Extended to May 15, 2019

**Return of Organization Exempt From Income Tax** 

Department of the Treasury

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.

Open to Public Inspection

	iai nove	GO to www.iis.gov/Pormaso for mist detions and the		<del></del>
<u>A F</u>	or the	= 2017 calendar year, or tax year beginning $$	<u>9 JUN 30, 2018</u>	
В	Check if applicabl	C Name of organization	D Employer identifi	cation number
	Addre	Export Finance Assistance Center of WA		
$\vdash$	lchang Name		01_1	255517
<u> </u>	chang _Initial			
느	return	Number and street (or P.O. box if mail is not delivered to street address)	I = '	
	JFınai ⊥return		0 (206	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	738,946.
	Ameno return	ded Seattle, WA 98121	H(a) Is this a group re	eturn
	Application	F Name and address of principal officer Rita Dillon	for subordinates	s? Yes X No
-	pendı	same as C above	H(b) Are all subordinates i	ncluded? Yes No
	Fav. av.	empt status	<del></del> ' '	list (see instructions)
_			<del></del> 1	
		e: > www.efacw.org	H(c) Group exemption	
			Year of formation: 1984	VI State of legal domicile, WA
Pa	art I	Summary		
ģ		Briefly describe the organization's mission or most significant activities provide		
ŭ		<u>counseling assistance to small and mid-size</u>	<u>d Washington s</u>	tate
Ë	2	Check this box 🕨 📖 if the organization discontinued its operations or disposed of	more than 25% of its net as	șsets
Š	3	Number of voting members of the governing body (Part VI, line 1a)	3	7
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
Activities & Governance	1	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	2
ij	1	Total number of volunteers (estimate if necessary)	6	0
ı≩	1	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
Ă	1		7b	0.
	D	Net unrelated business taxable income from Form 990-T, line 34	1	
		DECEIVED	Prior Year	Current Year
e		Contributions and grants (Part VIII, line 1h)	53,334.	37,400.
ē		Program service revenue (Part VIII, line 2g)	945,932.	701,539.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) MAY 1 3 2019	6.	7.
-	11	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, and 11e) Total revenue, add lines 8 through 11 (must equal line)	0.	0.
	12	Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)	999,272.	738,946.
	13	Grants and similar amounts paid (Part IX, column (A), lines 🔞 DEN. 💆	0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
(A	l .	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	151,341.	82,601.
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
E .				
Ä	I		578,263.	548,484.
	I	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		
	I	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	729,604.	631,085.
		Revenue less expenses Subtract line 18 from line 12	269,668.	107,861.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
aset	20	Total assets (Part X, line 16)	277,254.	458,528.
語	21	Total liabilities (Part X, line 26)	116.	0.
<u> </u>	22	Net assets or fund balances Subtract line 21 from line 20	277,138.	458,528.
Pa	art II	Signature Block		
Unde	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules and s	statements, and to the best of m	y knowledge and belief, it is
		t, and complete. Declaration of peparer (ether than officer) is based on all information of which pri		
,		(K.th.). (). ()		.8.2019
c:		Signature of officer	Date	
Sign		·		
Her	e	Rita Dillon, Treasurer Type or print name and title		
			1 Date Check [	X PTIN
		Print/Type preparer's name Preparer's signature	// 5/3/14 1	<del></del> -
Paid		Laura Lindal	G Sch chiptoy	<del></del> .
Prep	arer	Firm's name Laura Lindal CPA	Firm's EIN	26-3824391
Use	Only	Firm's address 13939 127th Place NE		
		Kirkland, WA 98034	Phone no. 20	6.734.8134
Mav	the IF	S discuss this return with the preparer shown above? (see instructions)		Yes No
		17. LHA For Panerwork Reduction Act Notice see the senarate instructions		Form <b>990</b> (2017)

