For Paperwork Reduction Act Notice, see the separate instructions.

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.

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

2020

DLN: 93493136087132 OMB No. 1545-0047

Open to Public

Department of the

Treasu Interna		ue Service	7 do to <u>mwm.</u>	ror matractions and	ine latest illioni	idelolli		Inspection		
				eginning 07-01-2020 , and ending 0	6-30-2021					
	ck if ap dress c	plicable: hange	C Name of organization EXPORT FINANCE ASSISTANCE	CENTER OF WA		D Employer 91-1255		ication number		
□ Ini	me cha	-	Doing business as							
☐ An	nended		Number and street (or P.O. box 2001 6TH AVE NO 2600	if mail is not delivered to street address) Room	m/suite	E Telephone				
ш Ар	plicatio	ii pending	City or town, state or province, SEATTLE, WA 98121	country, and ZIP or foreign postal code		(206) 25	0-012/			
			F Name and address of prin	cinal officer		G Gross rece		33,013		
			RITA DILLON 2001 6TH AVE NO 2600 SEATTLE, WA 98121	cipai officei .	subor H(b) Are a	s a group retu dinates? Il subordinate		□Yes ☑No □Yes □No		
I ⊤a	x-exem	pt status:) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 52	mciadea:					
w c	ebsite	e:▶ WW	W.EFACW.ORG	, (, , , , , , , , , , , , , , , , , ,		p exemption r	•	•		
K Form	m of org	ganization:	Corporation Trust	Association ☐ Other ▶	L Year of form		M State WA	of legal domicile:		
Pa	art I	Sumi								
усе	P	,	EXPORT FINÁNCE COUNSELIN	on or most significant activities: G ASSISTANCE TO SMALL AND MID-SIZE	ED WASHINGTON	STATE EXPOR	TERS A	AND PROSPECTIVE		
ema										
Activities & Governance				n discontinued its operations or disposed rning body (Part VI, line 1a)			sets.	5		
×o Se	4 1	Number o	of independent voting member	s of the governing body (Part VI, line 1b))		4	5		
Ě	5	Total num	nber of individuals employed i	n calendar year 2020 (Part V, line 2a) .		•	5	1		
Act	1		nber of volunteers (estimate if		•	6	0			
	1			Part VIII, column (C), line 12		•	7a	0		
	В	vet unrei	ated business taxable income	from Form 990-T, line 39		ior Year	7b	Current Year		
_	8	Contribut	ions and grants (Part VIII, line	1h)		65,74	47	130,881		
Rəvenue	1		- ,	2g)		534,16	_	202,130		
∂∧ċ{	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)			4	2		
	11 (Other rev	enue (Part VIII, column (A), lir	nes 5, 6d, 8c, 9c, 10c, and 11e)			0	C		
	_			(must equal Part VIII, column (A), line 12	<u>'</u>)	599,91	18	333,013		
	I		, ,	X, column (A), lines 1–3)			0	(
	I		•	(, column (A), line 4)		0	01.076			
Expenses	I	•		e benefits (Part IX, column (A), lines 5–1 olumn (A), line 11e)	· -	49 0	91,970			
9	l .		raising expenses (Part IX, column (╫			
3	1			nes 11a–11d, 11f–24e)		572,52	29	163,951		
	1			equal Part IX, column (A), line 25)		661,37		255,921		
	I	•	less expenses. Subtract line 1			-61,46	_	77,092		
Net Assets or Fund Balances					Beginning	of Current Ye	ar	End of Year		
Asse Bak	20	Total asse	ets (Part X, line 16)			421,62	20	497,879		
₹ <u>₹</u>	1		ilities (Part X, line 26)			1,56	_	733		
			s or fund balances. Subtract li	ne 21 from line 20		420,05	54	497,146		
Unde	a rt II r pena ledge :	lties of pe	ature Block erjury, I declare that I have ex f .it is true, correct, and comp	camined this return, including accompant lete. Declaration of preparer (other than	ying schedules and	d statements,	and to	the best of my		
	nowle									
		*****	к		202	22-05-16				
Sign		Signatu	ure of officer		Dat	:e				
Here	2		CASTILLO DIRECTOR							
		/	r print name and title			T ==				
D-:	-1	l Pi	rint/Type preparer's name	Preparer's signature	1	eck 🗀 if po	FIN 00062454	4		
Paid			irm's name MCGOORTY EISEN	 MAN INC PS		self-employed Firm's EIN ▶ 26-0278750				
	pare Onl	<u>.</u>								
USE	UIII	y Fi	irm's address ► 10410 - 19TH AVE		Pho	one no. (425) 38	35-3483			
			EVERETT, WA 982	208						
May t	he IRS	discuss	this return with the preparer :	shown above? (see instructions)			☑ 1	′es □No		

