Form 990-EZ

Department of the Treasury Internal Revenue Service

SCANNED DEC 2 9 2016

Short Form Return of Organization Exempt From Income Tax

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

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

Information about Form 990-EZ and its instructions is at www.irs.gov/form999.

OMB NO 1545-1150 2015

Open to Public Inspection

| Α | For th | ne 2015 cale | ndar year, or tax year beginning , and ending | | | |
|------------|------------|---|---|-------|------------------|------------------------|
| В | Check | f applicable | C Name of organization | D | Employer id | lentification number |
| | Address | ss change WASHINGTON ECONOMIC DEVELOPMENT ASSOCIATION | | | | 1 |
| | Name o | change | Room/suite | 1 | 9 | 1-1768428 |
| | Initial re | eturn | P O. BOX 1936 | E | Telephone n | |
| | Final retu | ım/terminated | City or town State ZIP code | 1 | | |
| \Box | Amende | ed return | TACOMA WA 98401 | 1 | 25 | 3/620-6636 |
| 一 | Applicat | tion pending | Foreign country name Foreign province/state/county Foreign postal code | F | Group Exe | emption |
| _ | | | | 1 | Number ▶ | • |
| _ | A | | ▼ 0 | | | |
| | | nting Method | | | | if the organization is |
| ' | vvedsi | te: VVED/ | AONLINE ORG | | | o attach Schedule B |
| J | Тах-өхөі | mpt status (che | ck only one) —501(c)(3) | (F0 | iiii 990, 99 | 0-EZ, or 990-PF) |
| K | Form of | f organization | . X Corporation Trust Association Other | | | • |
| | | - | 17b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as | ecote | | |
| | | | relow) are \$500,000 or more, file Form 990 instead of Form 990-EZ | 33613 | ▶ € | 116,224 |
| | art I | | le, Expenses, and Changes in Net Assets or Fund Balances (see the i | netri | ctions fo | |
| U | 116.1 | | f the organization used Schedule O to respond to any question in this Part | | ictions to | X |
| | | | | | | · · · |
| | 1 | | ns, gifts, grants, and similar amounts received | ٠ | 1 1 | 40.700 |
| | 2 | Program se | ervice revenue including government less and contracts | • | 2 | 40,799 |
| | 3 | | p dues and assessments . | | 3 | 75,425 |
| | 4 | Investment | | • | 4 | |
| | 5a | | | | - [₹] | |
| | b | | | | | 0 |
| | C | Gampa on | ss) from sale of assets other than inventory Subtractiline 5b from line 5a) | | 5c | |
| | 6 | Gairning an | d fundraising events me from gaming (attach Schedule G if greater than | | 410 | |
| 9 | а | \$15,000) | 6a | | | |
| Revenue | b | | me from fundraising events (not including \$ office to the first transfer of tran | | ⊣ ∀∵"] | |
| § | U | | aising events reported on line 1) (attach Schedule G if the | | 1.00 | |
| ~ | | | h gross income and contributions exceeds \$15,000). | | | |
| ļ | С | | t expenses from gaming and fundraising events | | | |
| | d | | or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract | | 7/// | |
| - 1 | _ | line 6c) | Recy'd Entity | , | 6d | 0 |
| | 7a | | s of inventory, less returns and allowances | / | | |
| | b | | of goods sold | | | |
| | c | | t or (loss) from sales of inventory (Subtract line 7b from line 7a) | | 7c | 0 |
| | 8 | • | nue (describe in Schedule O) | | 8 | |
| | 9 | | nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | | > 9 | 116,224 |
| | 10 | | I similar amounts paid (list in Schedule O) | | 10 | |
| | 11 | | aid to or for members | | 11 | |
| စ္က | 12 | Salaries, o | ther compensation, and employee benefits . | | 12 | |
| Expenses | 13 | | al fees and other payments to independent contractors | | 13 | 83,090 |
| pe | 14 | | r, rent, utilities, and maintenance | | 14 | |
| X | 15 | | ublications, postage, and shipping | | 15 | - |
| | 16 | Other expe | enses (describe in Schedule O) | | 16 | 32,420 |
| | 17 | | nses. Add lines 10 through 16 | • | 17 | 115,510 |
| Ø | 18 | Excess or | (deficit) for the year (Subtract line 17 from line 9) | | 18 | 714 |
| set | 19 | Net assets | or fund balances at beginning of year (from line 27, column (A)) (must agree with | | | |
| As | | | r figure reported on prior year's return) | | 19 | 43,457 |
| Net Assets | 20 | | nges in net assets or fund balances (explain in Schedule O) | | 20 | |
| Ž | 21 | Net assets | or fund balances at end of year Combine lines 18 through 20 | ! | <u> 21</u> | 44,171 |

