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DLN: 93493191007367

Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

▶ Information about Form 990 and its instructions is at www.IRS.gov/foim990

2015

Open to Public Inspection

A F	or the	2015 ca	lendar year, or tax year b	eginning 09-01-2015 , and endin	ıg 08-31-2016	5	1		
B Ch	eck ıf ap	plicable	C Name of organization Washington Education Asso	ciation			D Emplo	oyer id	dentification number
Address change Name change Initial return		-					91-0	4606	45
_	_		Doing business as						
		1111					E Teleph	one nu	umber
return	/termina		Number and street (or P O PO Box 9100	box if mail is not delivered to street addr	ess) Room/suit	e			
				non country, and ZID or foreign mostal and	do.		(253	941	-6700
Ap	plication	pending	Federal Way, WA 9806391	nce, country, and ZIP or foreign postal coo .00	ie		G Gross	receint	ts \$ 37,730,741
			F Name and address of	f principal officer		11/->	.		
			Margaret Knight	principal officer		H(a) Is th	ıs a grou _l rdınates?		rn for Yes 🗸
			PO Box 9100 Federal Way, WA 9806	20100		No	iumates		l tes l ∢
T Ta	x-exem	pt status		_		H(b) Are a		ınate	S
			501(c)(3) ✓ 501(c)	(5) 4 (insert no) 4947(a)(1) or	527			n a lis	t (see instructions)
J W	ebsite	:► www	w washingtonea org			H(c) Grou	•		,
K For	m of org	janization	✓ Corporation Trust	Association Other ►	•	L Year of fo		889	M State of legal domicile
				·					WA
Pa	rt I		mary						
			-	mission or most significant activiti n and public education in the State		n			
e e		у ртоппос	te the teaching profession	rana pabne education in the State	or masninger	711			
Š									
Ē	-								
λe	2 0	heck th	is box ▶ ┌ if the organiz	ation discontinued its operations o	or disposed o	f more than :	25% of it	s net	assets
Activities & Governance			-£k					ا ۔	1 76
> 5 √			_	governing body (Part VI, line 1a)			•	3	76
щe				mbers of the governing body (Part yed in calendar year 2015 (Part V				4 5	74 193
₹				ate if necessary)				6	193
ď			· ·	from Part VIII, column (C), line 12				7a	496,901
				ome from Form 990-T, line 34 .				7b	-1,167,184
	J		Ted partiess taxable inc				r Year	1	Current Year
	8	Contri	butions and grants (Part	VIII, line 1h)			, rea.	0	0
흨	9		am service revenue (Part		36,598	408	37,676,430		
Ravenue	10	_	tment income (Part VIII,			,685	51,047		
æ	11		· ·	mn (A), lines 5, 6d, 8c, 9c, 10c, ar		3	,459	2,045	
	12	Total	revenue—add lines 8 thro	ough 11 (must equal Part VIII, col	umn (A), line		36,636	552	37,729,522
		12)							
	13		•	d (Part IX, column (A), lines 1–3	•		1,806		808,704
	14		·	(Part IX, column (A), line 4) .				0	0
82	15	Saları 5–10)		employee benefits (Part IX, columr	n (A), lines		15,986	,521	19,481,368
Expenses	16a	•		Part IX, column (A), line 11e) .				0	0
ch e	ь		indraising expenses (Part IX, co						
Ξ	17		- ' ' '	nn (A), lines 11a–11d, 11f–24e)			18,144	.927	18,934,829
	18			17 (must equal Part IX, column (A			35,938		39,224,901
	19	Reven	ue less expenses Subtra	act line 18 from line 12	·		698	_	-1,495,379
\$ &			•			Beginning o			End of Year
anc						Deginning (
Net Assets or Fund Balances	20		assets (Part X, line 16)				38,654		41,698,974
und.	21)			64,920		78,598,906
	22			ubtract line 21 from line 20			-26,265	,065	-36,899,932
	rt II		ature Block	ave examined this return, including	d accompany	ing schedule	as and s+	atem	ents, and to the best of
	•			and complete Declaration of prepa		-			
prepa	arer ha	s any ki	nowledge						
		****	**			2/	217.06.20		
Sigr	,	I II —	ature of officer				017-06-28 ate		
Her		Maro	aret Knight CFO						
			or print name and title						
			rint/Type preparer's name	Preparer's signature	Da	te	eck I if	PTIN	
Paid	d	<u> </u>	aırd Vanetta	Laird Vanetta		self	-employed		171649
Pre	pare	Г ⊢	irm's name ► TREMPER & C				n's EIN 🟲 9		
	Onl		irm's address ► 3131 Elliott Av	e Suite 290		Pho	ne no (20	6) 285	-4456
		-	Seattle, WA 9	98121					

. √Yes No

Par	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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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	Yes	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
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		No
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, Pait V 🔰	10		No
	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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11 c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11 d	Yes	l
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Par	t IV Checklist of Required Schedules (continued)			
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, Paits I and II	21	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24 c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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, Pait 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		No
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		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28 c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
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		No
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? <i>If "Yes," complete Schedule R, Pait I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
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	Yes	
			arm 000	(201F)

Part V	Statements	Regarding	Other I	IRS Filinas	and Tax	Compliance

•	t V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V				. [
					Yes	No
		the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a	241			
		the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b	0			
С		ne organization comply with backup withholding rules for reportable payments to vendors and reporta ng (gambling) winnings to prize winners?	ble • •	1 c		
2a	Enter Tax S	the number of employees reported on Form W-3, Transmittal of Wage and tatements, filed for the calendar year ending with or within the year covered s return	193			
b	If at le	east one is reported on line 2a, did the organization file all required federal employment tax returns? If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did th	ne organization have unrelated business gross income of \$1,000 or more during the year?		3a	Yes	
b	If "Yes	s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O .		3b	Yes	
4a	over, a	y time during the calendar year, did the organization have an interest in, or a signature or other auth a financial account in a foreign country (such as a bank account, securities account, or other financi int)?	•	4a		No
b	If "Ye: See in (FBAR	s," enter the name of the foreign country	- nts			
5a	Was tl	he organization a party to a prohibited tax shelter transaction at any time during the tax year? .		5a		No
b	Did an	ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transactio	n?	5b		No
С	If"Ye:	s," to line 5a or 5b, did the organization file Form 8886-T?				
6 a		the organization have annual gross receipts that are normally greater than \$100,000, and did the		5c 6a		No
b	If"Ye	ization solicit any contributions that were not tax deductible as charitable contributions?	or gıfts	6b		
7		nizations that may receive deductible contributions under section 170(c).				
	Did th	ne organization receive a payment in excess of \$75 made partly as a contribution and partly for good tes provided to the payor?	ls and	7a		
b	If"Ye	s," did the organization notify the donor of the value of the goods or services provided?		7b		
c		ne organization sell, exchange, or otherwise dispose of tangible personal property for which it was recorm 8282?	uired to	7 c		
d	If"Ye	s," indicate the number of Forms 8282 filed during the year				
e	Dıd th	ne organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contr	act?	7e		
f	Did th	ne organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the require	organization received a contribution of qualified intellectual property, did the organization file Form (red?	3899 as	7g		
h	Form :	organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization 1098-C?	file a	7h		
8	Did a	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess business holdings at an g the year?	y time •	8		
9a	Did th	ne sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did th	ne sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
0	Sectio	on 501(c)(7) organizations. Enter				
		tion fees and capital contributions included on Part VIII, line 12 10a				
b	Gross facılıtı	receipts, included on Form 990, Part VIII, line 12, for public use of club les				
1	Sectio	on 501(c)(12) organizations. Enter				
а	Gross	Income from members or shareholders				
b		s income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)				
.2a	Sectio	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041	7	12a		
b	If"Ye: year	s," enter the amount of tax-exempt interest received or accrued during the				
.3	Section	on 501(c)(29) qualified nonprofit health insurance issuers.				
а		e organization licensed to issue qualified health plans in more than one state? Note. See the instructi onal information the organization must report on Schedule O	ons for	13a		
b	Enter	the amount of reserves the organization is required to maintain by the states ch the organization is licensed to issue qualified health plans				
c	Enter	the amount of reserves on hand				
4a	Dıd th	ne organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If"Ye	s," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		14b		

