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990-EZ

49223616028 **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)

2018

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

Open to Public Inspection

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury Internal Revenue Service For the 2018 calendar year, or tax year beginning and ending D Employer identification number Check if applicable C Name of organization X Address change WASHINGTON ECONOMIC DEVELOPMENT ASSOCIATION Number and street (or PO box, if mail is not delivered to street address) Room/suite Name change 91-1768428 E Telephone number Initial return 3213 WEST WHEELER STREET ZIP code Final return/terminated City or town State 800/718-1960 Amended return Seattle WA 98199 **Group Exemption** Foreign province/state/county Foreign postal code Application pending Foreign country name Number ▶ X Cash Other (specify) H Check ► X If the organization is Accounting Method Accrual Website: ► WEDAONLINE ORG not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) 501(c)(3) X 501(c)(6) ◀ (insert no) 4947(a)(1) or Tax-exempt status (check only one) -Other Association X | Corporation K Form of organization Trust Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets 111,749 (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I. Х 1 Contributions, gifts, grants, and similar amounts received 2 39,822 Program service revenue including government fees and contracts 2 3 71,927 Membership dues and assessments 3 4 4 Investment income Gross amount from sale of assets other than inventory 5a 5a Less cost or other basis and sales expenses 5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than 6a \$15,000) of contributions Gross income from fundraising events (not including from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6h 6c Less direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 7a KE Gross sales of inventory, less returns and allowances 7a 7b Less cost of goods sold b 7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 12) AUG 1 6 20:3 0 8 Other revenue (describe in Schedule O) 8 111,749 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 OGDEN 10 Grants and similar amounts paid (list in Schedule O) 10 11 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 12 13 98,181 Professional fees and other payments to independent contractors 13 14 50 14 Occupancy, rent, utilities, and maintenance 15 15 Printing, publications, postage, and shipping 6.244 16 16 Other expenses (describe in Schedule O) 17 104,475 17 Total expenses. Add lines 10 through 16 18 7,274 18 Excess or (deficit) for the year (Subtract line 17 from line 9) Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 32,976 end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (explain in Schedule O) 20 116 20 Net assets or fund balances at end of year Combine lines 18 through 20 21 40,366

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2018)



Form	990-EZ	(2018))

WASHINGTON ECONOMIC DEVELOPMENT ASSOCIATION

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Pai	Balance Sheets. (see the instructions for	Part II)			<u> </u>	, ,,,,,,	rage z
	Check if the organization used Schedule O to re	espond to any question in	this Part II				X
			<u> </u>	(A) Beginning	of year	Τ	(B) End of year
22	Cash, savings, and investments			-	33,092	22	40,366
23	Land and buildings					23	
24	Other assets (describe in Schedule O) .	•			-116	24	
25	Total assets .				32,976	25	40,366
26	Total liabilities (describe in Schedule O)		ļ			26	
27	Net assets or fund balances (line 27 of column (E				32,976	27	40,366
Pa	rt III Statement of Program Service Accomplis	•	,		\Box		
	Check if the organization used Schedule O t				<u> </u>		Expenses
		DEVELOPMENT OF ECO			PORT		quired for section (c)(3) and 501(c)(4)
	cribe the organization's program service accomplishment						anizations, optional others)
	neasured by expenses. In a clear and concise manne		rovided, the numb	er of		"	Allers)
	ons benefited, and other relevant information for eac MEETINGS & CONFERENCES		 				
20	**						