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2015)

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| Form | 990-EZ | (2015) |

WASHINGTON ECONOMIC DEVELOPMENT ASSOCIATION

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| 91 | -1 | 76 | ъ4 | 12 |

| | - |
|------|---|
| Page | 2 |

| Par | Balance Sheets. (see the instructions for Check if the organization used Schedule O to re | | this Part II | | | |
|---|--|--|--|--|----------|--------------------------------|
| | 1 | | | A) Beginning of year | 1 | (B) End of year |
| 22 | Cook coveres and investments | | '' | 43,457 | 22 | 44,171 |
| 22 | Cash, savings, and investments . | • | · | 43,437 | 23 | 44,171 |
| 23 | Land and buildings | • | | | 24 | |
| 24 | Other assets (describe in Schedule O) Total assets | • | · | 42.457 | 25 | 44 171 |
| 25 26 | | | - | 43,457 | 26 | 44,171 |
| 26 | Total liabilities (describe in Schedule O) |) must caree with line 21 | , - | 42 457 | | 44,171 |
| 27 | Net assets or fund balances (line 27 of column (E | | | 43,457 | 21 | 44,171 |
| G G | Statement of Program Service Accomplish Check if the organization used Schedule O to | | | | ļ | Evennes |
| | | | | | (Rec | Expenses jurred for section |
| | | DEVELOPMENT OF ECC | | | | c)(3) and 501(c)(4) |
| | cribe the organization's program service accomplished | | | | | nizations, optional thers) |
| | neasured by expenses. In a clear and concise manne | | rovided, the number | of | 101 01 | uicio / |
| | sons benefited, and other relevant information for eac | h program title | | | | |
| 28 | MEETINGS & CONFERENCES | | | | | |
| | | | | | | |
| | | | | | l | |
| | (Grants \$) If this amoun | t includes foreign grants, o | check here | · b [_] | 28a | 19,772 |
| 29 | | | | | Į. | |
| | | | | | | |
| | | | | | | |
| | (Grants \$) If this amoun | t includes foreign grants, o | check here . | ▶ | 29a | <u> </u> |
| 30 | | | | | | |
| | | | | | | |
| | | | | | ŀ | |
| | (Grants \$) If this amoun | t includes foreign grants, o | check here | ▶ 🔲 | 30a | |
| 31 | Other program services (describe in Schedule O) | | | | | |
| | | t includes foreign grants, o | check here . | ▶ □ | 31a | |
| | (O I a I I I I I I I I I I I I I I I I I | | | | | |
| 32 | <u></u> | rough 31a) | | | 32 | 19 772 |
| | Total program service expenses. (add lines 28a th | | ne even if not compen | sated – see the inst | 32 | 19,772 |
| | Total program service expenses. (add lines 28a th | ey Employees (list each o | | sated – see the inst | | |
| | Total program service expenses. (add lines 28a th | ey Employees (list each o | in this Part IV | | truction | |
| | Total program service expenses. (add lines 28a th | ey Employees (list each of respond to any question (b) Average | | (d) Health benefit | truction | |
| | Total program service expenses. (add lines 28a th | ey Employees (list each of respond to any question (h) Average hours per week | (c) Reportable compensation (Forms W-2/1099-MISC | (d) Health benefit contributions to employee benefit pla | truction | ns for Part IV) |
| Pa | Total program service expenses. (add lines 28a the lirt IV List of Officers, Directors, Trustees, and K Check if the organization used Schedule O to (a) Name and title | ey Employees (list each of respond to any question (b) Average | (c) Reportable compensation | (d) Health benefit contributions to employee benefit pla | truction | (e) Estimated amount of |
| Pa | Total program service expenses. (add lines 28a the lirt IV List of Officers, Directors, Trustees, and K Check if the organization used Schedule O to (a) Name and title | ey Employees (list each of respond to any question (h) Average hours per week | (c) Reportable compensation (Forms W-2/1099-MISC | (d) Health benefit contributions to employee benefit pla | truction | (e) Estimated amount of |
| Pa ROI CH/ | Total program service expenses. (add lines 28a the lirt IV List of Officers, Directors, Trustees, and K Check if the organization used Schedule O to (a) Name and title BIN TOTH AIR | ey Employees (list each of respond to any question (h) Average hours per week | (c) Reportable compensation (Forms W-2/1099-MISC | (d) Health benefit contributions to employee benefit pla | truction | (e) Estimated amount of |
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| ROI CH/ JON JEF PAS | Total program service expenses. (add lines 28a the lirt IV List of Officers, Directors, Trustees, and K Check if the organization used Schedule O to (a) Name and title BIN TOTH AIR WATHAN SMITH AIR-ELECT F MARCELL ST-CHAIR | ey Employees (list each of respond to any question (h) Average hours per week devoted to position Hr/WK | (c) Reportable compensation (Forms W-2/1099-MISC | (d) Health benefit contributions to employee benefit pla | truction | (e) Estimated amount of |
