

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/form990

OMB No 1545-0047
2014
Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 09-01-2014, and ending 08-31-2015

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: WASHINGTON EDUCATION ASSOCIATION
 Doing business as:
 Number and street (or P O box if mail is not delivered to street address) Room/suite: PO BOX 9100
 City or town, state or province, country, and ZIP or foreign postal code: FEDERAL WAY, WA 980639100

D Employer identification number: 91-0460645
E Telephone number: (253) 941-6700
G Gross receipts \$ 36,638,635

F Name and address of principal officer: MARGARET KNIGHT, PO BOX 9100, FEDERAL WAY, WA 980639100

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) (5) (insert no) 4947(a)(1) or 527

J Website: WWW WASHINGTONEA ORG

K Form of organization: Corporation Trust Association Other ▶
L Year of formation: 1889
M State of legal domicile: WA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 TO PROMOTE THE TEACHING PROFESSION AND PUBLIC EDUCATION IN THE STATE OF WASHINGTON

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	76
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	74
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	197
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	495,005
b Net unrelated business taxable income from Form 990-T, line 34	7b	-1,121,926

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	34,899,372	36,598,408
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	49,070	34,685
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,242	3,459
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	34,950,684	36,636,552
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,118,114	1,806,755
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	15,017,541	15,986,521
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	16,825,848	18,144,927
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	32,961,503	35,938,203
19 Revenue less expenses Subtract line 18 from line 12	1,989,181	698,349

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	37,321,578	38,654,975
21 Total liabilities (Part X, line 26)	58,867,274	64,920,040
22 Net assets or fund balances Subtract line 21 from line 20	-21,545,696	-26,265,065

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here
 Signature of officer: *****
 MARGARET KNIGHT CFO
 Type or print name and title

Paid Preparer Use Only
 Preparer's name: LAIRD VANETTA
 Preparer's signature: LAIRD VANETTA
 Firm's name: TREMPER & CO LLP
 Firm's address: 3131 ELLIOTT AVE SUITE 290, SEATTLE, WA 98121

May the IRS discuss this return with the preparer shown above? (see instructions)
For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE MISSION OF THE WASHINGTON EDUCATION ASSOCIATION IS TO ADVANCE THE PROFESSIONAL INTERESTS OF ITS MEMBERS IN ORDER TO MAKE PUBLIC EDUCATION THE BEST IT CAN BE FOR STUDENTS, STAFF, AND COMMUNITIES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

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

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

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

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 THE ASSOCIATION TO CARRY OUT ITS GOALS AND OBJECTIVES IN AN EFFICIENT MANNER

See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		No
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule C, Part II</i>		
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? <i>If "Yes," complete Schedule C, Part III</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> <input checked="" type="checkbox"/>	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/>		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/>		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/>	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	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)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/>		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		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? <i>If "Yes," complete Schedule G, Part II</i>		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part 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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . .	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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . .	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? <i>If "Yes," complete Schedule J</i> . . .	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . .	24a		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .	24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . .	24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .	24d		
25a 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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i> . . .	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? <i>If "Yes," complete Schedule L, Part III</i> . . .	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)			
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . .	28a		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . .	28b		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . .	28c		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .	29		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . .	30		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . .	31		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . .	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, Part I</i> . . .	33		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . .	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . .	35b		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . .	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? <i>If "Yes," complete Schedule R, Part VI</i>	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	

Part 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

Table with columns for question numbers (1a-14b), Yes/No responses, and numerical values. Includes questions about Form 1096, Form W-2G, Form W-3, and various organizational requirements.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	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		No


Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	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?		