Cat. No. 11282Y

Form **990** (2020)

Form	990 (2020)					Page 2
Pa	till Statement	of Program Service	e Accomplis	hments		
	Check if Sche	dule O contains a respo	nse or note to	any line in this Part III		🗆
1		organization's mission:		,		
	/IDE EXPORT FINANCE PRTERS.	COUNSELING ASSISTA	NCE TO SMALL	. AND MID-SIZED WAS	HINGTON STATE EXPORTERS AND	PROSPECTIVE
2	=	undertake any significal		- ,	which were not listed on	
	'	r 990-EZ?				☐ Yes 🗹 No
	•	ese new services on Sch				
3	Did the organization	cease conducting, or ma	ake significant	changes in how it cond	lucts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Schedule	e O.			
4	Section 501(c)(3) an		ns are required	to report the amount	e largest program services, as meas of grants and allocations to others,	
4a	(Code:) (Expenses \$	108,265	including grants of \$) (Revenue \$	118,696)
	See Additional Data	, (=,	,	, , , , , , , , , , , , , , , , , , ,	, (+	,,
	(Code:) (Expenses \$	50,120	including grants of \$) (Revenue \$	105,881)
4D	See Additional Data) (Expenses \$	50,120	including grants of \$) (Revenue \$	105,881)
	See Additional Data					
4c	(Code:) (Expenses \$	77,297	including grants of \$) (Revenue \$	83,434)
	See Additional Data					
4d	Other program servi	ces (Describe in Schedu	le O.)			
	(Expenses \$	inclu	iding grants of	\$) (Revenue \$)
4e	Total program serv	vice expenses ▶	235,6	82		
						Form 990 (2020)

16

17

18

19

12b

13

14a

14b

15

16

17

18

19

20a

20b

21

No

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Nο

No

Form 990 (2020)

FORM	990 (2020)			Page 3
Pa	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
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>	4		
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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,</i> Part	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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		No
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		No
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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		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>	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No

Was the organization included in consolidated, independent audited financial statements for the tax year?

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV .

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

lines 1c and 8a? If "Yes," complete Schedule G, Part II

20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

m 9	990 (2020)			Page
² art	Checklist of Required Schedules (continued)			
	Did the averagination was at more than #5 000 of average or other assistance to au few demostic individuals on Bort IV		Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
	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		No
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
)	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 any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
	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		
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
	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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
,	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes,"</i> complete Schedule L, Part IV	28c		No
	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	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		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
1	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	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		
	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		
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
	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	
	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	Enter the number reported in Roy 3 of Form 1096. Enter -0- if not applicable		Yes	No

Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

0

1c

1b

Par	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	No
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
	If "Yes," indicate the number of Forms 8282 filed during the year		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
	Initiation fees and capital contributions included on Part VIII, line 12 10a		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:		
11 a	Gross income from members or shareholders		
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.]	
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
С	Enter the amount of reserves on hand		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
12	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	No