	990 (2017) Export Finance Assistance Center of WA 91-1255517 Page 2
Pai	t 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
	provide export finance counseling assistance to small and mid-sized
	Washington state exporters and prospective exporters
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-F7?  Yes X No
	p. 10.1 / 0.11 / 0.00 C. 0.00 Z.Z
	If "Yes," describe these new services on Schedule O  Did the organization cease conducting or make significant changes in how it conducts, any program services?  Yes X No
3	bid the diganization codes conducting, or make digitalistic trialing to in the meaning trialing to the conducting to the
_	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
4-	revenue, if any, for each program service reported  (Code ) (Expenses \$ 109,795. including grants of \$) (Revenue \$) (Revenue \$)
4a	(Code) (Expenses \$) (Revenue \$) (Revenue \$) (Revenue \$) (Revenue \$
	for Washington state exporters, including helping to qualify foreign
	buyers and helping to negotiate contracts with buyers
	Dayers and helping to negotiate contracts with payers
4b	(Code) (Expenses \$ 25,506. Including grants of \$) (Revenue \$)
	conduct export finance seminars singly and in partnership with federal,
	state, and local international trade development organizations and
	financial institutions, including the Ex-Im Bank working capital
	guarantee programs, the medium-term guarantee program and export credit
	insurance
4c	(Code) (Expenses \$ 477,273. including grants of \$) (Revenue \$ 592,198.)
	manage international trade show activity on behalf of Washington State
	Department of Commerce
4d	Other program services (Describe in Schedule O )
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 612,574.
	Form <b>990</b> (2017)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			v
	If "Yes," complete Schedule A	_1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			х
	public office? If "Yes," complete Schedule C, Part I	3_	_	Λ
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	_		Х
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		^
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		Х
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			- 22
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		Х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<b>-</b> '-		
8	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			,,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		v
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40h		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional to the organization a school described in section 170/b)(1)(A)(ii)? If "Yes," complete Schedule F.	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	_14a		_ <del></del>
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
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		x
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		х
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	17		_X
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		X
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		Х
		Form	990	(2017)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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 19 If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X_
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ŭ	any tax-exempt bonds?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		0
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
J	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		$\overline{\mathbf{x}}$
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
_	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30_		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		_X_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a_		_X_
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		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
		Form	990 (	2017)

Form 990 (2017)

14a

Х

13b

13c

Section 501(c)(29) qualified nonprofit health insurance issuers.

organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

a is the organization licensed to issue qualified health plans in more than one state?

14a Did the organization receive any payments for indoor tanning services during the tax year?

Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

91-1255517 Export Finance Assistance Center of WA Form 990 (2017) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			LX	_
Sec	tion 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 1a 7				
	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 0.				ĺ
b	Enter the number of voting members included in line 1a, above, who are independent  1b				i
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				ļ
2	officer, director, trustee, or key employee?	2		X	J
•	Did the organization delegate control over management duties customarily performed by or under the direct supervision				-
3	of officers, directors, or trustees, or key employees to a management company or other person?	3-		X	
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X	-
4	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X	-
5		6		X	-
6	Did the organization have members or stockholders?	0		Λ	-
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7.		X	
	more members of the governing body?	7a			-
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<b></b>		v	
	persons other than the governing body?	7b		Х	ī
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				į
а	The governing body?	8a	X		-
b	Each committee with authority to act on behalf of the governing body?	8b	X		-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		7,	
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>	-
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)				-
			Yes	No	-
	Did the organization have local chapters, branches, or affiliates?	10a		X	-
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b			-
11a		11a		X	ī
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			37	j
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X	-
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b			-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40			
	In Schedule O how this was done	12c		37	-
13	Did the organization have a written whistleblower policy?	13		X	-
14	Did the organization have a written document retention and destruction policy?	14		<u>X</u>	ī
15	Did the process for determining compensation of the following persons include a review and approval by independent				Ì
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			37	ļ
	The organization's CEO, Executive Director, or top management official	15a		X	-
b	Other officers or key employees of the organization	15b		X	ī
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				i
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			~~~~	I
	taxable entity during the year?	16a		X	ī
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation				ĺ
	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				į
<u> </u>	exempt status with respect to such arrangements?	16b			-
	tion C. Disclosure				-
17	List the states with which a copy of this Form 990 is required to be filed WA	vailab	——— ما		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vallab	ıe		
	for public inspection. Indicate how you made these available. Check all that apply  Output  Other (cyclein in Schodule O)				
40	Own website X Another's website X Upon request Other (explain in Schedule O)	finan	nal.		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	man	Jidi		
00	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				-
	The Organization - (206) 256-6127				-

