pri        | or year        | (c) Two years                           | s back                                | (d) Three years bac                          | .k (e) Fo    | ur years      | s back        |
| 1a   | Beginning of year balance   |             | 2,394,932           | 2              | 2,109,402      | 2,06                                    | 32,657                                | 1,814,99                                     | 92           | 1,62          | 28,117        |
| b    | Contributions   |             | 279,977             |                | 175,000        |   | 10,000                                | 209,00                                       | 00           | 16            | 0,000         |
| С    | Net investment earnings, gains,   |             |                     |                |                |   |                                       |  |              |               |               |
|      | and losses  | 1           | 60,576              |                | 132,358        |   | 56,800                                | 56,65  | 54           | 2             | 26,875        |
| d    | Grants or scholarships  |             |                     |                |                |   |                                       |  |              |               |               |
| е    | Other expenditures for facilities   |             |                     |                |                |   |                                       |  |              |               |               |
|      | and programs .  |             |                     |                |                |   |                                       |  |              |               |               |
| f    | Administrative expenses .   | . [         | 26,146              |                | 21,828         |   | 20,055                                | 17,98  | 39           |               |               |
| g    | End of year balance   |             | 2,709,339           |                | 2,394,932      | 2,10                                    | 9,402                                 | 2,062,65                                     | 57           | 1,81          | 14,992        |
| 2    | Provide the estimated percentage  | of the cur  | rent year end l     | balance (      | line 1g, co    | lumn (a)) he                            | ld as                                 |  |              |               |               |
| а    | Board designated or quasi-endown  | nent        | <b>&gt;</b>         | %              | _              |   |                                       |  |              |               |               |
| b    | Permanent endowment   |             | 100%                |                |                |   |                                       |  |              |               |               |
| С    | Temporarily restricted endowment  | ▶           | %                   |                |                |   |                                       |  |              |               |               |
|      | The percentages in lines 2a, 2b, ar   | d 2c sho    | uld equal 100%      | 6.             | ,              |   |                                       |  |              |               |               |
| 3a   | Are there endowment funds not in t  | he posse    | ession of the or    | ganızatio      | on that are    | held and ad                             | ministe                               | red for the                                  | _            |               |               |
|      | organization by:  |             |                     |                |                |   |                                       |  | . [          | Yes           | No            |
|      | (i) unrelated organizations   |             |                     |                |                |   |                                       |  | 3a(i)        |               | Х             |
|      | (ii) related organizations  |             |                     | •              |                |   |                                       |  | 3a(ii)       |               | X             |
| b    | If "Yes" to 3a(II), are the related org                                     | anızatıon   | s listed as requ    | uired on S     | Schedule F     | ₹?                                      |                                       |  | 3b           |               |               |
| 4    | Describe in Part XIII the intended u  |             |                     |                |                |   |                                       |  |              |               | <del></del>   |
| Part |   |             |                     |                |                |   |                                       |  |              |               |               |
|      | Complete if the organizat   |             |                     | o Form         | 990 Parl       | t IV line 11                            | a See                                 | Form 990 Pa                                  | rt X line    | 10            |               |
|      | Description of property   |             | (a) Cost or oth     |                |                | st or other                             |                                       | Accumulated                                  |              | ok value      |               |
|      | Description of property   |             | (investme           | - 1            |                | (other)                                 |                                       | depreciation                                 | (3) 50       | J. Falul      | -             |
| 1a   | Land  |             | <u> </u>            | 0              | <u> </u>       | 0                                       |                                       |  | <del></del>  |               | 0             |
| b    | Buildings   |             |                     | 0              | <del></del>    | 0                                       |                                       | 0  |              |               | <del></del> 0 |
| c    | Leasehold improvements  |             |                     | ő              |                | 0                                       |                                       | 0  |              |               | 0             |
| d    | Equipment   |             | <del></del>         | 0              |                | 0                                       |                                       | 0  |              |               | <del>-</del>  |
| e    | Other   |             |                     | ō              |                | 0                                       |                                       | 0  |              |               | 0             |
|      | I. Add lines 1a through 1e (Column (  | d) must e   | qual Form 990       | ), Part X      | column (B      | ), line 10c)                            |                                       | . ▶  |              |               | 0             |
|      | <del> </del>  |             |                     |                |                | · · · · · · · · · · · · · · · · · · ·   |                                       |  |              |               |               |