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed
- 18** 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. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
 MARGARET KNIGHT

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 tax year

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, 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) Average hours per week (list any hours for related organizations below dotted line)	(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-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	2,304,708	172,056	1,158,457

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **95**

	Yes	No
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>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 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

(A) Name and business address	(B) Description of services	(C) Compensation
FOSTER PEPPER PLLC 1111 THIRD AVE SUITE 3400 SEATTLE, WA 98101	LEGAL SERVICES	648,650
JOSEPH EVANS, PO BOX 519 BREMERTON, WA 98337	LEGAL SERVICES	223,252
HARRIET STRASBERG, 3136 MARINGO SOUTH EAST OLYMPIA, WA 98501	LEGAL SERVICES	218,715
KULLY HALL LLC 159 S JACKSON ST SUITE 400 SEATTLE, WA 98104	ADVERTISING/MEDIA PRODUCTION	143,250
STOEL RIVES LLP ONE UNION SQUARE 600 UNIVERSITY ST SEATTLE, WA 98101	LEGAL SERVICES	135,240

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a						
	b	Membership dues 1b						
	c	Fundraising events 1c						
	d	Related organizations 1d						
	e	Government grants (contributions) 1e						
	f	All other contributions, gifts, grants, and similar amounts not included above 1f						
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f						
Program Service Revenue	2a	MEMBERSHIP DUES	611710	31,594,567	31,594,567			
	b	NATIONAL FINANCIAL SUPPORT	611710	2,760,296	2,760,296			
	c	REIMBURSEMENTS	611710	834,595	834,595			
	d	UNIFIED LEGAL SERVICES	611710	640,871	640,871			
	e	BENEFIT SERVICE FEES	524298	491,546		491,546		
	f	All other program service revenue		276,533	276,533			
	g	Total. Add lines 2a-2f		36,598,408				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		36,408		36,408	
4		Income from investment of tax-exempt bond proceeds						
5		Royalties						
6a		Gross rents	(i) Real					
			(ii) Personal					
			b	Less rental expenses				
			c	Rental income or (loss)				
d		Net rental income or (loss)						
7a		Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other	360				
			b	Less cost or other basis and sales expenses		2,083		
			c	Gain or (loss)		-1,723		
d		Net gain or (loss)		-1,723	-1,723			
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
b		Less direct expenses b						
c	Net income or (loss) from fundraising events							
9a	Gross income from gaming activities See Part IV, line 19	a						
b	Less direct expenses b							
c	Net income or (loss) from gaming activities							
10a	Gross sales of inventory, less returns and allowances	a	3,459					
		b	Less cost of goods sold b	0				
		c	Net income or (loss) from sales of inventory	3,459		3,459		
Miscellaneous Revenue		Business Code						
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total revenue. See Instructions		36,636,552	36,105,139	495,005	36,408		

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,806,755			
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	1,851,221			
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	8,658,938			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,822,295			
9	Other employee benefits	1,913,300			
10	Payroll taxes	740,767			
11	Fees for services (non-employees)				
a	Management				
b	Legal	1,466,895			
c	Accounting	140,872			
d	Lobbying				
e	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)	900,882			
12	Advertising and promotion	726,039			
13	Office expenses	1,435,246			
14	Information technology	406,519			
15	Royalties				
16	Occupancy	632,187			
17	Travel	1,558,093			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	964,248			
20	Interest	240,176			
21	Payments to affiliates	9,127,735			
22	Depreciation, depletion, and amortization	335,710			
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)				
a	DUES AND FEES	110,409			
b	SETTLEMENTS AND REFUNDS	75,255			
c	CREDIT CARD AND BANK PR	24,661			
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	35,938,203			
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash-non-interest-bearing	7,150,727	1	6,403,732
	2 Savings and temporary cash investments	5,132,536	2	5,886,826
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	4,739,235	4	4,987,948
	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	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 14,350,533		
	b Less accumulated depreciation	10b 4,945,614	9,607,079	10c 9,404,919
	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	10,692,001	15	11,971,550
16 Total assets. Add lines 1 through 15 (must equal line 34)	37,321,578	16	38,654,975	
Liabilities	17 Accounts payable and accrued expenses	1,161,200	17	987,049
	18 Grants payable		18	
	19 Deferred revenue	487,624	19	868,693
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	5,454,625	23	5,246,237
	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	51,763,825	25	57,818,061
	26 Total liabilities. Add lines 17 through 25	58,867,274	26	64,920,040
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-21,545,696	27	-26,265,065
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	-21,545,696	33	-26,265,065	
34 Total liabilities and net assets/fund balances	37,321,578	34	38,654,975	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	36,636,552
2	Total expenses (must equal Part IX, column (A), line 25)	2	35,938,203
3	Revenue less expenses Subtract line 2 from line 1	3	698,349
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-21,545,696
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-1,155,485
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-4,262,233
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-26,265,065