### Form 990 (2017) 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  $\cdot 0 \cdot$  in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	(B)			(C Pos	C)			(D)	(E)	(F)
Name and Title	Average		not c	heck	more	than		Reportable	Reportable compensation	Estimated amount of
	hours per week	offi	i, unle cer ar	ss pe id a d	rson Irecto	is bot or/trus	h an itee)	compensation from	from related	other
	(list any	įģ					Ī	the	organizations	compensation
	hours for	gie				2			(W-2/1099-MISC)	from the
	related	tee o	ustee		İ	ensat		(W-2/1099-MISC)		organization
	organizations	al trus	nal tr		toyee	E S				and related
	below line)	Individual trustee or director	institutional trustee	Officer	Key emptoyee	Highest compensated employee	Former	-		organizations
(1) Tim Rasmussen	1.00									
Board Chairman		X	<u> </u>	Х		<u> </u>		0.	0.	0
(2) Rita Dillon	1.00					l				
Treasurer		X	ļ	X		<u> </u>		0.	0.	0
(3) David Parker	1.00		Ì							
Director	<del>                                     </del>	X	<u> </u>			ļ		0.	0.	0
(4) Mark Calhoon	1.00	l	1							
Director		X	<u> </u>			ļ		0.	0.	0
(5) Stan Sorscher	1.00	l								•
Secretary	+	X	ļ	X	_	_		0.	0.	0
(6) Sue Mayer	1.00	<b>-</b> ₋								0
Director	1 22	X	<u> </u>					0.	0.	0
(7) Jeramie Maxwell	1.00	┨								•
Director		X	ļ					0.	0.	0
		1								
				_						-17
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		Check if Schedule O cont	aine a response	or note to any lu	ne in this Part VIII			
		Creck if Scredule O'Control	alls a respons		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts	1 a	Federated campaigns	·   1a					
s, Gránts Amounts	b		1b					
هَ ق		- ! · · · ·	1c					
<b>.</b>	C							
ons, Gift Similar	d	•	1d	27 400				
Sir	е	• •		37,400.				
e ë	f	All other contributions, gifts, gran						
.효율		similar amounts not included abor	ve <b>1f</b>	<del></del>				
불	g	Noncash contributions included in lines	1a-1f \$ <u>'</u>					
Contributions, and Other Sim	h	Total. Add lines 1a-1f			37,400.	A CELEBRATE	清福建 严酷的	国祖后法 地址 计归列
7	-			Business Code	FIR GARGE			
e l	2 a	Program service	s	541900	592,198.	592,198.		
Ş.	b	·		541900	96,667.			
le Se	>			541900	12,674.			
E a	ب ک∴	LIOGIAM BELVICE		341700				,
Re	, d	• • • • • • • • • • • • • • • • • • • •			· · ·			
Program Service Revenue	е	·	,	_		, ,	<del>-</del>	
-	f	All other program service reve	enue	,	504 500	Parioti attachan in thronosopia auch	a vaut aari san tar	ary mineral lands delected
	g	Total. Add lines 2a-2f			701,539.	<b>建设型工程等位理</b>	4/4 Frittliank/##435	CONTRACTOR
	3	Investment income (including	dividends, inte	rest, and		,		_
٠. [	î	other sımılar amounts)		- •	7.	,		7.
- 1	4	Income from investment of tax	x-exempt bond	proceeds		*		
.	5	Royalties		· <b>&gt;</b>			2	
i		•	(ı) Real	(II) Personal		TENERAL TREES		
1	6 a	Gross rents						
]	b			•••				
1				,	Paramira			
	C	, ,				Training Class Land (160 in 1884) 1164)	[17:17:18:18:18:18:18:18:18:18:18:18:18:18:18:	THE PROPERTY OF THE PARTY OF TH
		Net rental income or (loss)	() Consumbane	(v) Other		inclassion and	a deleta esta de la c	
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	b	Less cost or other basis						
,		and sales expenses		, .,				
.	С	Gain or (loss)						Company and declarate the commence of
	d	Net gain or (loss)						- W. W 11.12.13.14.1.1.1.330
as l	8 a	Gross income from fundraising	g events (not					
, <u>ě</u>		including \$	of					
§		contributions reported on line	1c) See *					
Other Reven		Part IV, line 18		<u>.</u>				
뢷	·		ì			<b>经体验基础</b>		
ŏ	b			` <b></b>	. presentationality and State Market		Teltraid-level die (Tent i little Wife, deben) L. M.	rrangenetical established behandhale il
ĺ	C		_		WARE BEST TO THE PERSON OF THE	ACTIVE CARE NAME	SANGLER SECTION OF	BERT PRETERN
1	<del>у</del> а	Gross income from gaming ac	1					iyiba gara
		Part IV, line 19		9				
	b	•		·		The hand had been a fine that the		ARASIM LLEGALISA
	С	Net income or (loss) from gam		, <u> </u>	on the Wart of the Market Table at the	Shirt was Fourier of automotive of 1999 or	Bergan by 1000 hardson Perform	Marking Company
	10 a	Gross sales of inventory, less	returns	,				
	ı	and allowances	•	a				
	b	Less cost of goods sold	١ .	o				
	с	Net income or (loss) from sale	s of inventory	<u> </u>				14 1 5 197a a 4 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
ſ		Miscellaneous Revenu		Business Code	ATTA TIME			
Ī	11 a		•		•			
, [		•						
[	2							
	ى ىر	All other revenue			-			_
1	a					THE STATE OF THE S		WE CONTRIBUTED
	е				720 046	701 520	0.	7.
	12_	Total revenue See instructions.			738,946.	701,539.		