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

| art VII | Investments | —Other Securities. |  |
|---------|-------------|--------------------|--|

|   | lete if the organization ar  | (b) Book value        | 1                | (c) Method of        |                         |
|---|--|-----------------------|------------------|----------------------|-------------------------|
|   | name of security)  | (b) book value        |                  | Cost or end-of-year  |                         |
| (1) Financial derivatives   | 5  |                       | _ 0              |                      |                         |
| (2) Closely-held equity   | interests  |                       | 0                |                      |                         |
|   |  |                       |                  |                      | <del></del>             |
|   |  |                       |                  |                      |                         |
|   |  |                       |                  |                      | . <u></u>               |
|   |  |                       |                  | <del></del>          |                         |
|   |  | <u> </u>              |                  |                      |                         |
| ( <u>E</u> )  |  |                       |                  |                      |                         |
| (C)   |  | <u> </u>              |                  |                      |                         |
| (H)   |  |                       |                  |                      |                         |
| Total. (Column (b) must equal For   | rm 990, Part X, col (B) line 12)   |                       | 0                |                      |                         |
|   | ments—Program Relat  | ted.                  | 1202-0-00        |                      |                         |
|   | lete if the organization ar  |                       | 990. Part I      | V. line 11c. See For | m 990. Part X. line 13. |
|   | uon of investment  | (b) Book value        | 1                | (c) Method of        |                         |
| (a) Descrip   |  | (b) Book value        |                  | Cost or end-of-year  |                         |
| (1)   |  |                       |                  |                      |                         |
| _(2)  |  |                       |                  |                      |                         |
| _(3)  |  |                       |                  |                      |                         |
| _(4)  | · · · · · · · · · · · · · · · · · · ·                                    |                       |                  |                      |                         |
| <u>(5)</u>  |  |                       |                  |                      |                         |
| (6)   |  |                       |                  |                      |                         |
| _(7)  |  | **                    |                  |                      |                         |
| (8)   |  |                       |                  | <del></del>          |                         |
| (9)   |  |                       | - 20000000000000 |                      |                         |
| Total. (Column (b) must equal For   |  |                       | 0                |                      |                         |
|   | Assets.  | annored "Vee" to Form | 000 Bad I        | / line 11d Coe For   | m 000 Dort V line 15    |
|   | ete if the organization ar   | iswered tes to Form   | 990, Part 1      | v, iine 11a. See Fon | m 990. Part A. line 15. |
| Comp  | 1  | n) Description        |                  |                      |                         |
|   | ()   | a) Description        |                  |                      | (b) Book value          |
|   |  | a) Description        |                  |                      |                         |
|   | (1   | a) Description        |                  |                      |                         |
| (1)<br>(2)<br>(3)   | ()   | a) Description        |                  |                      |                         |
| (1)<br>(2)<br>(3)<br>(4)  | ()   | a) Description        |                  |                      |                         |
| (1)<br>(2)<br>(3)<br>(4)<br>(5)   |  | a) Description        |                  |                      |                         |
| (1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)  | ()   | a) Description        |                  |                      |                         |
| (1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)   |  | a) Description        |                  |                      |                         |
| (1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)  |  | a) Description        |                  |                      |                         |
| (1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)   | equal Form 990, Part X, co   |                       |                  |                      |                         |
| (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) mus.  |  |                       |                  |                      |                         |
| (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must  | equal Form 990, Part X, co   | I (B) line 15)        | 990, Part IV     |                      | (b) Book value          |
| (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must  | equal Form 990, Part X, co   | I (B) line 15)        | 990, Part I\     |                      | (b) Book value          |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) muss Part X Other Compliance 25 1. (a) Description                                     | equal Form 990, Part X, co<br>Liabilities.<br>ete if the organization an | I (B) line 15)        | 990, Part IV     |                      | (b) Book value          |
| (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) muss Part X Other Compl   | equal Form 990, Part X, co<br>Liabilities.<br>ete if the organization an | I (B) line 15)        | 990, Part I\     |                      | (b) Book value          |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) muss Part X Other Compliance 25 1. (a) Description                                     | equal Form 990, Part X, co<br>Liabilities.<br>ete if the organization an | I (B) line 15)        |                  |                      | (b) Book value          |
| (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) muss Part X Other Compliane 25 1. (a) Description (2) (3)                             | equal Form 990, Part X, co<br>Liabilities.<br>ete if the organization an | I (B) line 15)        |                  |                      | (b) Book value          |
| (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) muss Part X Other Compliane 25 1. (a) Desc (1) Federal income tax (2) (3) (4)         | equal Form 990, Part X, co<br>Liabilities.<br>ete if the organization an | I (B) line 15)        |                  |                      | (b) Book value          |
| (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) muss Part X Other Compl line 25  1. (a) Desc (1) Federal income tax (2) (3) (4) (5)   | equal Form 990, Part X, co<br>Liabilities.<br>ete if the organization an | I (B) line 15)        |                  |                      | (b) Book value          |
| (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) muss Part X Other Compliane 25 1. (a) Desc (1) Federal income tax (2) (3) (4) (5) (6) | equal Form 990, Part X, co<br>Liabilities.<br>ete if the organization an | I (B) line 15)        |                  |                      | (b) Book value          |
| (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) muss Part X Other Compl line 25  1. (a) Desc (1) Federal income tax (2) (3) (4) (5)   | equal Form 990, Part X, co<br>Liabilities.<br>ete if the organization an | I (B) line 15)        |                  |                      | (b) Book value          |