	(Grants \$) If this amount	t includes foreign grants,	check here	•		00-	•
29						_28a	
						l	
	······	•••••			-	l	
,	(Grants \$) If this amount	includes foreign grants i	check here	•		29a	
30						230	
,	•••••••••••••••••••••••••••••••••••••••						
•							
	(Grants \$) If this amount	includes foreign grants, o	check here	•		30a	
31	Other program services (describe in Schedule O)				<u> </u>	004	<u> </u>
	• •	includes foreign grants, o	check here	>		31a	
32	Total program service expenses. (add lines 28a th	rough 31a)				32	0
	real pregram certice expendes, (add into zoa til						
	List of Officers, Directors, Trustees, and Ko		ne even if not comp	ensated—see t	the insti		
		ey Employees (list each o		ensated—see t	the inst		
	t IV List of Officers, Directors, Trustees, and Ko	ey Employees (list each or respond to any question	in this Part IV	<u> </u>	the insti	ruction	ns for Part IV)
	List of Officers, Directors, Trustees, and Ko Check if the organization used Schedule O to	respond to any question (b) Average hours per week	(c) Reportable compensation	(d) Hea	Ith benefit	ruction	(e) Estimated amount of
	t IV List of Officers, Directors, Trustees, and Ko	ey Employees (list each or respond to any question (b) Average	in this Part IV	(d) Hea contril	Ith benefit butions to benefit pla	ructions,	ns for Part IV)
Par	List of Officers, Directors, Trustees, and Ko Check if the organization used Schedule O to	respond to any question (b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-Mi	(d) Hea contril SC) employee	Ith benefit butions to benefit pla	ructions,	(e) Estimated amount of
Pai JON CHA	List of Officers, Directors, Trustees, and Kong Check of the organization used Schedule O to (a) Name and title ATHAN SMITH IR	respond to any question (b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-Mi	(d) Hea contril SC) employee	Ith benefit butions to benefit pla	ructions,	(e) Estimated amount of
Pai JON CHA	List of Officers, Directors, Trustees, and Kong Check of the organization used Schedule O to (a) Name and title ATHAN SMITH	respond to any question (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-Mi	(d) Hea contril SC) employee	Ith benefit butions to benefit pla	ructions,	(e) Estimated amount of
JON CHA MIKE	List of Officers, Directors, Trustees, and Kong Check of the organization used Schedule O to (a) Name and title ATHAN SMITH IR	respond to any question (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-Mi	(d) Hea contril SC) employee	Ith benefit butions to benefit pla	ructions,	(e) Estimated amount of
JON CHA MIKE CHA	Check if the organization used Schedule O to (a) Name and title ATHAN SMITH IR BOMAR	ey Employees (list each of respond to any question (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-Mi	(d) Hea contril SC) employee	Ith benefit butions to benefit pla	ructions,	(e) Estimated amount of
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JON CHA MIKE CHA ROB PAS TERI SEC GAR	Check if the organization used Schedule O to (a) Name and title ATHAN SMITH IR BOMAR IR-ELECT IN TOTH I-CHAIR ESA BRUM RETARY Y BALLEW	ey Employees (list each of respond to any question (b) Average hours per week devoted to position Hr/WK Hr/WK	(c) Reportable compensation (Forms W-2/1099-Mi	(d) Hea contril SC) employee	Ith benefit butions to benefit pla	ructions,	(e) Estimated amount of
JON. CHA MIKE CHA ROB PAS TERI SEC GAR TRE	Check if the organization used Schedule O to (a) Name and title ATHAN SMITH IR BOMAR IR-ELECT IN TOTH I-CHAIR ESA BRUM RETARY Y BALLEW ASURER	ey Employees (list each of respond to any question (b) Average hours per week devoted to position Hr/WK Hr/WK	(c) Reportable compensation (Forms W-2/1099-Mi	(d) Hea contril SC) employee	Ith benefit butions to benefit pla	ructions,	(e) Estimated amount of
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JON. CHA MIKE CHAS TERI SEC GAR TRE CHR VICE	Check if the organization used Schedule O to (a) Name and title ATHAN SMITH IR BOMAR IR-ELECT IN TOTH I-CHAIR ESA BRUM RETARY Y BALLEW ASURER IS GREEN -CHAIR	ey Employees (list each of respond to any question (b) Average hours per week devoted to position Hr/WK Hr/WK Hr/WK	(c) Reportable compensation (Forms W-2/1099-Mi	(d) Hea contril SC) employee	Ith benefit butions to benefit pla	ructions,	(e) Estimated amount of