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| ROF CHA JON CHA JEF PAS TEF SEC DIR CHI VIC ELL DIR BRI DIR LIN DIR | Total program service expenses. (add lines 28a the Int IV List of Officers, Directors, Trustees, and K Check if the organization used Schedule O to (a) Name and title BIN TOTH AIR JATHAN SMITH AIR-ELECT F MARCELL ST-CHAIR RESA BRUM CRETARY NISE DYER EASURER RIS GREEN E-CHAIR JE CHAMBER-GRADY ECTOR JCE KENDALL ECTOR L MILBERGS ECTOR DA NGUYEN | ey Employees (list each of respond to any question of respond to any question of respond to any question of the state of t | (c) Reportable compensation (Forms W-2/1099-MISC | (d) Health benefit contributions to employee benefit pla | truction | (e) Estimated amount of |
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| Pari | Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in | | rt V | Г |
|----------|---|---------------------------------------|----------------|---------------------------------------|
| | institutions for rare vy officers in the organization used contentic or to respond to any question in | 1113 1 2 | Yes | No |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a | | | |
| | detailed description of each activity in Schedule O. | 33 | | Х |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed | | | |
| | copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the | 1 | · ' | 1 |
| | change on Schedule O (see instructions) | 34 | | _X |
| 35 a | | 1 | | |
| h | activities (such as those reported on lines 2, 6a, and 7a, among others)? If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35a 35b | | X |
| b | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, | 330 | _ | - |
| · | reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III. | 35c | х | Į |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets | 300 | | |
| | during the year? If "Yes," complete applicable parts of Schedule N | 36 | | Х |
| 37 a | Enter amount of political expenditures, direct or indirect, as described in the instructions | , | | |
| | Did the organization file Form 1120-POL for this year? | 37b | | X |
| 38 a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were | | | |
| _ | any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | | X |
| | If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b | - | 2.3 | |
| 39 | Section 501(c)(7) organizations Enter Initiation fees and capital contributions included on line 9 | | | į. |
| a h | Gross receipts, included on line 9, for public use of club facilities 39b | | anga A. | |
| 40 a | | 1 | , | * 1 |
| | section 4911 ▶ , section 4912 ▶ , section 4955 ▶ | 77,12 | | ` · · · |
| b | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 | | ; | <u> </u> |
| | excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year | - i | | l |
| | that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | <u> </u> |
| С | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed | | 11. | 1,1 |
| | on organization managers or disqualified persons during the year under sections 4912, | , , , , , , , , , , , , , , , , , , , | | . 1 |
| ત | 4955, and 4958 . ► Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line | 1,: '.' | مۇد. ئىر | , , , , , , , , , , , , , , , , , , , |
| u | 40c reimbursed by the organization | 64, | ٠,٠,٠,٠ | , , , , |
| e | All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter | 1 | | 25 (64) |
| J | transaction? If "Yes," complete Form 8886-T | 40e | Hat. | X |
| 41 | List the states with which a copy of this return is filed ► WA | | | |
| 42 a | The organization's books are in care of ► GORDON, THOMAS, HONEYWELL Telephone no ► | 253/62 | 20-663 | 6 |
| | Located at ► P O BOX 1936 City TACOMA ST WA ZIP + 4 ► 984 | 101 | | |
| ь | At any time during the calendar year, did the organization have an interest in or a signature or other authority over | | Yes | No |
| • | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b | | X |
| | If "Yes," enter the name of the foreign country | N. | ect . | , , |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and | 1 100 | | |
| | Financial Accounts (FBAR) | - <u></u> - | | |
| С | At any time during the calendar year, did the organization maintain an office outside the U S.? | 42c | | X |
| | If "Yes," enter the name of the foreign country | | | _ |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here | | | ▶ [|
| | and enter the amount of tax-exempt interest received or accrued during the tax year | | | |
| | | | Yes | No |
| 44 a | • | 440 | ļ . | |
| L | completed instead of Form 990-EZ | 44a | . , - | X |
| Q | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44b | <u></u> | X |
| _ | Did the organization receive any payments for indoor tanning services during the year? | 44c | | X |
| | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an | 776 | <u> </u> | ^ |
| u | explanation in Schedule O | 44d | | X |
| 45 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | Х |
| 45 b | | | , . | - 4 |
| | meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of | | | |
| | Form 990-EZ (see instructions) | 45b | | <u> </u> |
| | | Form 9 | 90-EZ | Z (2015 |