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

| Part                          | · · · · · · · · · · · · · · · · · · ·  |                    | <del>-</del>           | rn.               |
|-------------------------------|--|--------------------|------------------------|-------------------|
|                               | Complete if the organization answered "Yes" to Form 990, Pa  |                    |                        | ·                 |
| 1                             | Total revenue, gains, and other support per audited financial statements   |                    | <u>  1</u>             |                   |
| 2                             | Amounts included on line 1 but not on Form 990, Part VIII, line 12   |                    |                        |                   |
| а                             | Net unrealized gains (losses) on investments   | 2a                 |                        |                   |
| þ                             | 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  |                    | <u>2e</u>              | <u> </u>          |
| 3                             | Subtract line 2e from line 1   |                    | _ 3                    |                   |
| 4                             | Amounts included on Form 990, Part VIII, line 12, but not on line 1.   |                    |                        |                   |
| а                             | Investment expenses not included on Form 990, Part VIII, line 7b.  | 4a                 |                        |                   |
| b                             | Other (Describe in Part XIII.)   | 4b                 |                        |                   |
| C                             | Add lines <b>4a</b> and <b>4b</b>  |                    | <del></del>            |                   |
| 5                             | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).   | <u> </u>           | 5                      |                   |
| Part                          | XII Reconciliation of Expenses per Audited Financial Stateme   | ents With Ex       | penses per Re          | turn.             |
|                               | Complete if the organization answered "Yes" to Form 990, Pa  | rt IV, line 12a    |                        |                   |
| 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   |                    | <b>78.</b> 3           |                   |
| 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  |                    | 2e                     |                   |
| 3                             | Subtract line 2e from line 1   |                    | 3                      |                   |
| 4                             | Amounts included on Form 990, Part IX, line 25, but not on line 1.   |                    |                        |                   |
| _                             |  | 4a                 |                        |                   |
| а                             | Investment expenses not included on Form 990, Part VIII, line 7b   | -Tu                |                        |                   |
| a<br>b                        | Other (Describe in Part XIII)  | 4b                 |                        |                   |
| b                             | ·  | 4b                 | 4c                     |                   |
| b                             | Other (Describe in Part XIII )   | 4b                 | <u>4c</u><br>5         |                   |
| b<br>c                        | Other (Describe in Part XIII )  Add lines <b>4a</b> and <b>4b</b>  | 4b                 |                        |                   |
| b<br>c<br>5<br>Part           | Other (Describe in Part XIII )   | 4b                 | 5                      | e 4; Part X, line |
| b<br>c<br>5<br>Part<br>Provid | 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).  XIII Supplemental Information.  We the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III. | art IV, lines 1b a | 5 and 2b; Part V, line | e 4; Part X, line |
| b<br>c<br>5<br>Part<br>Provid | Other (Describe in Part XIII )   | art IV, lines 1b a | 5 and 2b; Part V, line | e 4; Part X, line |
| b<br>c<br>5<br>Part<br>Provid | 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).  XIII Supplemental Information.  We the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III. | art IV, lines 1b a | 5 and 2b; Part V, line | e 4; Part X, line |
| b<br>c<br>5<br>Part<br>Provid | 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).  XIII Supplemental Information.  We the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III. | art IV, lines 1b a | 5 and 2b; Part V, line | e 4; Part X, line |
| b<br>c<br>5<br>Part<br>Provid | 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).  XIII Supplemental Information.  We the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III. | art IV, lines 1b a | 5 and 2b; Part V, line | e 4; Part X, line |