JON. CHA MIKE CHA ROB PAS TERI SEC GAR TRE CHR VICE	Check if the organization used Schedule O to (a) Name and title ATHAN SMITH IR E BOMAR IR-ELECT IN TOTH I-CHAIR ESA BRUM RETARY Y BALLEW ASURER IS GREEN IS GREEN IS GREEN IS CHAIR HA BENSON	ey Employees (list each of respond to any question (b) Average hours per week devoted to position Hr/WK Hr/WK Hr/WK Hr/WK	(c) Reportable compensation (Forms W-2/1099-Mi	(d) Hea contril SC) employee	Ith benefit butions to benefit pla	ructions,	(e) Estimated amount of
JON. CHA MIKE CHA ROB PAS TER SEC GAR TRE. VICE ALIS DIRE	Check if the organization used Schedule O to (a) Name and title ATHAN SMITH IR E BOMAR IR-ELECT IN TOTH I-CHAIR ESA BRUM RETARY Y BALLEW ASURER IS GREEN IS GREEN ICHAIR HA BENSON ICTOR	ey Employees (list each of respond to any question (b) Average hours per week devoted to position Hr/WK Hr/WK Hr/WK Hr/WK	(c) Reportable compensation (Forms W-2/1099-Mi	(d) Hea contril SC) employee	Ith benefit butions to benefit pla	ructions,	(e) Estimated amount of
JON. CHA MIKE CHA ROB PAS TER SEC GAR TRE CHR VICE ALIS BRIA	Check if the organization used Schedule O to (a) Name and title ATHAN SMITH IR BOMAR IR-ELECT IN TOTH I-CHAIR ESA BRUM RETARY Y BALLEW ASURER IS GREEN -CHAIR HA BENSON CTOR IN BONLENDER	ey Employees (list each of respond to any question (b) Average hours per week devoted to position Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	(c) Reportable compensation (Forms W-2/1099-Mi	(d) Hea contril SC) employee	Ith benefit butions to benefit pla	ructions,	(e) Estimated amount of
JON. CHA MIKE CHA ROB PAS TERI SEC GAR TRE CHR VICE ALIS DIRE BRIA DIRE	Check if the organization used Schedule O to (a) Name and title ATHAN SMITH IR E BOMAR IR-ELECT IN TOTH I-CHAIR ESA BRUM RETARY Y BALLEW ASURER IS GREEN C-CHAIR HA BENSON CTOR N BONLENDER CTOR	ey Employees (list each of respond to any question (b) Average hours per week devoted to position Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	(c) Reportable compensation (Forms W-2/1099-Mi	(d) Hea contril SC) employee	Ith benefit butions to benefit pla	ructions,	(e) Estimated amount of
JON. CHA MIKE CHA ROB PAS' TERI SEC GAR VICE ALIS DIRE BRIA BRIA	Check if the organization used Schedule O to (a) Name and title ATHAN SMITH IR E BOMAR IR-ELECT IN TOTH I-CHAIR ESA BRUM RETARY Y BALLEW ASURER IS GREEN -CHAIR HA BENSON CTOR IN BONLENDER CE KENDALL	ey Employees (list each of respond to any question (b) Average hours per week devoted to position Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	(c) Reportable compensation (Forms W-2/1099-Mi	(d) Hea contril SC) employee	Ith benefit butions to benefit pla	ructions,	(e) Estimated amount of
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JON. CHA MIKE CHA ROB PAS' TERI SEC CHR VICE ALIS BRUI DIRE KEVI DIRE	Check if the organization used Schedule O to (a) Name and title ATHAN SMITH IR E BOMAR IR-ELECT IN TOTH I-CHAIR ESA BRUM RETARY Y BALLEW ASURER IS GREEN -CHAIR HA BENSON CTOR IN BONLENDER CE KENDALL ICTOR N CLEGG ICTOR	ey Employees (list each of respond to any question (b) Average hours per week devoted to position Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	(c) Reportable compensation (Forms W-2/1099-Mi	(d) Hea contril SC) employee	Ith benefit butions to benefit pla	ructions,	(e) Estimated amount of
JON. CHA MIKE CHA ROB PAS' TERI SEC GAR TRE CHR VICE BRIA DIRE BRUI DIRE KEVI DIRE	Check if the organization used Schedule O to (a) Name and title ATHAN SMITH IR E BOMAR IR-ELECT IN TOTH I-CHAIR ESA BRUM RETARY Y BALLEW ASURER IS GREEN -CHAIR HA BENSON CTOR N BONLENDER CE KENDALL CTOR N CLEGG CCTOR N CLEGG CCTOR A NGUYEN	ey Employees (list each of respond to any question (b) Average hours per week devoted to position Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	(c) Reportable compensation (Forms W-2/1099-Mi	(d) Hea contril SC) employee	Ith benefit butions to benefit pla	ructions,	(e) Estimated amount of
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JON. CHA MIKE CHA ROB PAS' TERI SEC GAR VICE BRIL DIRE BRU DIRE KEVI DIRE BILL DIRE BILL	Check if the organization used Schedule O to (a) Name and title ATHAN SMITH IR E BOMAR IR-ELECT IN TOTH I-CHAIR ESA BRUM RETARY Y BALLEW ASURER IS GREEN -CHAIR HA BENSON CTOR N BONLENDER CE KENDALL CTOR N CLEGG CCTOR N CLEGG CCTOR A NGUYEN	ey Employees (list each or respond to any question (b) Average hours per week devoted to position Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	(c) Reportable compensation (Forms W-2/1099-Mi	(d) Hea contril SC) employee	Ith benefit butions to benefit pla	ructions,	(e) Estimated amount of