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 or note to any line in this Part VI			🔽
Se	ction A. Governing Body and Management		V	
•-	Extensible number of victing members of the governing hody at the and of the tay		Yes	No
14	Enter the number of voting members of the governing body at the end of the tax year 76			
	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			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 74			
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	Yes	
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization become aware during the year of a significant diversion of the organization's assets.	6	Yes	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		1 03	
	more members of the governing body?	7a	Yes	
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		N o
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	2.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
L1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12 c	Yes	
L3	Did the organization have a written whistleblower policy?	13	Yes	
L4	Did the organization have a written document retention and destruction policy?	14	Yes	
L5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
L6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
L7	List the States with which a copy of this Form 990 is required to be filed			
L8	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available.			
L9	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and record Margaret Knight PO Box 9100 Federal Way, WA 980639100 (253) 765-7007	S		

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0 - in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					i	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2,20332007	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										
			_							
										Form 990 (2015)

art VII	Section A. Officers	, Directors, Trustee	s, Key Employees	, and Highest Compensa	ted Employees	(continued)
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See A	(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	_	(F) Estima mount o compens from t	ated of other sation the
		for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)			rganizati relati organiza	ed
See	Addıtıonal Data Table												
											_		
											+		
											+		
1 b	Sub-Total			٠.	•		<u> </u>			l			
c d	Total from continuation she Total (add lines 1b and 1c)	•				•	. •		2,401,174	177,283		1.	193,407
2	Total number of individuals						d abov	e) w	· · · ·	•			
_	\$100,000 of reportable com							-,					
												Yes	No
3	Did the organization list any on line 1a? If "Yes," complete	•			tee,	key •	emplo	yee,	or highest comper	sated employee	3		No
4	For any individual listed on I organization and related org												110

				'''			
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No			
4	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such						
		-	Yes				
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No			

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(B) Description of services	(C) Compensation
Legal Services	463,346
Legal Services	192,608
Legal Services	161,584
Catering	159,906
Legal Services	109,082
	Legal Services Legal Services Legal Services Catering

Part V	/++1	Statement of Revenue					
		Check if Schedule O contains a respon	nse or note to any lir	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
rants ounts	1a b	Federated campaigns 1a Membership dues 1b					512-514
Contributions, Gifts, Grants and Other Similar Amounts	c d	Fundraising events 1c Related organizations 1d					
ons, G Simil	e f	Government grants (contributions) 1e All other contributions, gifts, grants, and 1f					
tributions, Gifts, Grants Other Similar Amounts	g	similar amounts not included above Noncash contributions included in lines 1a-1f \$					
Contand	h	Total. Add lines 1a-1f					
Program Service Revenue	2a b	Membership Dues National Financial Support	Business Code 611710	32,479,373	32,479,373		
œ,			611710	2,941,651	2,941,651		
AC¢	С	Reimbursements	611710	970,384	970,384		
<u>\$</u>	d	Benefit Service Fees	524298	494,856		494,856	
Ē	е	Unified Legal Services	611710	414,339	414,339		
Progra	f g	All other program service revenue Total. Add lines 2a-2f		375,827 37,676,430	375,827		
	3	Investment income (including dividen		2.,2,			
	4	and other similar amounts) Income from investment of tax-exempt bond		52,266			52,266
	5	Royalties	► (II) Personal				
	6a b	Gross rents Less rental					
	С	expenses Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(II) O ther				
	b c	Less cost or other basis and sales expenses Gain or (loss)	1,219				
	d	Net gain or (loss)		-1,219			-1,219
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18					
Other	ь	a Less direct expenses b					
	9a	Net income or (loss) from fundraising Gross income from gaming activities See Part IV, line 19	events ▶				
		Less direct expenses b Net income or (loss) from gaming acti	vities				
	10a	Gross sales of inventory, less returns and allowances .	2,045				
	b c	Less cost of goods sold b Net income or (loss) from sales of inv		2,045		2,045	
		Miscellaneous Revenue	Business Code				
	11a						
	ь						
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d	•				
	12	Total revenue. See Instructions .	•	37,729,522	37,181,574	496,901	51,04

Form 990 (2015)	Page 10
Part IX Statement of Functional Expenses	
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)	
Check if Schedule O contains a response or note to any line in this Part IX	

	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	808,704			
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,865,088			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	8,729,849			
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	5,735,597			
9	Other employee benefits	2,418,954			
10	Payroll taxes				
		731,880			
11	Fees for services (non-employees)				
a	Management				
b	Legal	1,524,940			
С	Accounting	130,562			
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	931,547			
12	Advertising and promotion	7,492			
13	Office expenses	1,880,391			
14	Information technology	520,566			
15	Royalties				_
16	Occupancy	650,406			
17	Travel	1,740,274			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,401,811			
20	Interest	231,240			
21	Payments to affiliates	9,410,756			
22	Depreciation, depletion, and amortization	334,911			
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Dues and fees	140,507			
b	Credit Card and Bank Pr	29,426			
c					_
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	39,224,901			_
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X	Balance	Sheet

Par	tΧ	Check if Schedule O contains a response or note to any line in this Part X			_
		Check it Schedule O Contains a response of note to any line in this Part X	(A)		(B)
			Beginning of year		End of year
	1	Cash-non-interest-bearing	6,403,732	1	6,866,045
	2	Savings and temporary cash investments	5,886,826	2	6,299,444
	3	Pledges and grants receivable, net		3	_
	4	Accounts receivable, net	4,987,948	4	4,923,217
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
Assets	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
\$8	7	Notes and loans receivable, net		7	
4	8	·		8	
	-	Inventories for sale or use		_	
	9 10a	Prepaid expenses and deferred charges	3	9	
	١.	Complete Fait VI of Schedule D	-	40-	9,262,771
	b		9,404,919	10c	9,262,771
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	11,971,550	15	14,347,497
	16	Total assets.Add lines 1 through 15 (must equal line 34)	38,654,975	16	41,698,974
	17	Accounts payable and accrued expenses	987,049	17	1,213,120
	18	Grants payable		18	
	19	Deferred revenue	868,693	19	1,130,202
	20	Tax-exempt bond liabilities		20	
(Δ	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
_iabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ab.		persons Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	5,246,237	23	5,028,891
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			
			57,818,061	25	71,226,693
	26	Total liabilities. Add lines 17 through 25	64,920,040	26	78,598,906
ses		Organizations that follow SFAS 117 (ASC 958), check here ▶ ↓ and complete lines 27 through 29, and lines 33 and 34.			
Net Assets or Fund Balance	27	Unrestricted net assets	-26,265,065	27	-36,899,932
Bal	28	Temporarily restricted net assets		28	
Þ	29	Permanently restricted net assets		29	
Ξ	-	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
<u> </u>		complete lines 30 through 34.			
ts .	30	Capital stock or trust principal, or current funds		30	
se	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Ą	32	Retained earnings, endowment, accumulated income, or other funds		32	
Vet	33	Total net assets or fund balances	-26,265,065	33	-36,899,932
_	34	Total liabilities and net assets/fund balances	38,654,975	34	41,698,974
	1		1 23,001,010		, 000, 01 +