| b<br>c<br>5<br>Part<br>Provid | 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).  XIII Supplemental Information.  We the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III. | art IV, lines 1b a | 5 and 2b; Part V, line | e 4; Part X, line |
| b<br>c<br>5<br>Part<br>Provid | 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).  XIII Supplemental Information.  We the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III. | art IV, lines 1b a | 5 and 2b; Part V, line | e 4; Part X, line |
| b<br>c<br>5<br>Part<br>Provid | 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).  XIII Supplemental Information.  We the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III. | art IV, lines 1b a | 5 and 2b; Part V, line | e 4; Part X, line |
| b<br>c<br>5<br>Part<br>Provid | 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).  XIII Supplemental Information.  We the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III. | art IV, lines 1b a | 5 and 2b; Part V, line | e 4; Part X, line |
| b<br>c<br>5<br>Part<br>Provid | 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).  XIII Supplemental Information.  We the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III. | art IV, lines 1b a | 5 and 2b; Part V, line | e 4; Part X, line |
| b<br>c<br>5<br>Part<br>Provid | 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).  XIII Supplemental Information.  We the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III. | art IV, lines 1b a | 5 and 2b; Part V, line | e 4; Part X, line |
| b<br>c<br>5<br>Part<br>Provid | 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).  XIII Supplemental Information.  We the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III. | art IV, lines 1b a | 5 and 2b; Part V, line | e 4; Part X, line |
| b<br>c<br>5<br>Part<br>Provid | 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).  XIII Supplemental Information.  We the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III. | art IV, lines 1b a | 5 and 2b; Part V, line | e 4; Part X, line |
| b<br>c<br>5<br>Part<br>Provid | 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).  XIII Supplemental Information.  We the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III. | art IV, lines 1b a | 5 and 2b; Part V, line | e 4; Part X, line |
| b<br>c<br>5<br>Part<br>Provid | 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).  XIII Supplemental Information.  We the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III. | art IV, lines 1b a | 5 and 2b; Part V, line | e 4; Part X, line |
| b<br>c<br>5<br>Part<br>Provid | 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).  XIII Supplemental Information.  We the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III. | art IV, lines 1b a | 5 and 2b; Part V, line | e 4; Part X, line |
| b<br>c<br>5<br>Part<br>Provid | 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).  XIII Supplemental Information.  We the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III. | art IV, lines 1b a | 5 and 2b; Part V, line | e 4; Part X, line |
| b<br>c<br>5<br>Part<br>Provid | 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).  XIII Supplemental Information.  We the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III. | art IV, lines 1b a | 5 and 2b; Part V, line | e 4; Part X, line |
| b<br>c<br>5<br>Part<br>Provid | 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).  XIII Supplemental Information.  We the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III. | art IV, lines 1b a | 5 and 2b; Part V, line | e 4; Part X, line |
| b<br>c<br>5<br>Part<br>Provid | 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).  XIII Supplemental Information.  We the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III. | art IV, lines 1b a | 5 and 2b; Part V, line | e 4; Part X, line |
| b<br>c<br>5<br>Part<br>Provid | 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).  XIII Supplemental Information.  We the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III. | art IV, lines 1b a | 5 and 2b; Part V, line | e 4; Part X, line |
| b<br>c<br>5<br>Part<br>Provid | 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).  XIII Supplemental Information.  We the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III. | art IV, lines 1b a | 5 and 2b; Part V, line | e 4; Part X, line |
| b<br>c<br>5<br>Part<br>Provid | 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).  XIII Supplemental Information.  We the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III. | art IV, lines 1b a | 5 and 2b; Part V, line | e 4; Part X, line |
| b<br>c<br>5<br>Part<br>Provid | 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).  XIII Supplemental Information.  We the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III. | art IV, lines 1b a | 5 and 2b; Part V, line | e 4; Part X, line |