	Check if Schedule O contains a respon			10)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations	<del>-</del>			
	and domestic governments. See Part IV, line 21				Barrier Britania Barrier and Andrews
2	Grants and other assistance to domestic	•			
	ındıvıduals See Part IV, line 22	1		Constitution and Constitution of	
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	ć			
	individuals See Part IV, lines 15 and 16			AND AND AND THE COMMERCENT	Challeth control of the
4	Benefits paid to or for members			1 1 1 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1	
5	Compensation of current officers, directors,	•			
	trustees, and key employees	·			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	60 071	60 071		
7	Other salaries and wages	68,071.	68,071.	-	<del></del>
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0.200	0 266		
9	Other employee benefits	9,266.	9,266. 5,264.		
10	Payroll taxes	5,26 <u>4</u> .	5,204.		
11	Fees for services (non-employees)				•
a	Management				-
. b	Legal	7 100		7,122.	
	Accounting	7,122.		1,122.	
- d	Lobbying '		Figur Christia		
e	Professional fundraising services. See Part IV, line 17		By solding a solding restricted and see	- 15%(), 1,-14[3]本点证字 (* 5-42) 44[68]	
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,	2,726.		2,726.	
	column (A) amount, list line 11g expenses on Sch O.)			4,720.	
12	Advertising and promotion	2,011.	1,407.	604.	
13	Office expenses	1,388.		004.	
14	Information technology	1,300.	1,300.		
<sub>-</sub> 15	Royalties	8,480.	8,480.		1
16	Occupancy	0,400.	0,400.		-
17	Travel	<del></del>			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials			<u>'</u>	
40	Conferences, conventions, and meetings	12,556.	12,556.		
19	Interest		12,330.		
20 21	Payments to affiliates		100		
22	Depreciation, depletion, and amortization				
23	Insurance	7,768.	· · · · · · · · · · · · · · · · · · ·	7,768.	
23 24	Other expenses. Itemize expenses not covered	No. 21 14 14 14 14 14 14 14 14 14 14 14 14 14	Carrier March		CARRELLE STATE
24	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 0.)				
a	Trade show expense	477,273.	477,273.		
b	STEP expenses	25,506.			
c	Taxes and licenses	3,064.	2,944.	120.	-,
ď	Parking	65.	65.		
e	All other expenses	171.		171.	
25	Total functional expenses Add lines 1 through 24e	631,085.	612,574.	18,511.	0.
<u>26</u>	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)				

**Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (A) End of year Beginning of year 49,993. 73,475. Cash - non-interest-bearing 203,779. 408,535. Savings and temporary cash investments 2 2 3 Pledges and grants receivable, net 3 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 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 instr) Complete Part II of Sch L Assets 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 , 262 basis Complete Part VI of Schedule D 10a 10b 262 10c **b** Less accumulated depreciation 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 Other assets See Part IV, line 11 15 15 458,528. 277 ,254 16 16 Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses 116. 17 17 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 11<u>6</u> Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 458,528. 277,138. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 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 32 458,528. ,138 33 33 Total net assets or fund balances 458,528. Total liabilities and net assets/fund balances

Form **990** (2017)