1990 (2015)			l l	Page 12		
t XI Reconcilliation of Net Assets						
Check if Schedule O contains a response or note to any line in this Part XI				🔽		
Total revenue (must equal Part VIII, column (A), line 12)	1		37,7	729,522		
Total expenses (must equal Part IX, column (A), line 25)	2		39,2	224,901		
Revenue less expenses Subtract line 2 from line 1	3		-1.4	195,379		
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			265,065		
Net unrealized gains (losses) on investments			20,2	203,003		
Donated services and use of facilities						
Investment expenses						
Prior period adjustments	7					
9						
column (B))	10		-36,8	399,932		
t XII Financial Statements and Reporting						
Check if Schedule O contains a response or note to any line in this Part XII						
			Yes	No		
Accounting method used to prepare the Form 990	_					
Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No		
If Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	ewed or	1				
Separate basis Consolidated basis Both consolidated and separate basis						
Were the organization's financial statements audited by an independent accountant?		2b	Yes			
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate					
▼ Separate basis						
		2 c	Yes			
If the organization changed either its oversight process or selection process during the tax year, explain Schedule ${\sf O}$	ın					
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?	ne	3a		No		
If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				
	Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) **XIII** Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990 Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990 Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed a separate basis. Consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis, or both Separate basis Consolidated basis, or both Separate basis Consolidated basis, or both Accounting financial statements audited by an independent accountant? If "Yes," to line 2 a or 2b, does the organization have a committee that assumes responsibility for oversig of the audit, review, or compilation of its financial statements and selection of an independent accountant If the organization changed either its ove	Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) **XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990 Check if Schedule O contains a response or note to any line in this Part XII **Accounting method used to prepare the form 990 Check if Schedule O contains a response or note to any line in this Part XII **Accounting method used to prepare the form 990 Check if Schedule O contains a response or note to any line in this Part XII **Accounting method used to prepare the form 990 Check if Schedule O contains a response or note to any line in this Part XII **Accounting method used to prepare the form 990 Check if Schedule O contains a response or note to any line in this Part XII **Accounting method used to prepare the form 990 Check if Schedule O contains a response or note to any line in this Part XII **Accounting method used to prepare the form 990 Check if Schedule O contains a response or note to any line in this Part XII **Accounting method used to prepare the form 990 Check if Schedule O contains a response or note to any line in this Part XII **Accounting method used to prepare the form 990 Check if Schedule O contains a response or note to any line in this Part XII **Accounting method used to prepare the form 990 Check if Schedule O contains a response or note to any line in this Part XI	Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 12) Revenue less expenses Subtract line 2 from line 1 3 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Prior penod adjustments 8 Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 ***XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990	Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part VIII, column (A), line 12) 1 37,7 Total expenses (must equal Part VIII, column (A), line 25) 2 39,3 Revenue less expenses Subtract line 2 from line 1 3 14 - 26,7 Revenue less expenses Subtract line 2 from line 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		

Additional Data

Software ID: Software Version:

EIN: 91-0460645

Name: Washington Education Association

Form 990, Part III, Line 4a

(Code) (Expenses \$ including grants of \$) (Revenue \$)
Governance/Administration - To formulate Association policy and to insure implementation of the goals, objectives and activities of the Association in accordance with the desires and needs of the membership. To provide governance with advice and counsel as prescribed in WEA policy on the formulation of goals, objectives, policy and activities of the Association in the following general areas accreditation, certification, instruction, personnel, collective bargaining, state and federal legislation, human relations, and rights of school employees To provide legal services and advice to WEA, its staff and governance, local associations, and members, to protect and strengthen the legal and bargaining rights of school employees

Form 990, Part III, Line 4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

Public Policy Center - To insure that WEA is a significant participant in the legislative process of the state and nation, obtain passage and implementation of legislation consistent with Association goals and assure adequate resource allocations to improve salaries, conditions of work, and educational programs

Form 990, Part III, Line 4c

the Association to carry out its goals and objectives in an efficient manner

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

Center for Education Quality Organizing and Advocacy Center - To provide program and staff services to assist individual school employees and leaders to obtain and utilize the individual and collective power they need to control their work environment, including appropriate compensation To provide research support enabling

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) (Code) (Expenses \$ including grants of \$) (Revenue \$ Communication and PR Center - To inform the membership and the public through utilization of internal and external media of the Association's goals and achievements and of the profession's concern for public education in Washington

(Code) (Expenses \$ including grants of \$) (Revenue \$)
Center for Education Quality Learning and Education Policy Center - To strengthen the human rights of school employees, and to enhance school employees' personal and professional development. To work with schools and communities on efforts to improve student skills and facilitate an effective learning environment.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) (Code) (Expenses \$ including grants of \$) (Revenue \$)

Support Services Center - To provide the Association with administrative support and business services including computer technology to assist the governance and program units of the Association in accomplishing their goals and activities

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

(F) Estimated amount of other

compensation

from the organization and related organizations

0

0

0

0

0

0

Compensated Employees, and Inde	pendent Cor	ntracto	rs			,	•	. , , ,	_
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below	Posit more the perso and a or chi	nan (nan o n is b i dire	ne b ooth	ox, t an o /trus	unless fficer stee)	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)
	dotted line)	Individual trustee or director	Institutional Trustee	-	employee	Highest compensated employee	Ē.		
Kathie Axtell Board Member	5 00	×						0	0
Buddy Bear Board Member	5 00	×						0	0
Jeb Binns Board Member	5 00	х						0	0
Silas Berry Board Member	5 00	×						0	0
Lisa Brackin	5 00	x						0	0

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Board Member

Shaerie Bruton

Board Member

Board Member

Debby Chandler

Board Member

Board Member

Cathy Comar

Board Member

Mark Cole

Lori Byrnes

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Inde	pendent Cor	ntracto	rs			•	•		
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Posit more the perso and a	ion (han o n is b	ne b ooth	ox, ι an o	unles s fficer	6	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		
Kathy Davis Board Member	5 00	×						0	0
Sharon Dolan Board Member	5 00	×						0	0
Tamasha Emedi Board Member	5 00	×						0	0
Justin Fox-Bailey Board Member	5 00	х						0	0
Chns Fraser Board Member	5 00	×						0	0
Amy Frost	5 00	×						0	0