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Par	instructions for Part V) Check if the organization used Schedule O to respond to any question		rt V .	
	interpolation and the control in the organization about control to the politic to any quotient		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	<u> </u>	X
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	24		
35 a	change on Schedule O. See instructions . Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34	-	_ X
JJ a	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		×
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		 ^``
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	100		
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	Х	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a		44		
b	Did the organization file Form 1120-POL for this year?	37b	200 . 2004	
38 a		20-	<u>: 19</u>	45.1
.	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes." complete Schedule L. Part II and enter the total amount involved 38b	38a	7 3.	X
39	If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations Enter		100	31, "
	Initiation fees and capital contributions included on line 9	ر نے اوالا اور کی اور	8	\ <u>'</u>
	Gross receipts, included on line 9, for public use of club facilities 39b	一 ,为	1 3	335
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under		2	in D
	section 4911 ▶ , section 4912 ▶, section 4955 ▶	100		1.4
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958	W 10	1	
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	1 g pu	h	
	on organization managers or disqualified persons during the year under sections 4912,	4, 4		· (5 2)
А	4955, and 4958 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line	ا يا بورا —		
•	40c reimbursed by the organization . ▶		2.5	, - v
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	— [14,5)		
	transaction? If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed ► WA			
42 a	The organization's books are in care of ► SUZANNE DALE ESTEY, EXECUTIVE DIRE Telephone no ►	800/71	18-196	0
	Located at ► 3213 WEST WHEELER ST #42 City SEATTLE ST WA ZIP + 4 ►	98199		
b	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	12 4 24 4 2 44 5 45	75 F 12	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	1.1		17.
	Financial Accounts (FBAR)		<u> </u>	ليد
С	At any time during the calendar year, did the organization maintain an office outside the United States?	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			•
	Dull and the state of the state	crimus *	Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	44a	HO" " 19.	· · · · · · · · · · · · · · · · · · ·
h	completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be		الايم المادية المادية المادية	<u>Х</u>
b	completed instead of Form 990-EZ .	44b	المتقشد	कार्यकर X
С	Did the organization receive any payments for indoor tanning services during the year?	44c	$\neg \dashv$	X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		23.472	. 9
_	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	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	7	- '	- 35
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	7.04		व १५६३
	Form 990-EZ See instructions .	45b		Х
	•	Form 99	90-EZ	(2018)