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	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		

Additional Data

Software ID:
Software Version:
EIN: 91-0460645
Name: WASHINGTON EDUCATION ASSOCIATION

Form 990, Part III - Line 4c: 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 \$)

LEARNING AND EDUCATION 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 - Line 4c: 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 Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KATHIE AXTELL BOARD MEMBER	5 00	X						0	0	0
(1) BUDDY BEAR BOARD MEMBER	5 00	X						0	0	0
(2) JEB BINNS BOARD MEMBER	5 00	X						0	0	0
(3) LOGAN BIRGENHEIER BOARD MEMBER	5 00	X						0	0	0
(4) LISA BRACKIN BOARD MEMBER	5 00	X						0	0	0
(5) SHAERIE BRUTON BOARD MEMBER	5 00	X						0	0	0
(6) LORI BYRNES BOARD MEMBER	5 00	X						0	0	0
(7) DEBBY CHANDLER BOARD MEMBER	5 00	X						0	0	0
(8) MARK COLE BOARD MEMBER	5 00	X						0	0	0
(9) CATHY COMAR BOARD MEMBER	5 00	X						0	0	0
(10) KATHY DAVIS BOARD MEMBER	5 00	X						0	0	0
(11) SHARON DOLAN BOARD MEMBER	5 00	X						0	0	0
(12) JAMIE DOWNING BOARD MEMBER	5 00	X						0	0	0
(13) TAMASHA EMEDI BOARD MEMBER	5 00	X						0	0	0
(14) JUSTIN FOX-BAILEY BOARD MEMBER	5 00	X						0	0	0
(15) CHRIS FRASER BOARD MEMBER	5 00	X						0	0	0
(16) AMY FROST BOARD MEMBER	5 00	X						0	0	0
(17) BARBARA GAPPER BOARD MEMBER	5 00	X						0	0	0
(18) ERIC GRANT BOARD MEMBER	5 00	X						0	0	0
(19) TAMMY GRUBB BOARD MEMBER	5 00	X						0	0	0
(20) BARBARA HANKINS BOARD MEMBER	5 00	X						0	0	0
(21) DEBRA HANSEN BOARD MEMBER	5 00	X						0	0	0
(22) NANCY HERZOG BOARD MEMBER	5 00	X						0	0	0
(23) PAUL HOPE BOARD MEMBER	5 00	X						0	0	0
(24) BOB INGRAHAM BOARD MEMBER	5 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) MARGUERITE JONES BOARD MEMBER	5 00	X						0	0	0
(1) LEANN KEMP BOARD MEMBER	5 00	X						0	0	0
(2) JONATHAN KNAPP BOARD MEMBER	5 00	X						0	0	0
(3) PAM KRUSE BOARD MEMBER	5 00	X						0	0	0
(4) KAREN LAASE BOARD MEMBER	5 00	X						0	0	0
(5) NORMA LACHINE BOARD MEMBER	5 00	X						0	0	0
(6) ROXANNE LUCHINI BOARD MEMBER	5 00	X						0	0	0
(7) BILL LYNE BOARD MEMBER	5 00	X						0	0	0
(8) LYNN MAIORCA BOARD MEMBER	5 00	X						0	0	0
(9) PAT MARCUM BOARD MEMBER	5 00	X						0	0	0
(10) STEVEN MAYER BOARD MEMBER	5 00	X						0	0	0
(11) JOYCE MCDONALD BOARD MEMBER	5 00	X						0	0	0
(12) MARY JO MCLAUGHLIN BOARD MEMBER	5 00	X						0	0	0
(13) KAREN MCNAMARA BOARD MEMBER	5 00	X						0	0	0
(14) MICHELE MILLER BOARD MEMBER	5 00	X						0	0	0
(15) JERI MORROW BOARD MEMBER	5 00	X						0	0	0
(16) MARK MORROW BOARD MEMBER	5 00	X						0	0	0
(17) ANGEL MORTON BOARD MEMBER	5 00	X						0	0	0
(18) CARLA NACCARATO-SINCLAIR BOARD MEMBER	5 00	X						0	0	0
(19) PATRICK NICHOLSON BOARD MEMBER	5 00	X						0	0	0
(20) ANDI NOFZIGER-MEADOWS BOARD MEMBER	5 00	X						0	0	0
(21) JAN OLMSTEAD BOARD MEMBER	5 00	X						0	0	0
(22) LINDA OVERLIE BOARD MEMBER	5 00	X						0	0	0
(23) CHRISTYNA PARIS BOARD MEMBER	5 00	X						0	0	0
(24) MARTHA PATTERSON BOARD MEMBER	5 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(51) MARGO PIVER BOARD MEMBER	5 00	X						0	0	0
(1) CINDY PRESCOTT BOARD MEMBER	5 00	X						0	0	0
(2) TED RAIHL BOARD MEMBER	5 00	X						0	0	0
(3) KIT RANEY BOARD MEMBER	5 00	X						0	0	0
(4) SHANNON RASMUSSEN BOARD MEMBER	5 00	X						0	0	0
(5) ROBERT REYNOLDS BOARD MEMBER	5 00	X						0	0	0
(6) MICHELE ROBERTSON BOARD MEMBER	5 00	X						0	0	0
(7) JENNY ROSE BOARD MEMBER	5 00	X						0	0	0
(8) JOHN SADZEWICZ BOARD MEMBER	5 00	X						0	0	0
(9) BEV SCHAEFER BOARD MEMBER	5 00	X						0	0	0
(10) CATHY SMITH BOARD MEMBER	5 00	X						0	0	0
(11) JOHN SOLBERG BOARD MEMBER	5 00	X						0	0	0
(12) TERI STAUDINGER BOARD MEMBER	5 00	X						0	0	0
(13) SUMMER STONER BOARD MEMBER	5 00	X						0	0	0
(14) DEBORAH STRAYER BOARD MEMBER	5 00	X						0	0	0
(15) FERN TRESVAN BOARD MEMBER	5 00	X						0	0	0
(16) WILLIAM VAN WYCK BOARD MEMBER	5 00	X						0	0	0
(17) RENEE VERONE BOARD MEMBER	5 00	X						0	0	0
(18) TIM VOIE BOARD MEMBER	5 00	X						0	0	0
(19) CINDIE WEBB BOARD MEMBER	5 00	X						0	0	0
(20) BRADFORD WILLIAMS BOARD MEMBER	5 00	X						0	0	0
(21) PAM WILSON BOARD MEMBER	5 00	X						0	0	0
(22) SUSAN YAW BOARD MEMBER	5 00	X						0	0	0
(23) LINDA ZACCANTI BOARD MEMBER	5 00	X						0	0	0
(24) ARMAND L TIBERIO EXECUTIVE DIRECTOR	37 50			X				144,058	0	26,615