Yes Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46 Section 501(c)(3) organizations only Part VI All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI Yes 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 47 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 49 a Did the organization make any transfers to an exempt non-charitable related organization?. 49a b If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key 50 employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" (d) Health benefits, (b) Average (c) Reportable (e) Estimated amount of contributions to employee benefit plans, and deferred (a) Name and title of each employee hours per week compensation other compensation devoted to position (Forms W-2/1099-MISC) compensation Name None 00 Hr/WK Name 00 Hr/WK Name 00 Hr/WK Title Name 00 Hr/WK Name 00 Title Total number of other employees paid over \$100,000 f Complete this table for the organization's five highest compensated independent contractors who each received more than 51 \$100,000 of compensation from the organization. If there is none, enter "None" (a) Name and business address of each independent contractor (b) Type of service (c) Compensation Name_None ST ZIP City Name Str City Name City ST 7IP Name 7IP City Name Str ST 7IP City d Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a 52 completed Schedule A Yes X No Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign Treasure Here 11.16.16 Type of print name and title Print/Type preparer's name PTIN Paid Check P00131302 SCOTT MORRISON self-employed **Preparer** ► MORRISON & COMPANY, PS Firm's EIN ▶ 91-2169201 Firm's name **Use Only** Firm's address ► 15127 NE 24TH ST #507, REDMÓND, WA 98052 425/376-0931 Phone no

May the IRS discuss this return with the preparer shown above? See instructions

No

► X Yes

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of organization

Complete if the organization is described below.Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule C (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990. If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