	,					Yes	No	
46	Did the organization engage, directly or indirectly	y, in political campaign act	ivities on behalf of or i	n opposition	750			
•	to candidates for public office? If "Yes," complete				46		X	
Part								
	All section 501(c)(3) organizations m		17–49b and 52, and	complete the table	s for line	S		
	50 and 51	·		•				
	Check if the organization used Sched	dule O to respond to ar	ny question in this P	art VI		•		
-			·			Yes	No	
47	Did the organization engage in lobbying activities	s or have a section 501(h)	election in effect durin	ng the tax				
• •	year? If "Yes," complete Schedule C, Part II			.3	47			
48	Is the organization a school as described in sect	tion 170/h\/1\(Δ\/ii\? If "Ye	s " complete Schedule	F	48			
49 a	Did the organization make any transfers to an ex				49a			
-	If "Yes," was the related organization a section 5	-	od Organization ·		49b			
50	Complete this table for the organization's five hig	-	vees (other than office	ers directors trijstees				
00	employees) who each received more than \$100,	•	= -					
	cimployees) who each received more than \$100,	ood of compensation from		T				
	(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	(d) Health benefits, contributions to employee	(e) Estima	ted amo	ount of	
	(a) Name and the or each employee	devoted to position	(Forms W-2/1099-MISC)	benefit plans, and deferred compensation	other compensation			
	None				-			
	Note	Hr/WK 00						
Title		Hr/WK 00						
Name		Hr/WK 00			1			
Title		Hr/WK 00			-			
Name		Hr/WK 00						
Title		Hr/WK 00	· · · · · · · · · · · · · · · · · · ·		-			
Name		Hr/WK 00						
Title		Hr/WK 00						
Name		Hr/WK 00						
Title			<u> </u>	L				
51	Total number of other employees paid over \$100 Complete this table for the organization's five high		andont contractors who		than			
31	\$100,000 of compensation from the organization			deach received more	.11011			
	\$100,000 of Compensation from the organization	ir ir triere is none, enter i	ione					
	(a) Name and business address of each independe	ent contractor	(b) Type of service	œ (c) Compensat	ıon		
Nama	None Str							
	None Str	ZIP						
City	····	ZIP		· · · · · · · · · · · · · · · · · · ·				
Name	Str	710	·					
City	<u>ST</u>	ZIP						
Name	Str	710						
City	ST	ZIP						
Name	Str	710						
City	ST St-	ZIP						
Name	Str	710						
City d	Total number of other independent contractors ea	ZIP	nn Þ	 _				
52	Did the organization complete Schedule A? Note	_						
32	completed Schedule A	. All Section 30 I(c)(3) org	anizations must attach		► TYes	s 🕅	No	
	<u>`</u>					<u> </u>		
	enalties of perjury, I declare that I have examined this return, increct, and complete Declaration of preparer (other than expect)				ief, it is			
ude, con		is base on authorniadon of which	in preparer has any knowledg					
0	Johnson	201						
Sign	Signature of officer	H EXECUTIVE	NIDEL TOO	Date 8-8/	/19			
Here	JONATHAN SMIT	A SKECOTIVE	PIRECTOR	<u> </u>	<u> </u>			
	Type(ef print name and title	Preparer's algnature	Date		PTIN			
Paid	Print/Type preparer's name			C/ 10 Check	rf			
Prep	arer SCOTT MORRISON		un COA 7/	Self-employed	P00131	1302		
Use	Only Firm's name MORRISON & COPS	FF #507 BED143113 ::::		Firm's EIN ▶ 91				
	Firm's address > 15127 NE 241H STRE				<u>5/376-093</u>			
мay th	ne IRS discuss this return with the preparer showing	n above? See instructions			➤ X Yes	s	No	