	1990 (2017) Export Finance Assistance Center of WA	91-12	55517	Page <b>12</b>
Pa	rt 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		,946.
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>,085.</u>
3	Revenue less expenses Subtract line 2 from line 1	3		<u>,861.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u> </u>	<u>,138.</u>
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	<u> </u>	<u>,529.</u>
9_	Other changes in net assets or fund balances (explain in Schedule O)	9		<u> </u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	<u>458</u>	<u>,528.</u>
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	_		
				res No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		
2a			2a	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
	separate basis, consolidated basis, or both		1	
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		
	consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,		i
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		ŀ	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audit	-	
	Act and OMB Circular A·133?		3a	X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		_ <u>3b</u>	20
		_	Form 9	<b>90</b> (2017)

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Inspection

Name of the organization

Employer identification number

	Export Finance Ass	<u>istance Cer</u>	iter of WA	91-1255517
Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Oth	er Similar Fund	ds or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6		
		(a) Donor ad	rised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the asset	s held in donor adv	used funds
	are the organization's property, subject to the organization's	exclusive legal contr	ાં	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing tha	t grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or fo	r any other purpos	e conferring
	impermissible private benefit?			Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered	'Yes" on Form 990	, Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	ion (check all that ap	oly)	
	Preservation of land for public use (e.g., recreation or e	education) 🛄 F	reservation of a his	storically important land area
	Protection of natural habitat	F	reservation of a ce	rtified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation cor	tribution in the forr	n of a conservation easement on the last
	day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic str	ructure included in (a)		2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and no	t on a historic struc	cture
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished,	or terminated by tl	he organization during the tax
	year ▶			
4	Number of states where property subject to conservation eas	sement is located 🕨		-
5	Does the organization have a written policy regarding the per	riodic monitoring, insp	ection, handling o	f
	violations, and enforcement of the conservation easements if	t holds?		L Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations	, and enforcing co	nservation easements during the year
	<u> </u>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and	l enforcing conserv	ation easements during the year
	<b>\$</b>			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirer	nents of section 17	
	and section 170(h)(4)(B)(ii)?			└── Yes └── No
9	In Part XIII, describe how the organization reports conservati			
	include, if applicable, the text of the footnote to the organization	tion's financial staten	ents that describe	s the organization's accounting for
Da	conservation easements t III   Organizations Maintaining Collections or	f Art Historical	Francuros or (	Other Similar Assets
rai	Complete if the organization answered "Yes" on Form	-	ireasures, or v	Julier Sillillar Assets.
4 -		·		
ıa	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public exh		research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri			at and halonous theat works of out hystograph
D	If the organization elected, as permitted under SFAS 116 (AS	• •		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research	in furtherance of p	ublic service, provide the following amounts
	relating to these items			<b>•</b> •
	(i) Revenue included on Form 990, Part VIII, line 1			► \$ ► \$
2	(ii) Assets included in Form 990, Part X	nauraa ar athar a	or accests for fine	
2	If the organization received or held works of art, historical treat the following amounts required to be reported under SFAS 1	·		iai gaili, provide
•	Revenue included on Form 990, Part VIII, line 1	TO (MOC 900) TEIRUNG	to these items	▶ ¢
	Assets included in Form 990, Part X			▶ \$ ▶ \$
U	Assers moladed in Louin 220' Laur V		<del></del>	

732051 10-09-17

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

Schedule D (Form 990) 2017

Sche Par		Finance As							55517	
	Using the organization's acquisition, accessi									
3	- · ·	on, and other record	is, checi	k arry or trie	tollowing tria	it are a si	grillicarit	use or its	Collection	CIIIS
	(check all that apply)  Public exhibition	_		l oon or ove	hange progr	ame				
a		C		Other	mange progr	airis				
b	Scholarly research	€	: Ш	Oli lei						
C	Preservation for future generations				l			in Don	+ VIII	
4	Provide a description of the organization's co							ose in Par	LAIII	
5	During the year, did the organization solicit of					er sımılar	assets		ا ا	
Par	to be sold to raise funds rather than to be milet IV Escrow and Custodial Arran					"Voo" on	Form 00	Dort IV	J Yes	No_
Fai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa	-	ere ii riie	organizatio	n answered	res on	roiiii 99	U, Fail IV,	iiile 5, Oi	
		<del></del>	diant for	oontribution	on or other as	ecate not	ıncluded			
та	Is the organization an agent, trustee, custod	ian or other intermed	lary for	Contribution	is or other as	55612 1101	included		Yes	□ No
	on Form 990, Part X?			l. l .				<u> </u>	_ res	140
þ	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing	able						
							-		Amount	
	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f		٦ ١	
	Did the organization include an amount on F						ty?		」Yes	—  No
	If "Yes," explain the arrangement in Part XIII									
Par	t V Endowment Funds. Complete				<del></del>					
		(a) Current year	(b) P	rior year	(c) Two yea	rs back   (	d) Three	years back	(e) Four ye	ars back
1a	Beginning of year balance					-			<del> </del>	
b	Contributions			<u>-</u> .						
С	Net investment earnings, gains, and losses				<u> </u>					<del> </del>
d	Grants or scholarships								<u> </u>	
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses							-		
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1	g, column (a	a)) held as					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	ınd admınıste	ered for th	e organi	zation		
	by								Ye	s No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the		wment	funds						
Par	t VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answere	d "Yes" on Form 990	), Part I	/, line 11a S	See Form 990	), Part X,	line 10			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	<b>\</b> -,	cumulate	I .	(d) Book v	alue
		basis (investr	ment)	basis	(other)	dep	reciation			
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment									
<u>e</u>	Other				4,262.		4,2	62.		0.
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	10c)			<b></b>		0.