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

Section 501(c)(4), (5), or (6) organizations Complete Part III

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

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

| WAS | SHINGTON ECONOMIC D | EVELOPMENT ASSOCIATION | | | | 91-1768428 | |
|---------------|---------------------------------------|---|---------------------|---|----------------|---|----|
| Pa | rt I-A Complete if t | he organization is exempt und | ler section 501 | c) or is a section | 527 oı | rganization. | |
| 1 | · · · · · · · · · · · · · · · · · · · | he organization's direct and indirect p | olitical campaign a | activities in Part IV | | | |
| 2 | Political expenditures | | | | ▶ \$ | | |
| 3 | Volunteer hours | | | | | | |
| | -11D Commisso if t | he consider to second one | lan a a stian 504/ | -)(2) | | | |
| _ | | he organization is exempt und | | | . • | | |
| 1 | • | excise tax incurred by the organization | | | > 3 | | |
| 2 | • | excise tax incurred by organization m | _ | | ▶ \$ | | i |
| 3 | = | ed a section 4955 tax, did it file Form | 4/20 for this year | • | | Yes | No |
| 4a | Was a correction made? | • | | | | Yes | No |
| _ | If "Yes," describe in Part I | | | | | | |
| Pa | | he organization is exempt und | | | n 501(c | c)(3) | |
| 1 | · · · · · · · · · · · · · · · · · · · | expended by the filing organization f | for section 527 exe | mpt function | | | |
| _ | activities | | | _ | > \$ | | |
| 2 | | iling organization's funds contributed | to other organizati | ons for section | | | |
| _ | 527 exempt function activ | | | | ▶ \$ | | |
| 3 | • | penditures Add lines 1 and 2 Enter h | iere and on Form 1 | 120-POL, | | | ^ |
| | line 17b | 51.5. 4460.001.6.45 | | • | ▶ ⊅ | Yes | 0 |
| 4 | | file Form 1120-POL for this year? | | | | | No |
| 5 | | ses and employer identification numb ents For each organization listed, en | | | | | |
| | | ntributions received that were prompt | | | | | |
| | | I fund or a political action committee | | | | | |
| | | | | | | ···· | |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's | | (e) Amount of political contributions received a | |
| | | | | funds If none, enter | | promptly and directly | y |
| | | | | | 1 | delivered to a separat political organization | |
| | | | | | | none, enter -0- | |
| | | | | | | | |
| (1) | | | | | | | |
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| (2) | | | | | | | |
| (2) | | | | - | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| '' | | | | | | | |
| (5) | | | | | | | |
| · <u>'</u> | | | | | | | |
| (6) | | | | | | | |
| _ | | | | | | | |

WASHINGTON ECONOMIC DEVELOPMENT ASSOCIATION 91-1768428 Schedule C (Form 990 or 990-EZ) 2015 Page 2 Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). Check ▶ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). Check ▶ if the filing organization checked box A and "limited control" provisions apply. Limits on Lobbying Expenditures (a) Filing (b) Affiliated (The term "expenditures" means amounts paid or incurred.) organization's totals group totals 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) 0 b Total lobbying expenditures to influence a legislative body (direct lobbying) 0 C Total lobbying expenditures (add lines 1a and 1b) 0 0 d Other exempt purpose expenditures 0 Total exempt purpose expenditures (add lines 1c and 1d) 0 0 Lobbying nontaxable amount Enter the amount from the following table in both columns 0 0 If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 0 Grassroots nontaxable amount (enter 25% of line 1f) 0 Subtract line 1g from line 1a If zero or less, enter -0-0 0 Subtract line 1f from line 1c. If zero or less, enter -0-0 0 If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No 4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| | Lobbying Expenditures During 4-Year Averaging Period | | | | | | |
|----|---|----------|-----------------|---------------------|-------------------|-----------|--|
| | Calendar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (c) Total | |
| 2a | Lobbying nontaxable amount | | | 0 | 0 | 0 | |
| b | Lobbying ceiling amount (150% of line 2a, column(e)) | | | Committee Committee | | 0 | |
| С | Total lobbying expenditures | | | 0 | 0 | 0 | |
| d | Grassroots nontaxable amount | | | 0 | 0 | 0 | |
| | Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 0 | |
| f | Grassroots lobbying expenditures | | | 0 | 0 | 0 | |