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Board Member

Barbara Gapper

Board Member

Board Member

Barbara Hankins

Board Member

Debra Hansen

Board Member

Eric Grant

(F) Estimated amount of other compensation from the

organization and related organizations

0

0

0

0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

(F) Estimated amount

of other

compensation

from the

organization and related organizations

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Compensated Employees, and Inde	pendent Cor	ntracto	rs					
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position of director	tion (han o n is b	ne b ooth	ox, i an o /trus	unless fficer itee)	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)
Nancy Herzog Board Member	5 00	×					0	0
Paul Hope Board Member	5 00	×					0	0
Bob Ingraham Board Member	5 00	х					0	0
Marguente Jones Board Member	5 00	X					0	0
LeAnn Kemp Board Member	5 00	×					0	0

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Jonathan Knapp

Board Member

Board Member

Karen Laase

Board Member

Norma LaChine

Board Member

Roxanne Luchini

Board Member

Pam Kruse

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

(F) Estimated amount

of other

compensation

from the

organization and related organizations

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Compensated Employees, and Inde					.500	C3, I	,		
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th perso and a	nan (nan o n is b i dire	ne b ooth ctor	ox, l an o /trus	unless fficer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		
Bill Lyne Board Member	5 00	×						0	0
Lynn Maiorca Board Member	5 00	×						0	0
Pat Marcum Board Member	5 00	×						0	0
Steven Mayer Board Member	5 00	×						0	0

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Joyce McDonald

Board Member

Board Member

Board Member

Michele Miller

Board Member

Mark Morrow

Board Member

Angel Morton

Board Member

Karen McNamara

Mary Jo McLaughlin

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

(F) Estimated amount of other compensation from the organization and related organizations

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Compensated Employees, and Inde	pendent Cor	itracto	rs				_		
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Posit more the perso and a	ion (han o n is b	ne b oth	ox, i an o	unles s fficer	5	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)
		Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		
Carla Naccarato-Sinclair Board Member	5 00	×						0	
Andı Nofziger-Meadows Board Member	5 00	x						0	
Jan Olmstead Board Member	5 00	x						0	
Lında Overlie Board Member	5 00	х						0	
Christie Padilla Board Member	5 00	×						0	

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Martha Patterson

Board Member

Board Member

Board Member

Board Member

Robert Reynolds

Board Member

Shannon Rasmussen

Margo Piver

Kit Raney

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

(F) Estimated amount of other

compensation

from the

organization and related organizations

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0

Compensated Employees, and Inde					1316	C3, I	ve y	Linployees, mg	illest
(A) Name and Title	(B) Average hours per week (list any hours for related	Posit more ti perso and a	tion (han o n is b	ne b ooth	ox, ι an o	unles s fficer	6	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated emptoxies	Former		
Michele Robertson Board Member	5 00	x						0	0
Jenny Rose Board Member	5 00	x						0	0
Bev Schaefer Board Member	5 00	x						0	0
Cathy Smith Board Member	5 00	х						0	0
John Solberg Board Member	5 00	×						0	0
Summer Stoner	5 00								

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5 00

5 00

5 00

5 00

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Board Member

Deborah Strayer

Board Member

Fern Tresvan

Board Member

Board Member

Renee Verone

Board Member

William Van Wyck

.....

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(F) Estimated amount

of other

compensation

from the

organization and related organizations

0

0

0

0

0

0

Compensated Employees, and Inde	pendent Cor	ntracto	rs					i	•
(A) Name and Title	(B) A verage hours per week (list any hours	Posit more the perso and a	tion (han o n is b	ne b oth	ox, ι an o	unles s fficer	5	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W-
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated emptoxies	Former		2/1099-MISC)
Tim Voie Board Member	5 00	×						0	0
Cındie Webb Board Member	5 00	×						0	0
Bradford Williams Board Member	5 00	х						0	0
Pam Wilson Board Member	5 00	х						0	0
Susan Yaw Board Member	5 00	×						0	0

5 00

5 00

5 00

5 00

5 00

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Lında Zaccantı

Board Member

Adam Brickell

Board Member

Kris Cameron

Board Member

Dave Campbell

Board Member

Larry Delaney

Board Member

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors**

(F) Estimated amount

of other

compensation

from the

organization and related organizations

0

0

95,188

82,095

0

0

43,817

77,299

23,228

21,319

87,945

89,835

220,345

161,030

74,753

47,352

151,524

161,018

(A) Name and Title	(B) A verage hours per week (list any hours	Posit more ti perso and a	tion (han o n is b	ne b ooth	ox, ι an o	unles s fficer		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)
Stella Kwak Board Member	5 00	×						0	0
LaVasha Murdoch Board Member	5 00	x						0	0
Ten Winckler Board Member	5 00	х						0	0
Jenny Steele	5 00	x						0	0

37 50

37 50

37 50

37 50

37 50

37 50

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Х

Х

Board Member

Armand L Tiberio

Executive Director

Margaret Knight

Kım Mead

President

Stephen Miller

Vice President

Aimee Iverson

General Counsel

Director/Organizing and Ad

James Fotter

Chief Financial Officer

......

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (R) (A) (C) (D) (F)

.

37 50

37 50

Dale Folkerts

Lucinda Young

Professional Staff

Professional Staff

Professional Staff

(A) Name and Title	(B) A verage hours per week (list any hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations	
Manuel Bosser Director/Human Resources	37 50				х			162,024	0	93,485	
Lisa Kodama Director/Learning and Educ	37 50				x			153,606	0	89,296	
Glenn Bafia Manager/UniServ	37 50				x			156,382	0	88,965	
James Regan Director/Governmental Rela	37 50				x			192,860	0	95,547	
Linda Mullen Director/Communications	37 50				х			151,739	0	91,909	
James Meadows Professional Staff	37 50					x		146,490	0	81,670	
Scott Poiner Professional Staff	37 50					X		151,951	0	86,302	
Gary McNeil	37 50										

Χ

Χ

153,054

166,317

150,729

77,117

76,000

69,673

0

0

0

DLN: 93493191007367

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasurv Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** Washington Education Association 91-0460645 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 1,386,538 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes Was a correction made? ☐ Yes If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Yes Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (d) A mount paid from (e) A mount of political (a) Name (b) Address (c) EIN filing organization's contributions received funds If none, enter and promptly and 0 directly delivered to a separate political organization If none, enter -0-(1) WEA-PAC PO Box 9100 91-6074250 500,000 Federal Way, WA 98063 3