| Schedule D (Form 990) 20 | 14 Washington State Association fo     | r Justice Foundation | 91-1940182                        | Page <b>5</b> |
|--------------------------|--|----------------------|-----------------------------------|---------------|
| Part XIII Sur            | plemental information (continue        | ed)                  |                                   |               |
|                          |  |                      |                                   |               |
|                          |  |                      |                                   |               |
|                          | ,                                      |                      |                                   |               |
|                          |  | ·                    |                                   |               |
|                          |  |                      |                                   |               |
|                          |  |                      | · · - · · · · · · · · · · · · · · |               |
|                          |  |                      |                                   |               |
| •••                      |  |                      |                                   |               |
|                          |  |                      |                                   |               |
|                          |  |                      |                                   |               |
|                          |  |                      |                                   | <b></b>       |
|                          |  |                      |                                   |               |
|                          |  |                      |                                   |               |
|                          |  |                      |                                   |               |
|                          |  |                      |                                   |               |
|                          |  |                      |                                   |               |
|                          |  |                      |                                   |               |
|                          |  |                      |                                   |               |
|                          |  |                      |                                   |               |
|                          |  |                      |                                   | ·             |
|                          |  |                      |                                   |               |
|                          |  |                      |                                   |               |
|                          |  |                      |                                   |               |
|                          |  |                      |                                   |               |
|                          |  |                      |                                   |               |
|                          |  |                      |                                   |               |
|                          |  | ~ <b>~~~</b>         |                                   |               |
|                          |  |                      |                                   |               |
|                          |  |                      |                                   |               |
|                          |  |                      |                                   |               |
|                          |  |                      |                                   |               |
|                          |  |                      |                                   |               |
|                          |  |                      |                                   |               |
|                          |  |                      |                                   |               |
|                          |  |                      |                                   |               |
|                          |  |                      |                                   |               |
|                          |  |                      |                                   |               |
|                          |  | ·····                |                                   |               |
|                          |  |                      |                                   |               |
|                          |  |                      |                                   |               |
|                          |  |                      |                                   |               |
|                          |  | ·                    |                                   |               |
|                          |  |                      |                                   |               |
|                          | ······································ |                      |                                   | ,             |
|                          |  |                      |                                   |               |
|                          |  |                      |                                   |               |
|                          |  |                      |                                   |               |
|                          | •                                      |                      |                                   |               |
|                          |  |                      |                                   |               |
|                          |  |                      |                                   |               |

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number.

| Washington State Association for Justice Foundation   | 91-1940182 |
|---|------------|
| Form 990, Part VI, Section C, Line 19: Governing documents, conflict of interest policy and |            |
| financial statements are provided upon request  |            |
| 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 B, Line 15a, 15b: The Washington State Association for Justice   |            |
| Foundation is governed by the board in conjunction with a separately appointed operations   |            |
| committee The contract for the Executive director is reviewed & approved annually by this   |            |
| group Compensation of the Organization's Executive Director is determined using comparative |            |
| salary numbers it gets from other NPO executive groups in the Seattle area.                 |            |
|   |            |
|   |            |
|   |            |
|   |            |
|   |            |
| ······································  |            |
|   | ·····      |
|   |            |
|   |            |
|   |            |
|   |            |
|   |            |
|   |            |
|   |            |
|   |            |
|   |            |

| Schedule O (Form 990 or 990-EZ) (2014)                  |                                | <u> </u>   |
|---|--------------------------------|------------|
| Name of the organization                                | Employer identification number |            |
|   | 91-1940182                     |            |
| VVasimington diate Association for dustice 1 cumulation | 101.1010101                    | _          |
|   |                                |            |
|   |                                |            |
|   |                                |            |
|   |                                |            |
|   |                                |            |
|   |                                |            |
| ***************************************                 |                                |            |
|   |                                |            |
|   |                                |            |
| ·   |                                |            |
|   |                                |            |
|   |                                |            |
|   |                                |            |
|   |                                |            |
|   |                                |            |
|   |                                |            |
|   |                                |            |
|   |                                |            |
|   |                                |            |
|   |                                |            |
|   |                                |            |
|   |                                |            |
|   |                                |            |
|   |                                |            |
|   |                                |            |
|   |                                |            |
|   |                                |            |
|   |                                |            |
|   |                                |            |
|   |                                |            |
|   |                                | -          |
|   |                                |            |
|   |                                | . <b>-</b> |
|   |                                |            |
|   |                                |            |
|   |                                |            |
|   |                                |            |
|   |                                |            |
|   |                                |            |
|   |                                |            |
|   |                                |            |
|   |                                |            |
|   |                                |            |
|   |                                |            |
|   |                                | -          |
|   |                                |            |
| •   |                                |            |
|   |                                |            |
|   |                                |            |
|   |                                | -          |
|   |                                |            |
|   |                                | -          |
|   |                                |            |
| •   |                                |            |
|   |                                |            |
|   |                                |            |
|   |                                | -          |
|   |                                |            |
|   |                                | _          |
|   |                                |            |
|   |                                |            |
|   |                                | -          |
|   |                                |            |
|   |                                | -          |
|   |                                |            |