<u>0.</u> Schedule D (Form 990) 2017

(a) Description of security or category (including name of security)	n Form 990, Part IV, lin		f valuation Cost or end	d-of-year market value
1) Financial derivatives				
2) Closely-held equity interests				
3) Other	-			
(A)	·····			
(B)				<u> </u>
(C)	<del></del>			
(D) ·		,		-
(E)			•	
(F)			<u> </u>	
(G)	· · · · · · · · · · · · · · · · · · ·			
(H)	•		<u> </u>	
otal (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		Control of the second		· 表现的成果的
Part VIII Investments - Program Related.				-
Complete if the organization answered "Yes" of	n Form 990, Part IV, lin	e 11c See Form 99	0, Part X, line 13	
(a) Description of investment	(b) Book value	(c) Method o	f valuation Cost or end	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)	•			
(6)	<u> </u>		•	-1 "
(7)		`	٠,	
(8)	-			
(9)			, .	
otal (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX: Other Assets.  Complete if the organization answered "Yes" of		- · · · · · · · · · · · · · · · · · · ·	ŧ	
(a) D	escription		· · ·	(b) Book value
(1)		,		
(2)		·	<del>· , · </del>	
(3)				
(4)				
(5)				
(5) (6)		· -		
(6) (7)				
(6) (7) (8)				
(6) (7) (8) (9)				
(6) (7) (8) (9) Sotal. (Column (b) must equal Form 990, Part X, col (B) line Part X <sub>S</sub> Other Liabilities.		e 11e or 11f See Fr	orm 990. Part X line 25	
(6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Complete if the organization answered "Yes" of			brm 990, Part X, line 25	
(6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Complete if the organization answered "Yes" of the properties of the prop		e 11e or 11f See Fo ( <b>b)</b> Book value	orm 990, Part X, line 25	
(6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes			orm 990, Part X, line 25	
(6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of the organization of liability  (1) Federal income taxes (2)			orm 990, Part X, line 25	
(6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line Part X <sub>SS</sub> : Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3)			orm 990, Part X, line 25	
(6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4)			orm 990, Part X, line 25	
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			orm 990, Part X, line 25	
(6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			orm 990, Part X, line 25	
(6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6) (7)			orm 990, Part X, line 25	
(6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line Part X: Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)			orm 990, Part X, line 25	
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	dule D (Form 990) 2017 Export Finance Assistance		91-1255517 Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial State	ments With Revenue pe	r Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII )	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII )	4b	
С	Add lines 4a and 4b		4c
_5_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5
Pai	t XII Reconciliation of Expenses per Audited Financial State	ements With Expenses p	er Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a .	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
С	Add lines 4a and 4b		
			4C
			5 5
5_	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  † XIII Supplemental Information.		<del></del>
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  † XIII Supplemental Information.	Part IV, lines 1b and 2b, Part V, li	5
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  † XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,		5
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  † XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,		5
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# **SCHEDULE O**

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

A supplemental form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number

Form 990, Part I, Line 1, Description of Organization Mission:
exporters and prospective exporters
Form 990, Part VI, Section B, line 11b:
A draft of the Form 990 is reviewed by the Treasurer.
Form 990, Part VI, Section C, Line 19:
Coverning deguments are available to the mublic upon request
Governing documents are available to the public upon request.