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(76) MARGARET KNIGHT CHIEF FINANCIAL OFFICER	37 50			X				160,738	0	77,354
(1) KIM MEAD PRESIDENT	37 50			X				73,081	92,636	22,098
(2) STEPHEN MILLER VICE PRESIDENT	37 50			X				48,313	79,420	20,345
(3) AIMEE IVERSON GENERAL COUNSEL	37 50				X			154,164	0	85,381
(4) JAMES FOTTER DIRECTOR/ORGANIZING AND ADVOCACY	37 50				X			158,870	0	85,375
(5) MANUEL BOSSER DIRECTOR/HUMAN RESOURCES	37 50				X			161,538	0	90,615
(6) LISA KODAMA DIRECTOR/LEARNING AND EDUCATION	37 50				X			151,087	0	84,982
(7) GLENN BAFIA MANAGER/UNISERV	37 50				X			160,797	0	84,310
(8) JAMES REGAN DIRECTOR/GOVERNMENTAL RELATIONS	37 50				X			191,960	0	92,188
(9) LINDA MULLEN DIRECTOR/COMMUNICATIONS	37 50				X			152,589	0	89,430
(10) JEREMY EICHHORN PROFESSIONAL STAFF	37 50					X		151,884	0	84,812
(11) SCOTT POIRIER PROFESSIONAL STAFF	37 50					X		146,958	0	81,479
(12) GARY MCNEIL PROFESSIONAL STAFF	37 50					X		148,751	0	74,149
(13) DALE FOLKERTS PROFESSIONAL STAFF	37 50					X		152,863	0	76,990
(14) SHAWN LEWIS PROFESSIONAL STAFF	37 50					X		147,057	0	82,334