# SCHEDULE R (Form 990)

Washington State Association for Justice Foundation

Part

Department of the Treasury Internal Revenue Service Name of the organization

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 Public

Employer identification number 91-1940182

Direct controlling Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had  $\varepsilon$ (f)
Direct controlling
entity End-of-year assets e 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) (b) Pnmary activity one or more related tax-exempt organizations during the tax year (a)
Name, address, and EIN (if applicable) of disregarded entity PartII  $\Xi$ 2 ල 3 3 9

(g) Section 512(b)(13) controlled entity?

Public chanty status (if section 501(c)(3))

Exempt Code section

Legal domicile (state or foreign country) 

Primary activity

Name, address, and EIN of related organization

e

Š

Yes

×

۲

0

501(c)(3)

≸

egal Education

1809 Seventh Avenue Suite 1500 Seattle, WA 98101-1324

3

**⊕** 

4

9

9

(1) WSAJ Legal Education Seminars 91-0981502

5

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

Schedule R (Form 990) 2014

Page 2 91-1940182

3

Washington State Association for Justice Foundation Schedule R (Form 990) 2014

Percentage ownership Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 General or managing partne?? Yes No Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h)
Disproportionate
allocations? å Yes (g) Share of end-of-year assets because it had one or more related organizations treated as a partnership during the tax year. (f) Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) e (d)
Direct controlling 1 entity (c)
Legal
domicule
(state or
foreign Primary activity Name, address, and EIN of related organization Part III 0  $\Xi$ 8 ල **3** 3 9

| Part IV                | IV, line 34 because it ha                             | d one or more related organizations treated as a corporation or trust during the tax year. | ions treated as a                                  | corporation o                 | r trust during the                          | tax year.                       |                                       | ,088 1110                      | ์<br>ซี  |        |
|------------------------|---|--|--|-------------------------------|---|---------------------------------|---------------------------------------|--------------------------------|--|--------|
|                        | (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity  | (c)<br>Legal domotle<br>(state or foreign country) | (d) Direct controlling entity | (e) Type of entity (Coorp, Scorp, or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512(b)(13)<br>controlled<br>entity? | b)(13) |
|                        |   |  |  |                               |   |                                 |                                       |                                | Yes  | ٥<br>۷ |
| $\mathbf{\varepsilon}$ |   |  |  |                               |   |                                 |                                       |                                |  |        |
| (2)                    |   |  |  |                               |   |                                 |                                       |                                |  | ]      |
| <u>e</u>               |   |  |  |                               |   |                                 |                                       |                                | -  |        |
| (4)                    |   |  |  |                               |   |                                 |                                       |                                |  |        |
| (2)                    |   |  |  |                               |   |                                 |                                       |                                |  | ]      |
| (9)                    |   |  |  |                               |   |                                 |                                       |                                |  |        |
| (7)                    |   |  |  |                               |   |                                 |                                       |                                | _  |        |