	rt VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	" respo	onse to i	lines
Se	ction	A. Governing Body and Management		1	
_				Yes	No
la		the number of voting members of the governing body at the end of the tax year 5			
	body,	ere are material differences in voting rights among members of the governing , or if the governing body delegated broad authority to an executive committee or ar committee, explain in Schedule O.			
b	Enter	the number of voting members included in line 1a, above, who are independent 1b 5			
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship with any other or, director, trustee, or key employee?	2		No
3		he organization delegate control over management duties customarily performed by or under the direct supervision icers, directors or trustees, or key employees to a management company or other person?	3		No
4		he organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did th	he organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did th	he organization have members or stockholders?	6		No
7a		he organization have members, stockholders, or other persons who had the power to elect or appoint one or more bers of the governing body?	7a		No
b		ny governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ons other than the governing body?	7b		No
8		he organization contemporaneously document the meetings held or written actions undertaken during the year by ollowing:			
а	The g	poverning body?	8 a	Yes	
b	Each	committee with authority to act on behalf of the governing body?	8b	Yes	
9		ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the nization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction	B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	9.)	
				Yes	No
		he organization have local chapters, branches, or affiliates?	10a		No
b		es," did the organization have written policies and procedures governing the activities of such chapters, affiliates, branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	form?	he organization provided a complete copy of this Form 990 to all members of its governing body before filing the	11a		No
b	Descr	ribe in Schedule O the process, if any, used by the organization to review this Form 990			
		he organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were confli	officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to cts?	12b		
С		he organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in dule O how this was done</i>	12c		
13	Did th	he organization have a written whistleblower policy?	13		No
14	Did th	he organization have a written document retention and destruction policy?	14		No
15		he process for determining compensation of the following persons include a review and approval by independent ons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The o	organization's CEO, Executive Director, or top management official	15a		No
b	Other	r officers or key employees of the organization	15b		No
	If "Ye	es" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a		he organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a ble entity during the year?	16a		No
b	in joir	es," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt is with respect to such arrangements?			
		· · · · · · · · · · · · · · · · · · ·	16b		
		C. Disclosure			
17 18		he states with which a copy of this Form 990 is required to be filed on 6104 requires an organization to make its Form 1023 (or 1024-A 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.			
19	Descr	Own website 🗹 Another's website 🗹 Upon request 🗌 Other (explain in Schedule O) ribe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest /, and financial statements available to the public during the tax year.			
20	State THE	the name, address, and telephone number of the person who possesses the organization's books and records: EORGANIZATION 2001 6TH AVE NO 2600 SEATTLE, WA 98121 (206) 256-6127			
				OO	0 (2020

Part VII	Compensa
	and Inden

tion 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. See instructions for the order in which to list the persons above.

🗹 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) (F) (B) (C) (D) (E) Name and title Average Position (do not check more Reportable Reportable Estimated than one box, unless person compensation amount of other hours per compensation week (list is both an officer and a from the from related compensation any hours director/trustee) organization organizations from the (W-2/1099-(W-2/1099for related organization and Individual to or director Highest compensat employee organizations MISC) MISC) related Institutional ᅙ below dotted organizations employee line) trustee Trustee 1.00 (1) TIM RASMUSSEN X Χ 0 BOARD CHAIRMAN 1.00 (2) RITA DILLON Χ Χ 0 0 TREASURER 1.00 (3) KIMBERLY PEARSON 0 DIRECTOR 1.00 (4) ISABELLE DEWULF 0 0 DIRECTOR 1.00 (5) CHRISTIE SKOORSMITH n Χ DIRECTOR

Part VII

Page 8

	(A)	(B)		-	(C))				(D) (E)			(F)			
	Name and title	Average hours per week (list any hours	than one box, unless person com is both an officer and a fr director/trustee) org							ortable ensatior m the nization		Reportable compensatior from related organizations	,	Estima amount o compens from	f other sation the	
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2 M	MISC)		(W-2/1099- MISC)		organizati relati organiza	ed	
													_			
	Sub-Total						<u> </u>									
_	Total from continuation sheets to Pa Total (add lines 1b and 1c)	art VII, Section			:		>			0			0		0	
2	Total number of individuals (including of reportable compensation from the			e liste	ed al	bove	e) who	rec	eived mo	re than	\$10	0,000				
														Yes	No	
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i>			ee, ke	ey er •	mplo •	yee, o	or hi	ghest cor	mpensa	ted (employee on	3		No	
4	For any individual listed on line 1a, is organization and related organizations individual											the				
5	Did any person listed on line 1a receive services rendered to the organization?												5		No	
Se	ection B. Independent Contract	ors														
1	Complete this table for your five higher from the organization. Report comper												npens	sation		
(A) (B) Name and business address Description of services										(C) Compensation						