Sch	nedule C (Form 990 or 990-EZ) 2015					Page
Pa	complete if the organization under section 501(h)).	is exempt under	section 501(c)(3) and fil	ed Form 5768	
A	Check If the filing organization belongs to a expenses, and share of excess lobby		d list in Part IV e	ach affiliated gr	oup member's nar	ne, address, EI
В	Check ► If the filing organization checked box	x A and "limited contr	ol" provisions ap	ply		
	Limits on Lobby (The term "expenditures" me	ing Expenditures ans amounts paid or i			(a) Filing organization's totals	(b) Affiliated group totals
10	Total lobbying expenditures to influence public of	oinion (grass roots				•
1a b	lobbying) Total lobbying expenditures to influence a legisla	tive body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c	and 1d)				
f	Lobbying nontaxable amount Enter the amount fr	om the following table	ın both columns			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxa	ble amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of th	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of th	e excess over \$1,000	0,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	000		
	Over \$17,000,000	\$1,000,000		 		
g	Grassroots nontaxable amount (enter 25% of line	e 1f)				
h	Subtract line 1g from line 1a If zero or less, ente	r - 0 -				
i	Subtract line 1f from line 1c If zero or less, enter	r - 0 -				
j	If there is an amount other than zero on either lin reporting section 4911 tax for this year?	e 1h or line 1ı, did the	_	Form 4720 Y e s N	o	
	4-Year Av (Some organizations that made a s columns below. See th		ection do not	havè to cor		he five
_	Lobbying Expe	nditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a)2012	(b) 2013	(c)2014	(d)2015	(e) Total
2a	Lobbying nontaxable amount					

	Lobbying Expendi	tures During 4	<u>4-Year Avera</u>	ging Period		
	Calendar year (or fiscal year beginning in)	(a)2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
_с	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

	rt II-B	тог				age
	filed Form 5768 (election under section 501(h)).	(a	a)		(b)	
activ	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity	Yes	No		Moun	ıt
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers?	163				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			┨		
c	Media advertisements?			1		
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?			1		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			1		
i	Other activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912			1		
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5	01(c)(5),	or s	ectio	n
	501(c)(6).					
	Were substantially all (0.00) or more) dues resoured pendeductible by members?		_		Yes	No
1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	Yes	
3	Did the organization make only in-noise lobbying expenditures of \$2,000 of less? Did the organization agree to carry over lobbying and political expenditures from the prior year?		-	3	1 65	No
	t III-B Complete if the organization is exempt under section 501(c)(4), section 5	01/6	1/51		actio	
ГЧ	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "					
1	line 3, is answered "Yes." Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	_				
а	Current year	2a				
b	Carryover from last year	2b				
c	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and					
_	political expenditure next year?	5				
5	Taxable amount of lobbying and political expenditures (see instructions) art IV Supplemental Information)				
	• • •					
	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou see instructions), and Part II-B, line 1 Also, complete this part for any additional information	p list),	Part I	[-A,	ines 1	and
L	Return Reference Explanation					
Part	I-A, Line 1 Member communications, training and indirect support concerning effort candidates	s to ele	ect sta	te and	local	

DLN: 93493191007367

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990,

OMB No 1545-0047

Department of the

(Form 990)

SCHEDULE D

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990.

Information about Schedule	D (Form 990) and its instructions is at <u>www.ir</u>	s.gov/f	orm990. Inspection
lame of the organization		Empl	oyer identification number
/ashington Education Association		91-0	460645
art I Organizations Maintaining Don	or Advised Funds or Other Similar F		
Complete if the organization answe	red "Yes" on Form 990, Part IV, line 6.		
Total number at and afticar	(a) Donor advised funds	(b)	Funds and other accounts
Total number at end of year			
Aggregate value of contributions to (during year)			
Aggregate value of grants from (during year)			
Aggregate value at end of year			
Did the organization inform all donors and dono funds are the organization's property, subject t		nor advis	sed Yes No
Did the organization inform all grantees, donors used only for charitable purposes and not for th conferring impermissible private benefit?			purpose Yes No
rt III Conservation Easements. Comp	plete if the organization answered "Yes" i	on Forn	n 990, Part IV, line 7.
Purpose(s) of conservation easements held by	the organization (check all that apply)		
Preservation of land for public use (e.g., re	creation or	. n. h + -	really important land area
education) Protection of natural habitat			ically important land area d historic structure
<u>'</u>	Preservation of a	cerune	a historic structure
Preservation of open space			
Complete lines 2a through 2d if the organizatio easement on the last day of the tax year	n neid a qualified conservation contribution in	tne form	or a conservation
•			Held at the End of the Year
Total number of conservation easements		2a	
Total acreage restricted by conservation easer	nents	2b	
Number of conservation easements on a certifi	ed historic structure included in (a)	2c	
Number of conservation easements included in historic structure listed in the National Registe		2d	
Number of conservation easements modified, to	ansferred, released, extinguished, or terminat	ed by the	e organization during the
tax year ▶			
Number of states where property subject to cor	nservation easement is located ►		
Does the organization have a written policy reg violations, and enforcement of the conservation		dling of	□ Yes □ No
Staff and volunteer hours devoted to monitoring year	g, inspecting, handling of violations, and enforc	ing cons	servation easements during the
>			
A mount of expenses incurred in monitoring, ins	pecting, handling of violations, and enforcing o	onserva	ition easements during the year
▶ \$			
Does each conservation easement reported on (B)(I) and section $170(h)(4)(B)(II)^{2}$	line 2(d) above satisfy the requirements of se	ction 17	0(h)(4) Yes No
In Part XIII, describe how the organization rep balance sheet, and include, if applicable, the te the organization's accounting for conservation	xt of the footnote to the organization's financia	•	·
	ections of Art, Historical Treasures,	or Oth	ner Similar Assets.
·	red "Yes" on Form 990, Part IV, line 8.		
If the organization elected, as permitted under works of art, historical treasures, or other simil service, provide, in Part XIII, the text of the fo	ar assets held for public exhibition, education,	or resea	arch in furtherance of public
If the organization elected, as permitted under works of art, historical treasures, or other simil service, provide the following amounts relating	ar assets held for public exhibition, education,		
(i) Revenue included on Form 990, Part VIII, line		> ¢	
	- -		
(ii) Assets included in Form 990, Part X If the organization received or held works of art	historical transuras, or other similar assets f		cual gain, provide the
THE DECIDING THE PIVER OF DEID WORKS OF SET			

Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Part	1111	Organizations Maintaining <i>(continued)</i>	Collections of A	rt, His	torio	al Tr	easures,	or Ot	her Similar A	sset	s	
		the organization's acquisition, accontion tems (check all that apply)	ession, and other reco	ords, ch	ieck a	ny of th	ne following	that ar	e a significant us	se of it	:s	
а		Public exhibition		d		Loan	or exchange	progr	ams			
b	<u> </u>	Scholarly research		е	Γ	Other						
c		Preservation for future generations										
4	Provi	de a description of the organization?	s collections and expl	laın hov	w they	further	the organiz	ation's	exempt purpose	e in		
		g the year, did the organization solic s to be sold to raise funds rather th								s [_ _{No}	
Part	t IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.	_	Form	990,	Part I\	/, line 9, o	r repo	orted an amou	nt on	Forn	າ 990,
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other interm	nediary	for co	ntribut	ions or othe	rasse	ts not	s [No	
b	If"	'Yes," explain the arrangement in Pa	art XIII and complete	the fol	lowing	table			An	nount		
c		ginning balance	·		_	,		1c				
d	A d	ditions during the year						1d				
e	Dis	tributions during the year						1e				
f		ding balance						1f				
2 a	Did th	ne organization include an amount o	n Form 990, Part X, lı	ne 21,	for es	crow or	custodial a	ccoun	t liability? Ye	s [_ No	
	_	es," explain the arrangement in Part										
Par	ťν	Endowment Funds. Comple										
1a	Regur	nning of year balance	(a)Current year	(D)PI	or year	В	(c)Two years	васк (d) Three years back	(e)⊦	our ye	ars back
b	-	ributions										
c	Net i	· · · · · · · · · · · · · · · · · · ·										
d	Gran	ts or scholarships										
е		r expenditures for facilities programs										
f	A dmi	nistrative expenses										
g	End o	of year balance										
2		de the estimated percentage of the	current year end balaı	nce (lın	e 1q,	column	(a)) held as					
а		I designated or quasi-endowment >	,	•	٠,		. ,,					
b		anent endowment ▶										
c	Temp	orarily restricted endowment ercentages on lines 2a, 2b, and 2c	should equal 100%									
3а	A re th	nere endowment funds not in the pos sization by	·	zation	that a	re held	and adminis	stered	for the	Г	Yes	No
	_	related organizations							3	a(i)		
	(ii) re	elated organizations							38	ı(ii)		
b		es" on 3a(II), are the related organiz	·							3b		
4		ribe in Part XIII the intended uses o		ndowm	ent fu	nds						
Рап	t VI	Land, Buildings, and Equip Complete if the organization a		orm 9	90. P	art IV.	line 11a.S	See Fo	orm 990. Part)	K. line	e 10.	
		Description of property			(a	a) ther basi	(b)) ier basis	Accumulated			k value
1 a L	and				,		 	573,437	7			2,573,437
		gs					<u> </u>	015,318	1	43		5,371,275
c L	easeh	nold improvements		.								
d E	quipn	nent		. [1,	625,706	1,363,7	55		261,951
•	ther						1	201.423	1 245 2	10		56 100

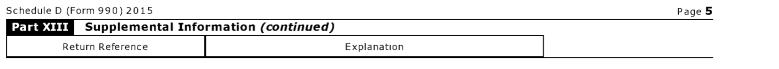
9,262,771

(a) Description of security or catego (including name of security)	ory	(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives			, , , , , , , , , , , , , , , , , , , ,
(2)Closely-held equity interests (3)Other			
(2)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related.			
Complete if the organization answer	ed 'Yes' on Form 990, i	Part IV, line 11c. _{Se}	ee Form 990, Part X, line 13.
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organiza	tion analysis of East	one OOO Down IV line	11.d Coo Form 000 Part V line 15
(a) Des	scription	III 990, Parciv, IIIIe	(b) Book value
(1) Supplies and Deferred Expenses (2) Unfunded Pension Receivable - affiliates			267,297 14,080,200
	·		<u> </u>
Part X Other Liabilities. Complete if the or	·		
Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.	·		<u> </u>
Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	rganization answered '		<u> </u>
Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	rganization answered '\ (b) Book value	res' on Form 990,	
Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Accrued payroll and payroll taxes	(b) Book value	res' on Form 990,	<u> </u>
Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Accrued payroll and payroll taxes	rganization answered '\ (b) Book value	res' on Form 990,	
Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. L. (a) Description of liability Federal income taxes Accrued payroll and payroll taxes	(b) Book value	res' on Form 990,	
Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Accrued payroll and payroll taxes Accrued PTO & sick leave Accrued post retirement benefits	(b) Book value	res' on Form 990,	
Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Accrued payroll and payroll taxes Accrued PTO & sick leave Accrued post retirement benefits Dues collected, payable to affiliates	(b) Book value 130,126 1,409,924	Yes' on Form 990,	<u> </u>
Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Accrued payroll and payroll taxes Accrued PTO & sick leave Accrued post retirement benefits Dues collected, payable to affiliates	(b) Book value 130,126 1,409,924 2,819,500	Yes' on Form 990,	
Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Accrued payroll and payroll taxes Accrued PTO & sick leave Accrued post retirement benefits Dues collected, payable to affiliates	(b) Book value 130,126 1,409,924 2,819,500	Yes' on Form 990,	<u> </u>
Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Accrued payroll and payroll taxes Accrued PTO & sick leave Accrued post retirement benefits Dues collected, payable to affiliates	(b) Book value 130,126 1,409,924 2,819,500	Yes' on Form 990,	<u> </u>
Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Accrued payroll and payroll taxes Accrued PTO & sick leave Accrued post retirement benefits Dues collected, payable to affiliates	(b) Book value 130,126 1,409,924 2,819,500	Yes' on Form 990,	
See Form 990, Part X, line 25.	(b) Book value 130,126 1,409,924 2,819,500	Yes' on Form 990,	