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2014

Open to Public Inspection

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.

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (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

Table with 2 columns: Name of the organization (WASHINGTON EDUCATION ASSOCIATION) and Employer identification number (91-0460645)

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures \$ 229,706
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 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 No
4a Was a correction made? Yes No
b 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 \$ 0
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ 0
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
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 from the following table in both columns														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	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		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
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 1f)														
h Subtract line 1g from line 1a If zero or less, enter -0-														
i Subtract line 1f from line 1c If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
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			
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?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1 Yes	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	No
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	No

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 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).		
a 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?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART I-A, LINE 1	COMMUNICATIONS TO MEMBERS CONCERNING STATE AND LOCAL CANDIDATES

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2014

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

Name of the organization WASHINGTON EDUCATION ASSOCIATION

Employer identification number

91-0460645

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses incurred..., 8 Does each conservation easement reported on line 2(d) above satisfy..., 9 In Part XIII, describe how the organization reports...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,573,437		2,573,437
b Buildings		8,981,458	2,454,514	6,526,944
c Leasehold improvements				
d Equipment		1,511,292	1,257,989	253,303
e Other		1,284,346	1,233,111	51,235
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				9,404,919

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)		

Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) SUPPLIES AND DEFERRED EXPENSES	130,832
(2) UNFUNDED PENSION RECEIVABLE - AFFILIATES	11,840,718
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	11,971,550

Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
ACCRUED PAYROLL AND PAYROLL TAXES	123,101
ACCRUED PTO & SICK LEAVE	1,336,348
ACCRUED POST RETIREMENT BENEFITS	2,711,041
DUES COLLECTED, PAYABLE TO AFFILIATES	891,336
ACCRUED PENSION CONTRIBUTION	52,756,235
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	57,818,061

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	36,636,552
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	36,636,552
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	36,636,552

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	35,938,203
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	35,938,203
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	35,938,203

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, 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 I (Form 990)

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

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization WASHINGTON EDUCATION ASSOCIATION

Employer identification number

91-0460645

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1: See Additional Data Table

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 8
3 Enter total number of other organizations listed in the line 1 table 5

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	GRANTS OR ASSISTANCE IS ONLY PROVIDED TO ORGANIZATIONS LOCATED WITHIN THE UNITED STATES SHARING COMMON INTERESTS