Schedule C (Form 990 or 990-EZ) 2015

Schedule C (Form 990 or 990-EZ) 2015

| Par | art II-B Complete if the organization is exempt under section (élection under section 501(h)). | on 501(c)(3) and has NOT | filed | For | m 5768 | } | |
|------|--|----------------------------|----------|------------------|----------|-------|----------------|
| For | r each "Yes," response on lines 1a through 1i below, provide in Par | rt IV a detailed | (6 | a) | | (b) | |
| | scription of the lobbying activity. | t iv a detailed | Yes | No | Ar | mount | . |
| 1 | During the year, did the filing organization attempt to influence foreign, na legislation, including any attempt to influence public opinion on a legislation referendum, through the use of | | , , | | | | |
| а | a Volunteers? | | | | | | |
| b | b Paid staff or management (include compensation in expenses reported o | on lines 1c through 1i)? | | | | | |
| C | | | | | | | |
| d | | | | | | | |
| е | | | | | | | |
| f | f Grants to other organizations for lobbying purposes? | į | | | | | |
| g | | - | | . | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or a Other activities? | iny similar means? | | | | | |
| j | j Total Add lines 1c through 1: | | | , | | | 0 |
| 2a | a Did the activities in line 1 cause the organization to be not described in se | ection 501(c)(3)? | | | | | |
| b | | | | ,. | | | |
| C | c If "Yes," enter the amount of any tax incurred by organization managers t | under section 4912 . | ^ - | . , | | | |
| d | d If the filing organization incurred a section 4912 tax, did it file Form 4720 | for this year? | | | | | |
| Par | Complete if the organization is exempt under section 501(c)(6). | on 501(c)(4), section 501(| c)(5) | , or s | ection | | _ |
| | | | | | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by me | embers? | | | 1 | | X |
| 2 | | | | | 2 | | Х |
| 3 | | | | | 3 | Х | |
| 1 | Complete if the organization is exempt under section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and answered "Yes." Dues, assessments and similar amounts from members | | | | | line | 3, is 5,425 |
| 2 | | t include amounts of | • | | | | <u>, 120</u> |
| _ | political expenses for which the section 527(f) tax was paid). | | | 4 3 | l | | |
| а | | | | 2a | | 10 | 008,0 |
| b | ` | | | 2b | | | -100- |
| С | | | | 2c | | 10 | 0,800 |
| 3 | | ctible section 162(e) dues | | 3 | | | 4,317 |
| 4 | | • • | | | | | |
| | excess does the organization agree to carryover to the reasonable estimates | • | | ر جمع د بر ام | | | |
| | lobbying and political expenditure next year? | | | 4 | | | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | | ĺ | 5 | | -2: | 3,517 |
| Part | rt IV Supplemental Information | | | | | | |
| | ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, lin see instructions), and Part II-B, line 1. Also, complete this part for any additio | | list), F | Part II- | A, lines | 1 and | |
| | | | | | | | |
| | | | | | | | |

| WAS | HINGTON ECONOMIC DEVELOPMENT ASSOCIATION prm 990 or 990-EZ) 2015 | 91-1768428 | | | |
|---------|--|---------------|--|--|--|
| Part IV | Supplemental Information (continued) | Page 4 | | | |
| Pailiv | Supplemental information (continued) | | | | |
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Schedule C (Form 990 or 990-EZ) 2015

SCHEDULE O (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.

Attach to Form 990 or 990-EZ.

<u>2015</u>

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

| WASHINGTON ECONOMIC DEVELOPMENT ASSOCIATION | 91-1768428 |
|--|------------|
| Form 990-EZ, Part I, Line 16, Other Expenses BANK CHARGES 2,639 | |
| Form 990-EZ, Part I, Line 16, Other Expenses ASSOCIATION MANAGEMENT EXPENSES 3,9 | 98 |
| Form 990-EZ, Part I, Line 16, Other Expenses LOBBYIST EXPENSES 925 | |
| Form 990-EZ, Part I, Line 16, Other Expenses MEETING EXPENSE 2,770 | |
| Form 990-EZ, Part I, Line 16, Other Expenses POSTAGE & DELIVERIES 478 | |
| Form 990-EZ, Part I, Line 16, Other Expenses: COPIES 406 | |
| Form 990-EZ, Part I, Line 16, Other Expenses REGISTRATION FEES 230 | |
| Form 990-EZ, Part I, Line 16, Other Expenses TELEPHONE 364 | |
| Form 990-EZ, Part I, Line 16, Other Expenses WEB HOSTING. 3,143 | |
| Form 990-EZ, Part I, Line 16, Other Expenses MISCELLANEOUS 26 | |
| Form 990-EZ, Part I, Line 16, Other Expenses INSURANCE 440 | |
| Form 990-EZ, Part I, Line 16, Other Expenses SPRING CONFERENCE 9,531 | |
| Form 990-EZ, Part I, Line 16, Other Expenses WINTER CONFERENCE 7,470 | |
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| Name of the organization | Employer identification number |
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