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 ▶ 0

Part		(2020) Statement	of E	Pevenue						Page 9
Part	VIII				a resp	onse or note to any	/ line in this Part VIII			🗆
					<u> </u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s	1a	Federated campaig	gns		1a		I_	revenue		312 314
Gifts, Grants ilar Amounts	b Membership dues 1b									
s, Gr Ama	·									
ar /		d Related organizations								
imii	e f	Government grants (Ļ	1e	130,881				
tion er S	f All other contributions, gifts, grants, and similar amounts not included above									
ibu Othe	g	Noncash contributions included in lines 1a - 1f:\$			1g					
Contributions, Gift and Other Similar	h	Total. Add lines 1a	a-1f		<u> </u>	•				
<u> </u>						Business Code	130,881	1		
	2a	CONTRACT PAYMENT				541900	105,833	105,833		
nue nue	 	TRADE SHOW INCOM	IF			_	83,434	83,434		
e Ae						541900	12.052	12.000		
Program Service Revenue	C	OTHER INCOME				541900	12,863	12,863		
	d									
an	"					-				
Y og	е									
	f	All other program	serv	ice revenue	e.					
	g	Total. Add lines 2	2a-2	f	. •	202,130				
		Investment income similar amounts)				interest, and other				2
		Income from invest				oond proceeds	•			
	5	Royalties			•		•			
				(i) Re	al	(ii) Personal				
		Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6c							
	c	Net rental income		l (loss)						
				(i) Secui	rities	(ii) Other				
	7a	Gross amount from sales of	7a							
		assets other than inventory								
	b	Less: cost or other basis and	7b							
		sales expenses								
		Gain or (loss)	7c				_			
		I Net gain or (loss) Gross income from fu				· · · · >				
nue		(not including \$ contributions reported	d on	of line 1c).						
eve		See Part IV, line 18			8a					
Other Revenue		Less: direct expen			8b					
)the	'	: Net income or (los	s) fr	om tundrais	sing e	vents •				
0	9a	Gross income from See Part IV, line 19	gami	ing activities	. 9a					
	b	Less: direct expen			9a					
		Net income or (los			activi	ties				
	10	aGross sales of inve	entor	rv. less						
		returns and allowa	nces	s	10					
		Less: cost of good			101					
	<u> </u>	Net income or (los Miscellaneo	_		inver	Business Code				
	11	.a								
	b									
	,	:								
		-								
	6	All other revenue				+				
	6	Total. Add lines 1	1a-1	11d		>				
	12	Total revenue. S	ee ir	nstructions			333,013	202,130		0 2
							333,013	202,130	İ	Form 000 (2020)

	m 990 (2020)				Page 10
Р	art IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must co	omplete all columns.	All other organizatio	ns must complete col	umn (A).
	Check if Schedule O contains a response or note to an				
	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	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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				
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	74,355	74,355		
	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits	12,209	12,209		
10	Payroll taxes	5,406	5,406		
11	Fees for services (non-employees):				
	a Management				
	Legal				
	c Accounting	6,741		6,741	
	d Lobbying	-7		-7: -2	
	e Professional fundraising services. See Part IV, line 17				
	Investment management fees			-	
	g Other (If line 11g amount exceeds 10% of line 25, column	2,847		2,847	
٩	(A) amount, list line 11g expenses on Schedule O)	2,047		2,047	
12	Advertising and promotion	597	597		
	Office expenses	19		19	
	Information technology	533		533	
	Royalties				
	Occupancy	10,000	10,000		
	Travel	49	49		
	Payments of travel or entertainment expenses for any federal, state, or local public officials	.5	15		
19	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization				
	Insurance	8,645		8,645	
	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.)	3,713		5,510	
	a TRADE SHOW EXPENSES	77,297	77,297		
		·	·		
	b STEP GRANT EXPENSE	50,120	50,120		
	c TAX & LICENSE	4,226	4,216	10	
	d TELEPHONE	2,333	1,433	900	
	e All other expenses	544		544	
25	Total functional expenses. Add lines 1 through 24e	255,921	235,682	20,239	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2020)