Additional Data

Software ID:
Software Version:
EIN: 91-0460645
Name: WASHINGTON EDUCATION ASSOCIATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ECONOMIC OPPORTUNITY INSTITUTE 1900 N NORTH LAKE WAY SEATTLE, WA 98103	91-1999302	501(C)(3)	67,500				PROVIDE SUPPORT TO ORGANIZATIONS THAT SHARE COMMON INTERESTS
WASHINGTON COMMUNITY ACTION NETWORK 220 S RIVER ST 11 SEATTLE, WA 98108	91-1259403	501(C)(3)	8,000				PROVIDE SUPPORT TO ORGANIZATIONS THAT SHARE COMMON INTERESTS
WIN WIN ACTION 1402 3RD AVE STE 201 SEATTLE, WA 98101	26-3921408	501(C)(4)	15,000				PROVIDE SUPPORT TO 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 organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAIRTEST15 COURT SQUARE 820 BOSTON,MA 02130	22-2653502	501(C)(3)	5,000				PROVIDE SUPPORT TO ORGANIZATIONS THAT SHARE COMMON INTERESTS
CLASS SIZE COUNTS603 STEWART ST 819 SEATTLE,WA 98101	46-3039002	501(C)(4)	1,581,333				PROVIDE SUPPORT TO ORGANIZATIONS THAT SHARE COMMON INTERESTS
FUSE WASHINGTON1402 3RD AVE STE 310 SEATTLE,WA 98101	26-0573960	501(C)(4)	5,000				PROVIDE SUPPORT TO 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 organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STEP FORWARD603 STEWART ST 819 SEATTLE,WA 98101	46-5341671	501(C)(4)	59,950				PROVIDE SUPPORT TO ORGANIZATIONS THAT SHARE COMMON INTERESTS
EQUAL RIGHTS WASHINGTON EDUCATION FUNDPO BOX 2388 SEATTLE,WA 98111	32-0146056	501(C)(3)	5,000				PROVIDE SUPPORT TO ORGANIZATIONS THAT SHARE COMMON INTERESTS
HUMAN RIGHTS CAMPAIGN FOUNDATION 1640 RHODE ISLAND AVE NW WASHINGTON,DC 20036	52-1481896	501(C)(3)	5,000				PROVIDE SUPPORT TO 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 organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEFFCO UNITED6720 S ADAMS WAY CENTENNIAL, CO 80122	47-3884442	501(C)(4)	5,000				PROVIDE SUPPORT TO ORGANIZATIONS THAT SHARE COMMON INTERESTS
LEADERSHIP TOMORROW 1301 FIFTH AVE SUITE 1500 SEATTLE, WA 98101	91-1196293	501(C)(3)	5,000				PROVIDE SUPPORT TO ORGANIZATIONS THAT SHARE COMMON INTERESTS
ONEAMERICA1225 S WELLER ST SUITE 430 SEATTLE, WA 98144	20-0384893	501(C)(3)	5,000				PROVIDE SUPPORT TO 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 organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MARTINEZ FOUNDATION PO BOX 50270 BELLEVUE, WA 98015	35-2335890	501(C)(3)	5,075				PROVIDE SUPPORT TO ORGANIZATIONS THAT SHARE COMMON INTERESTS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2014

Open to Public Inspection

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
WASHINGTON EDUCATION ASSOCIATION

Employer identification number

91-0460645

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b 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

2 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?

3 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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?
- b** Any related organization?
- If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization?
- b** Any related organization?
- If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in 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

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	Yes	
2	Yes	
4a		No
4b		No
4c		No
5a		
5b		
6a		
6b		
7		
8		
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