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part

Part IV

Schedule R (Form 990) 2014

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

| Note. Comple   | Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule   |                     |                            | Yes                                   | ٠<br>9     |
|----------------|--|---------------------|----------------------------|---------------------------------------|------------|
|                | the tax year, and the organization engage in any of the following transactions with one of more related organizations listed in the  | . AII 8             |                            | io analy                              | <b>*</b> > |
|                | receipt of (i) interest, (ii) annumes, (iii) toyames, of (iv) tent from a connomed entity  |                     | - 4                        | †                                     | < >        |
| ם לווני פו     | ont, grant, or capital contribution to related organization(s)   |                     | QI.                        |                                       | <          |
| c Giff, gr     | Gift, grant, or capital contribution from related organization(s)  |                     | 10                         |                                       | ×          |
| d Loans        | Loans or loan quarantees to or for related organization(s)   |                     | 1d                         |                                       | ×          |
|                |  |                     |                            | T                                     | >          |
| e Loans        | Loans or loan guarantees by related organization(s)  |                     | 1e                         |                                       | ×          |
| f Divide       | Dividends from related organization(s)   |                     | <b>#</b>                   |                                       | ×          |
| o dec          | Calant accept to related organization(s)   |                     | 7                          |                                       | ×          |
|                | יייייייייייייייייייייייייייייייייייייי   |                     | 27 =                       |                                       | { >        |
| n Purch        | Purchase of assets from related organization(s).   |                     | 5                          |                                       | <          |
| i Excha        | Exchange of assets with related organization(s)  |                     | =                          |                                       | ×          |
| j Lease        | Lease of facilities, equipment, or other assets to related organization(s)   |                     | 1j                         |                                       | ×          |
|                |  |                     |                            |                                       |            |
| k Lease        | Lease of facilities, equipment, or other assets from related organization(s)   |                     | 7                          |                                       | ×          |
| I Perfor       | Performance of services or membership or fundraising solicitations for related organization(s)   |                     | 11                         | ,                                     | ×          |
| m Perfor       |  |                     | 13                         |                                       | ×          |
|                | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  |                     | 1                          |                                       | ×          |
|                |  |                     |                            |                                       | >          |
| o Sharin       | Sharing of paid employees with related organization(s)   |                     | OL<br>S                    |                                       | <b>.</b>   |
|                | Reimbursement paid to related organization(s) for expenses   |                     | 10                         |                                       | ×          |
| Reimb          | Reimblinsement hald by related organization(s) for expenses  |                     | ٤                          |                                       | ×          |
|                | ייי יייי יייי יייי ייייי ייייי יייייי יייי   |                     | 2                          |                                       | <b>(</b>   |
| <b>r</b> Other | Other transfer of cash or property to related organization(s)  | •                   | -                          |                                       | ×          |
|                | Other transfer of cash or property from related organization(s)  |                     | \$                         |                                       | ×          |
| 1              | 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 | uships and transact | ion threst                 | splot                                 |            |
|                |  | יסווים מווכי        |                            | 5                                     | Î          |
|                | Organization Tran type   | Amount involved     | Method o<br>amou           | Method of determining amount involved | ning<br>bd |
|                |  |                     | Actual payments            | ayment                                | S          |
| (1) WSAJ Leg   | (1) WSAJ Legal Education Seminars  | 0                   |                            |                                       |            |
| (2)            |  |                     |                            |                                       |            |
| (3)            |  |                     |                            |                                       |            |
| (4)            |  |                     |                            |                                       |            |
| (5)            |  |                     |                            |                                       |            |
| (9)            |  |                     |                            |                                       |            |
|                |  | Sche                | Schedule R (Form 990) 2014 | n 990                                 | ) 2014     |

91-1940182

Part VI

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

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 gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Schedule R (Form 990) 2014

| Schedule R (Fo | orm 990) 2014 | Washington State Association for Justice Foundation  | 91-1940182   | Page 5 |
|----------------|---------------|--|--------------|--------|
| Part VII       | Supplen       | nental Information<br>additional information for responses to questions on Schedule R (see i |              |        |
|                | 1 101100 8    | additional information for responses to questions on estileadic in (see i                    | mon dononey. |        |
|                |               |  |              |        |
|                |               |  |              |        |
|                |               |  |              |        |
|                |               |  |              |        |
|                |               |  |              |        |
|                |               |  |              |        |
|                |               |  |              | ·      |
|                |               |  |              |        |
|                |               |  |              |        |
|                |               |  |              |        |
|                | •             |  |              | ·      |
|                |               |  |              |        |
|                |               |  |              |        |
|                |               |  |              |        |
|                |               |  |              |        |
| - <b></b>      | ·             |  | ·            |        |
|                |               |  | ····         |        |
|                |               |  |              | •      |
| •              |               |  |              |        |
| ••             |               |  |              |        |
|                | ·             |  |              |        |
|                |               |  |              |        |
|                |               |  |              |        |
|                | ι             |  |              |        |
|                |               |  |              |        |
|                |               |  |              |        |
|                |               |  |              |        |
|                |               |  |              |        |
|                |               |  | ·            |        |
|                |               |  |              |        |
|                |               |  |              |        |
|                |               |  |              |        |
|                |               |  |              |        |
|                |               |  |              |        |