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

Department of the Treasury Internal Revenue Service

▶ Complete if the organization is described below.
▶ Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B Do not complete Part II-A If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	section 50 ((c)(4), (5), or (6) (irganizations. Complete Part III					
	e of organization			-	Employe	er identification n	umber
WAS	SHINGTON ECONOMIC D	DEVELOPMENT ASSOCIATION				91-1768428	
Pai	rt I-A Complete if t	the organization is exempt und	der section 501	(c) or is a secti	on 527 o	organization.	
1		he organization's direct and indirect p					
	definition of "political carr	paign activities")					
2	Political campaign activity	y expenditures (see instructions)			▶ \$		
3	Volunteer hours for politic	cal campaign activities (see instruction	ns)				
Pai	rt I-B Complete if t	the organization is exempt unc	der section 501	(c)(3).			
1	Enter the amount of any	excise tax incurred by the organization	on under section 49	955	▶ \$		
2	Enter the amount of any	excise tax incurred by organization m	nanagers under se	ction 4955	▶ \$		
3	If the organization incurre	ed a section 4955 tax, did it file Form	4720 for this year'	7		Yes	☐ No
4a	Was a correction made?					Yes	☐ No
ь	If "Yes," describe in Part	ıv				_	
		he organization is exempt und	der section 501	(c), except sect	ion 501	(c)(3).	
1	·	expended by the filing organization					
	activities	, J		•	▶ \$		
2	Enter the amount of the f	iling organization's funds contributed	to other organizati	ons for section			
	527 exempt function activ		J		▶ \$		
3	Total exempt function exp	penditures Add lines 1 and 2 Enter h	ere and on Form	1120-POL.			
	line 17b			•	▶ \$		0
4	Did the filing organization	file Form 1120-POL for this year?				Yes	No
5		ses and employer identification numb	er (EIN) of all sect	tion 527 political of			ilına
•		ents For each organization listed, en					
	the amount of political co	ntributions received that were prompt	tly and directly deli	ivered to a separa	te politica	I organization, su	ıch
	as a separate segregated	fund or a political action committee	(PAC) If additiona	l space is needed,	provide i	nformation in Pa	rt IV
	(a) Name	(b) Address	(c) EIN	(d) Amount paid	from	(e) Amount of	political
	(a) Hame	(0),1.03.035	(4, =	filing organizati	on's	contributions rec	eived and
				funds if none, en	er -u-	promptly and of delivered to a s	
						political organiz none, enter	
						none, enter	-0-
	<u> </u>						
(1)							
(2)							
(2)							
(3)							
(4)		 	{				
·· <i>'</i>							
(5)							
· <i>'</i>					_		·
(6)			,				
			I	1			

Scr	ledule C (Form 990 or 990-EZ) 2018					Page 2
P	art II-A Complete if the organiz	ation is exempt	under section 5	01(c)(3) and file	d Form 5768 (ele	ction
	under section 501(h)).					- · · · · · · · · · · · · · · · · · · ·
A	Check ▶ ☐ If the filing organization	n belongs to an	affiliated group (a	nd list in Part IV	each affiliated gro	up member's
	name, address, EIN,	expenses, and sl	nare of excess lol	obying expenditui	res).	
В	Check ▶ if the filing organization	n checked box A	and "limited con	trol" provisions ap	oply.	
	l imits on l	Lobbying Expendi	tures		(a) Filing	(b) Affiliated
	(The term "expenditures			1	organization's totals	group totals
1a	Total lobbying expenditures to influence	public opinion (gra	ass roots lobbying)			0
b	Total lobbying expenditures to influence		,			0
c	Total lobbying expenditures (add lines 1	•	(0	0
d	Other exempt purpose expenditures	,				0
e	Total exempt purpose expenditures (ad-	d lines 1c and 1d)			0	0
f	Lobbying nontaxable amount Enter the	· ·	oliowing table in bot	h		
	columns		J		l ol	0
ſ	If the amount on line 1e, column (a) or (b) is: The lobbyi	ng nontaxable amou	ınt is:	The second of	the the first was a side
ı	Not over \$500,000	·	amount on line 1e	· · · · · · · · · · · · · · · · · · ·		7
ı	Over \$500,000 but not over \$1,000,000	\$100,000 pl	us 15% of the excess	over \$500,000		
[Over \$1,000,000 but not over \$1,500,000	\$175,000 pl	us 10% of the excess	over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 pl	us 5% of the excess of	over \$1,500,000.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 2				0	0
h	Subtract line 1g from line 1a If zero or i				0	0
į	Subtract line 1f from line 1c If zero or le		•		[0]	0
j	If there is an amount other than zero on	either line 1h or lir	ne 1ı, dıd the organı	zation file Form 472	0 reporting	
	section 4911 tax for this year?					Yes No
		4-Year Averaging	g Period Under Sec	ction 501(h)		
	(Some organizations that made				of the five columns	below.
	Se	e the separate ins	tructions for lines	2a through 2f.)		
	Lob	bying Expenditure	es During 4-Year A	veraging Period		
	Calendar year (or fiscal year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
	beginning in)	(a) 2015	(5) 2010	(0) 2011	(0,20.0	(0) 10(0)
	, , , , , , , , , , , , , , , , , , ,					
2a	Lobbying nontaxable amount	0	0		0	0
b	Labburg college amount	可能,例上"种"。在以"所"。	44 · 3 /4 82 / 27/4	1741 4. 3 17 37 37 5	14 " " 14 4 15 15 14 18	
U	Lobbying ceiling amount (150% of line 2a, column(e))				The state of the s	0
		1 62 16 12 12 12	distance of the state of the st	7 7 7 7 7	2, 4,244, 2,244,	· ·· · · · · · · · · · · · · · · · ·
С	Total lobbying expenditures	0	l o	o	o	0
	Consequence mantevable amount					
d	Grassroots nontaxable amount	0	0	0	0	0
е	Grassroots ceiling amount	THE REAL PROPERTY.	The state of the s	"公司"的"关键"的	The state of the s	
_	(150% of line 2d, column (e))	5 /杨林代列最	"特殊"		· 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0
f	Grassroots lobbying expenditures	_	_	_		•