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

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

Additional Data

Software ID:
Software Version:
EIN: 91-0460645
Name: WASHINGTON EDUCATION ASSOCIATION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ARMAND L TIBERIO, EXECUTIVE DIRECTOR	(i)	144,058	0	0	10,745	15,870	170,673	0
	(ii)	0	0	0	0	0	0	0
MARGARET KNIGHT, CHIEF FINANCIAL OFFICER	(i)	160,738	0	0	59,482	17,872	238,092	0
	(ii)	0	0	0	0	0	0	0
KIM MEAD, PRESIDENT	(i)	73,081	0	0	0	22,098	95,179	0
	(ii)	92,636	0	0	0	0	92,636	0
AIMEE IVERSON, GENERAL COUNSEL	(i)	154,164	0	0	59,297	26,084	239,545	0
	(ii)	0	0	0	0	0	0	0
JAMES FOTTER, DIRECTOR/ORGANIZING AND ADVOCACY	(i)	158,870	0	0	58,777	26,598	244,245	0
	(ii)	0	0	0	0	0	0	0
MANUEL BOSSER, DIRECTOR/HUMAN RESOURCES	(i)	161,538	0	0	59,482	31,133	252,153	0
	(ii)	0	0	0	0	0	0	0
LISA KODAMA, DIRECTOR/LEARNING AND EDUCATION	(i)	151,087	0	0	58,898	26,084	236,069	0
	(ii)	0	0	0	0	0	0	0
GLENN BAFIA, MANAGER/UNISERV	(i)	160,797	0	0	57,712	26,598	245,107	0
	(ii)	0	0	0	0	0	0	0
JAMES REGAN, DIRECTOR/GOVERNMENTAL RELATIONS	(i)	191,960	0	0	69,848	22,340	284,148	0
	(ii)	0	0	0	0	0	0	0
LINDA MULLEN, DIRECTOR/COMMUNICATIONS	(i)	152,589	0	0	58,297	31,133	242,019	0
	(ii)	0	0	0	0	0	0	0
JEREMY EICHHORN, PROFESSIONAL STAFF	(i)	151,884	0	0	54,196	30,616	236,696	0
	(ii)	0	0	0	0	0	0	0
SCOTT POIRIER, PROFESSIONAL STAFF	(i)	146,958	0	0	50,863	30,616	228,437	0
	(ii)	0	0	0	0	0	0	0
GARY MCNEIL, PROFESSIONAL STAFF	(i)	148,751	0	0	51,941	22,208	222,900	0
	(ii)	0	0	0	0	0	0	0
DALE FOLKERTS, PROFESSIONAL STAFF	(i)	152,863	0	0	53,280	23,710	229,853	0
	(ii)	0	0	0	0	0	0	0
SHAWN LEWIS, PROFESSIONAL STAFF	(i)	147,057	0	0	51,581	30,753	229,391	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE O
(Form 990 or 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.

2014

**Open to Public
Inspection**

Name of the organization
WASHINGTON EDUCATION ASSOCIATION

Employer identification number

91-0460645

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	STEPHEN MILLER AND MICHELE MILLER ARE MARRIED
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS DUES PAYING MEMBERS THAT ARE PUBLIC SCHOOL EMPLOYEES IN THE STATE OF WASHINGTON THESE MEMBERS HAVE THE RIGHT TO VOTE FOR MEMBERS OF THE BOARD OF DIRECTORS
FORM 990, PART VI, SECTION A, LINE 7A	MEMBERSHIP ANNUALLY ELECTS THE BOARD OF DIRECTORS
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS REVIEWED BY MEMBERS OF THE BUDGET AND FINANCE COMMITTEE OF THE BOARD OF DIRECTORS PRIOR TO FILING
FORM 990, PART VI, SECTION B, LINE 12C	ANY IDENTIFIED CONFLICTS ARE ADDRESSED AS PROVIDED FOR IN THE BOARD APPROVED CONFLICT OF INTEREST DOCUMENT
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 CONTRACT RENEWALS
FORM 990, PART VI, SECTION C, LINE 18	FORMS ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S HEADQUARTERS
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S HEADQUARTERS AND ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE
FORM 990, PART XI, LINE 9	ADJUSTMENT FOR CHANGE IN UNFUNDED PENSION LIABILITY -4,262,233
FORM 990, PART XI, LINE 8	PRIOR PERIOD ADJUSTMENT DURING THE YEAR ENDED AUGUST 31, 2015, THE ASSOCIATION ADOPTED THE RECOGNITION AND DISCLOSURE REQUIREMENTS OF FASB ASC 405-40 AS IT PERTAINS TO THE POST-RETIREMENT MEDICAL SUPPLEMENT PAYMENT THIS STANDARD REQUIRES THE RECOGNITION OF JOINT AND SEVERAL LIABILITY ARRANGEMENTS IMPLEMENTATION GUIDANCE FOR THIS PRONOUNCEMENT REQUIRES RESPECTIVE REPORTING RESULTING IN A CHANGE IN NET ASSETS AT AUGUST 31, 2014 OF \$1,155,485