		IV, line 12a.				
37,729,522	1			statements	Total revenue, gains, and other support per audited fi	1 T
				line 12	Amounts included on line 1 but not on Form 990, Part	2 A
			2a		Net unrealized gains (losses) on investments	a N
			2b		Donated services and use of facilities	b D
			2c		Recoveries of prior year grants	c R
			. 2d		Other (Describe in Part XIII)	d 0
0	2e				Add lines 2a through 2d	e A
37,729,522	3				Subtract line 2e from line 1	3 S
				on line 1	Amounts included on Form 990, Part VIII, line 12, but	4 A
			4a	line 7b .	Investment expenses not included on Form 990, Part	a Ir
			4b		Other (Describe in Part XIII)	b 0
	4-				Add lines 4a and 4b	c A
0	4c					
37,729,522	5		•	0, Part I, lın	Total revenue Add lines 3 and 4c. (This must equal Fo	
37,729,522 :urn.	5 s per Ret	nents With Expense IV, line 12a.	ateme ı Part IV	0, Part I, lin nancial S Form 990,	Total revenue Add lines 3 and 4c.(This must equal For XII Reconciliation of Expenses per Audit Complete if the organization answered 'Ye	Part XI
37,729,522	5	nents With Expense IV, line 12a.	ateme ı Part IV	0, Part I, lin nancial S Form 990,	Total revenue Add lines 3 and 4c.(This must equal For XIII Reconciliation of Expenses per Audit Complete if the organization answered 'Ye Total expenses and losses per audited financial states.)	Part XI
37,729,522 :urn.	5 s per Ret	nents With Expense IV, line 12a.	ateme ı Part IV	0, Part I, lin nancial S Form 990, 	Total revenue Add lines 3 and 4c.(This must equal For XIII Reconciliation of Expenses per Audit Complete if the organization answered 'Ye Total expenses and losses per audited financial state A mounts included on line 1 but not on Form 990, Part	Part XI 1 To 2 A
37,729,522 :urn.	5 s per Ret	nents With Expense IV, line 12a. 	ateme ı Part IV	0, Part I, lin nancial S Form 990, 	Total revenue Add lines 3 and 4c.(This must equal For XIII Reconciliation of Expenses per Audit Complete if the organization answered 'Ye Total expenses and losses per audited financial states.)	Part XI 1 To 2 A
37,729,522 :urn.	5 s per Ret	nents With Expense IV, line 12a	ateme	0, Part I, lin nancial S Form 990, ne 25	Total revenue Add lines 3 and 4c.(This must equal For XIII Reconciliation of Expenses per Audit Complete if the organization answered 'Ye Total expenses and losses per audited financial state A mounts included on line 1 but not on Form 990, Part	Part XI 1 To A a D
37,729,522 :urn.	5 s per Ret	nents With Expense IV, line 12a	ateme Part IV,	0, Part I, lin nancial S Form 990, 	Total revenue Add lines 3 and 4c.(This must equal For XIII Reconciliation of Expenses per Audit Complete if the organization answered 'Yes Total expenses and losses per audited financial state Amounts included on line 1 but not on Form 990, Part Donated services and use of facilities	Part XI 1 T 2 A a D b P
37,729,522 :urn.	5 s per Ret	nents With Expense IV, line 12a	Part IV	0, Part I, lin nancial S Form 990, ne 25	Total revenue Add lines 3 and 4c.(This must equal For Reconciliation of Expenses per Audit Complete if the organization answered 'Ye Total expenses and losses per audited financial state A mounts included on line 1 but not on Form 990, Part Donated services and use of facilities	1 To A a D b P c O
37,729,522 :urn.	5 s per Ret	nents With Expense IV, line 12a	Part IV 2a 2b 2c 2d	0, Part I, lin nancial S Form 990, ne 25	Total revenue Add lines 3 and 4c.(This must equal For XIII Reconciliation of Expenses per Audit Complete if the organization answered 'Ye Total expenses and losses per audited financial state A mounts included on line 1 but not on Form 990, Part Donated services and use of facilities	1 To 2 A a D b P c O d O
37,729,522 Surn. 39,224,901	s per Ret	nents With Expense IV, line 12a	Part IV 2a 2b 2c 2d	0, Part I, lin nancial S Form 990, ne 25	Total revenue Add lines 3 and 4c.(This must equal Foliation of Expenses per Audit Complete if the organization answered 'Ye Total expenses and losses per audited financial state Amounts included on line 1 but not on Form 990, Part Donated services and use of facilities	1 To 2 A B P C O d O e A
37,729,522 curn. 39,224,901	s per Ret	nents With Expense IV, line 12a	Part IV 2a 2b 2c 2d	0, Part I, lin nancial S Form 990, ne 25	Total revenue Add lines 3 and 4c.(This must equal For XIII Reconciliation of Expenses per Audit Complete if the organization answered 'Yes Total expenses and losses per audited financial state A mounts included on line 1 but not on Form 990, Part Donated services and use of facilities	Part XI 1 To 2 A a D b Po c O d O e A 3 So
37,729,522 curn. 39,224,901	s per Ret	nents With Expense IV, line 12a	Part IV 2a 2b 2c 2d	0, Part I, lin nancial S Form 990, ne 25	Reconciliation of Expenses per Audit Complete If the organization answered 'Ye Total expenses and losses per audited financial state A mounts included on line 1 but not on Form 990, Part Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII) Add lines 2a through 2d Subtract line 2e from line 1	Part XI 1 To A a D b Po c O d O e A 3 Solution
37,729,522 curn. 39,224,901	s per Ret	nents With Expense IV, line 12a	atemer Part IV,	0, Part I, lin nancial S Form 990, ne 25 line 1:	Reconciliation of Expenses per Audit Complete if the organization answered 'Ye Total expenses and losses per audited financial state Amounts included on line 1 but not on Form 990, Part Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but	Part XI 1 To 2 a D b Po 6 c O 6 d O 8 3 So 8 4 A A a Ir
37,729,522 curn. 39,224,901	s per Ret	nents With Expense IV, line 12a	atemer Part IV 2a 2b 2c 2d	0, Part I, lin nancial S Form 990, ne 25 line 1:	Total revenue Add lines 3 and 4c.(This must equal Formal Process of Process o	1 To 2 A a D b P o C O d O e A 3 S 4 A a Irr b O

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference Explanation



Schedule D (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS As Filed Data Schedule I
(Form 990)

Grants and C
Governments

Complete if the organize

Department of the
Treasury
Internal Revenue Service

Name of the organization

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

Washington Education Association

Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at $\underline{www.irs.qov/form990}$.

OMB No 1545-0047

Employer identification number

91-0460645

<u>2015</u>

DLN: 93493191007367

Open to Public Inspection

Schedule I (Form 990) 2015

Part I General Information	n on Grants an	d Assistance					
 Does the organization maintain in the selection criteria used to aw Describe in Part IV the organization 	ard the grants or as	ssistance?				stance, and	√ Yes
Part III Grants and Other Assista that received more than \$				plete if the organization	answered "Yes" on F	Form 990, Part IV, line 21	, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
		+					
Enter total number of section 50Enter total number of other organ						_	

Cat No 50055P

Additional Data

Fairtest PO Box 300204

Jamaica Plain, MA 02108

Software ID: Software Version:

22-2653502

EIN: 91-0460645

Name: Washington Education Association

(a) Name and address of organization (b) EIN (c) IRC section if applicable grant (d) A mount of cash grant (e) A mount of non- (book, FMV, appraisal, non-cash assistance) (g) Description of non-cash assistance

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

or government				assistance	otner)	
Economic Opportunity Institute 603 Stewart St 715 Seattle, WA 98101	91-1999302	501(c)(3)	27,500			Provide support to organizations that share common interests
Washington Community Action Network 1806 E Yesler Way Seattle, WA 98122	91-1259403	501(c)(3)	8,000			Provide support to organizations that share common interests

7,500

(h) Purpose of grant

or assistance

Provide support to

common interests

organizations that share

(a) Name and address of **(b)** EIN (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (c) IRC section (d) A mount of cash organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance arant or government assistance other) 107,500 Class Size Counts 46-3039002 501(c)(4) Provide support to 603 Stewart St 819 organizations that share n interests

Provide support to

common interests

organizations that share

Seattle, WA 98101					common ı
Fuse Washington 1402 3rd Ave Ste 310	26-0573960	501(c)(4)	10,000		Provide s organizati

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(4)

Step Forward

603 Stewart St 819

Seattle, WA 98101

46-5341671

support to ations that share common interests Seattle, WA 98101

5,833

(b) EIN (e) A mount of non- (f) Method of valuation (q) Description of (a) Name and address of (c) IRC section (d) A mount of cash (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government Equal Rights Washington 20-1205882 501(c)(3) 5,000 Provide support to Education Fund organizations that PO Box 2388 Ishare common

organizations that

share common interests

Seattle, WA 98111					interests
O neA merica 1225 S Weller St Suite 200 Seattle, WA 98144	20-0384893	501(c)(3)	5,000		Provide support to organizations that share common interests
The Martinez Foundation	35-2335890	501(c)(3)	5,000		Provide support to

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO Box 50270

Seattle, WA 98108

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance arant or aovernment assistance other) 501(c)(4) 15,000 Best Start for Kids 47-3223453 Provide support to organizations that share 603 Stewart St 819 common interests

Seattle, WA 98101 501(c)(3) 12,500 NEA Foundation 23-7035089 1201 16th St NW Suite 416

Provide support to organizations that share Washington, DC 20036 lcommon interests

47-4637349 501(c)(4) 30,000 Provide support to

No on 1366

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

603 Stewart St 819 organizations that share

Seattle, WA 98101 common interests

(h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance arant or aovernment assistance other) 5.000 Save KPLU 81-1095651 501(c)(3) Provide support to organizations that share 2601 4th Ave Suite 150 common interests