1

2

3

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 251,577

246,302

497,879

733

733

497,146

497,146

497.879

Form 990 (2020)

(B)

End of year

Beginning of year

78,180

343,440

1

2

3 4

5

6 7

8

9

10c

11

12 13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

1.566

420.054

420,054

421,620

421,620

1,566

Page **11**

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

Accounts receivable, net . . .

Notes and loans receivable, net . . .

Prepaid expenses and deferred charges .

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Investments—other securities. See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 33) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here ▶

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments—program-related. See Part IV, line 11

basis. Complete Part VI of Schedule D

Inventories for sale or use .

b Less: accumulated depreciation

Intangible assets .

Grants payable .

Deferred revenue . . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Cash-non-interest-bearing									
Savings and temporary cash	inv	estr	nen	ts					
Pledges and grants receivable	e, r	et							

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1), and persons described in section 4958(c)(3)(B).

10a

10b

Form	990 (2020)				Page 12
Pa	tXI Reconcilliation 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			333,013
2	Total expenses (must equal Part IX, column (A), line 25)	2			255,921
3	Revenue less expenses. Subtract line 2 from line 1	3			77,092
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			420,054
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10			497,146
Pa	t 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:				
_	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?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	☐ 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 audit, 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 Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sia Audit Act and OMB Circular A-133?	ngle	3a		No

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3b

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Additional Data

Software ID:

PROVIDE ONGOING CONSULTING SERVICES ON EVERY ASPECT OF EXPORT FINANCE FOR WASHINGTON STATE EXPORTERS, INCLUDING HELPING TO QUALIFY FOREIGN

Software Version:

EIN: 91-1255517

Name: EXPORT FINANCE ASSISTANCE CENTER OF WA

BUYERS AND HELPING TO NEGORIATE CONTRACTS WITH BUYERS.

Form 990, Part III, Line 4a:

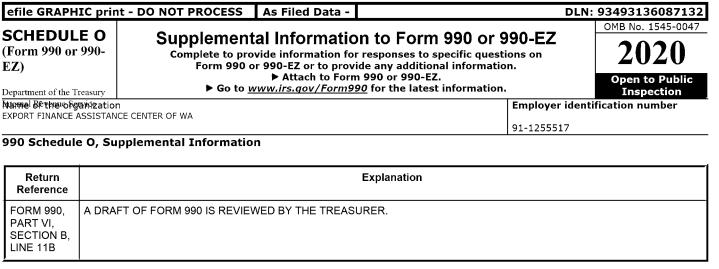
Form 990 (2020)

Form 990, Part III, Line 4b:

INSURANCE.

CONDUCT EXPORT FINANCE SEMINARS SINGLY AND IN PARTNERSHIP WITH FEDERAL, STATE AND LOCAL INTERNATIONAL TRADE DEVELOPMENT ORGANIZATIONS AND FINANCIAL INSTITUTUIONS. INCLUDING THE EX-IM BANK WORKING CAPITAL GUARANTEE PROGRAMS. THE MEDIUM-TERM GUARANTEE PROGRAM AND EXPORT CREDIT

Form 990, Part III, Line 4c: MANAGE INTERNATIONAL TRADE SHOW ACTIVITY ON BEHALF OF WASHINGTON STATE DEPARTMENT OF COMMERCE.



Return Explanation
Reference

990 Schedule O, Supplemental Information

LINE 19

FORM 990, GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.
PART VI,
SECTION C.