(e) A mount of non- (f) Method of valuation

(a) Description of

lcommon interests

Provide support to

common interests

organizations that share

Seattle, WA 98121 501(c)(3) 5.000 SeaMar 91-1020139 Provide support to 1040 Henderson St organizations that share

5,000

(d) A mount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

(c) IRC section

Seattle, WA 98108

TV Washington

Olympia, WA 98507

PO Box 25

(a) Name and address of

(b) EIN

91-1597601

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) WEA PAC 91-6074250 500 000 Provide support to hare

WEAT AC	JI 0074230	300,000		i Tovide Support to
PO Box 9100				organizations that sha
Federal Way, WA 98063				common interests
WASA 825 Fifth Ave	21-7122918	5,000		Provide support to organizations that sha

Olympia, WA 98501

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

4555 Delridge Way SW

Seattle, WA 98106

hare common interests Southwest Youth and Family 91-1117862 501(c)(3) 5,000 Provide support to Services organizations that share

common interests

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (e) A mount of non- (f) Method of valuation **(b)** EIN (c) IRC section (d) A mount of cash (a) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance arant or government assistance other)

organizations that share

common interests

Save our Schools Inc	45-5156405	501(c)(3)	5,000		Provide support to

911 Circle Ave Forest Park, IL 60130 DLN: 93493191007367

Employer identification number

Schedule J

(Form 990)

Compensation Information

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

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

► Attach to Form 990.

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Washington Education Association 91-0460645 **Questions Regarding Compensation** No Yes Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ✓ Compensation committee ✓ Written employment contract Independent compensation consultant ✓ Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Nο 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo 4c Participate in, or receive payment from, an equity-based compensation arrangement? Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? **5**a Any related organization? 5b If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Any related organization? 6b If "Yes," on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

Selledales (Form 550) 2015					r age 🕳			
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.								
ınstructions, on row (II) Do not list ar	tion must be reported on Schedule J, report compensation from the ony individuals that are not listed on Form 990, Part VII for each listed individual must equal the total amount of Form 990, F		-	·				
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in			

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(ii)	(ıiı)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
	Base	Bonus & incentive	Other reportable	compensation			as deferred on prior
(1) compensation	compensation	compensation				Form 990	

Schedule 1 (Form 990) 2015

See Additional Data Table

Schedule J (Form 990) 2015

Page 2

Schedule J (Form 990) 2015	Page 3					
Part III Supplemental Information						
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information						
Return Reference Explanation						
Part I, Line 1a	The Organization pays travel cost for family members accompanying officers while they attend business functions					

Schedule J (Form 990) 2015

Software ID: Software Version:

EIN: 91-0460645

Name: Washington Education Association

Form 990, Schedule J, (A) Name and Title			W-2 and/or 1099-MI		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1Armand L Tiberio Executive Director	(1)	220,345	o	0	19,295	24,522	264,162	(
	(11)	0	0	0	0	-		
1Margaret Knight Chief Financial Officer	(1)	161,030	0	0	62,114	15,185	238,329	
	(11)	0	0	0	0			
2Kım MeadPresident	(1)	74,753	0	0	0	1,677	76,430	
	(11)	95,188	0	0	0			
3Stephen MillerVice President	(1)	47,352	0	0	0	21,551 1,410	116,739 48,762	
	(11)	82,095					48,762	
	(11)	02,033	0	0	U	19,909	102,004	1
4 Aimee Iverson General Counsel	(1)	151,524	0	0	60,763	27,182	239,469	
	(11)	0	0	0	0	-		
5 James Fotter Director/Organizing and Ad	(1)	161,018	0	0	62,114	27,721	250,853	(
onector, organizing and the	(11)	0	0	0	0			(
6 Manuel Bosser	(1)	162,024	0	0	62,114	31,371	255,509	
Director/Human Resources	(11)	0	0	0	0			
7Lısa Kodama	(1)	153,606			62.114	0	0	
Director/Learning and Educ			0	0	62,114	27,182	242,902	
	(11)	U	0	0	0	-0	_ o	(
8 Glenn Bafia Manager/UniServ	(1)	156,382	0	0	61,244	27,721	245,347	1
	(11)	0	0	0	0			(
9James Regan Director/Governmental Rela	(1)	192,860	0	0	73,045	22,502	288,407	(
Directory Governmental Nela	(11)	0	0	0	0			
10Lında Mullen	(1)	151,739	0	0	60,538	31,371	243,648	
Director/Communications	(11)	0				31,371	243,040	
441			, and the second	, and the second	, and the second	0	0	
11James Meadows Professional Staff	(1)	146,490	0	0	54,821	26,849	228,160	
	(11)	0	0	0	0	-		(
12Scott Poiner Professional Staff	(1)	151,951	0	0	54,811	31,491	238,253	1
Fioressional Staff	(11)	0	0	0	0			
13Gary McNeil	(1)	153,054	0	0	54,694	22,423	230,171	
Professional Staff	(11)	0					250,171	
14Dele Fellente			,	, and the second	, and the second	0	0	
14Dale Folkerts Professional Staff	(1)	166,317	0	0	54,821	21,179	242,317	
	(11)	0	0	0	0	-0	- o	
15Lucinda Young Professional Staff	(1)	150,729	0	0	54,821	14,852	220,402	
	(11)	0	0	0	0			
						0	0	

efile GRAPHI	C print - DO NOT PROCESS	[LN: 93493191007367			
SCHEDULE (Form 990 o 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.					
Name of the organ Washington Education		Employer i 91-04606	dentification number			
Return Reference	Explanation					
Form 990, Part VI, Section A, line 2	Stephen Miller and Michele Miller are	married				

990 Schedule O. Supplemental Information Return Explanation Reference

Form 990, Part | The Organization has dues paying members that are public school employees in the State of VI. Section A. Washington These members have the right to vote for members of the Board of Directors

line 6

990 Schedule O, Supplemental Information Return Explanation Reference Form 990, Part Membership annually elects the Board of Directors VI, Section A,

line 7a

990 Schedule O, Supplemental Information Return Explanation Reference Form 990. Part The Form 990 is reviewed by members of the Budget and Finance Committee of the Board of Directors prior to filing VI, Section B,

line 11

990 Schedule O, Supplemental Information Return Explanation Reference Form 990, Part Any identified conflicts are addressed as provided for in the Board approved conflict of interest document VI, Section B,

line 12c

990 Schedule O, Supplemental Information

t renew als

Return	Explanation
Reference	

Form 990, Part
VI, Section B,
line 15
The compensation determination process includes approval by the Executive Committee of the
Board of Directors, comparisons to other organizations, and is documented in Board minute
s Officer/Key Employee compensation is determined as employment contracts are established
and renewed President and Vice President/Treasurer compensation is set by Board policy
Ongoing compensation is periodically reviewed by the Executive Committee or during contrac

990 Schedule O, Supplemental Information Return Explanation Reference Form 990, Part Forms are available upon request at the Organization's headquarters VI, Section C,

line 18

Return Explanation
Reference

Form 990, Part VI, Section C, line 19

990 Schedule O. Supplemental Information

Return Explanation
Reference

Form 990, Part | Adjustment for change in unfunded pension liability -9,139,488

XI, line 9