Schedule C (Form 990 or 990-EZ) 2018

Schedule C (Form 990 or 990-EZ) 2018

Pa		omplete if the organization is exempt under section 501(c)(3) and has NO lection under section 501(h)).	T filed	For	m 576	8	
Enr			(a)		(b)	_
		response on lines 1a through 1i below, provide in Part IV a detailed e lobbying activity.	Yes	No	Δ	mount	
1	legislation, ii	ear, did the filing organization attempt to influence foreign, national, state, or local including any attempt to influence public opinion on a legislative matter or through the use of	3 30	を できる これ	Part age as the second		7
а	Volunteers?	·				ni series in the	٠
b	Paid staff or	management (include compensation in expenses reported on lines 1c through 1i)?				1 PE 1	ŗ
С	Media adver	tisements?					
d	Mailings to r	nembers, legislators, or the public?					
е	Publications	or published or broadcast statements?					
f	Grants to oth	ner organizations for lobbying purposes?					
g	Direct contact	ct with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, dem	onstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activiti						
j		es 1c through 1ı	المستخت				0
2a		ties in line 1 cause the organization to be not described in section 501(c)(3)?			<u> </u>	1 3	ر. د
b		r the amount of any tax incurred under section 4912		3.5			
С		r the amount of any tax incurred by organization managers under section 4912	30.1	2.0			
		ganization incurred a section 4912 tax, did it file Form 4720 for this year?					Ģ.
Par		mplete if the organization is exempt under section 501(c)(4), section 501(1(c)(6).	(c)(5),	or s	ection		
	<u></u>					Yes No	_
1	Were substa	ntially all (90% or more) dues received nondeductible by members?			1	X	
2		nization make only in-house lobbying expenditures of \$2,000 or less?			2	$\frac{1}{x}$	
3		zation agree to carry over lobbying and political campaign activity expenditures from the prior ye	ar?		3	$\frac{\hat{x}}{x}$	_
	50 an	mplete if the organization is exempt under section 501(c)(4), section 501(1(c)(6)) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," swered "Yes."				line 3, i	
2		e) nondeductible lobbying and political expenditures (do not include amounts of	}	1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		71,92	
	political exp	enses for which the section 527(f) tax was paid).		\$ G			
а	Current year		ŀ	2a		20,40	0
b	Carryover fro	m last year		2b			_
C	Total			2c		20,40	
3		nount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		42,72	<u>5</u>
4		e sent and the amount on line 2c exceeds the amount on line 3, what portion of the	I	6			
		the organization agree to carryover to the reasonable estimate of nondeductible	ļ	است			
_		political expenditure next year?	-	4			_
5 Part		unt of lobbying and political expenditures (see instructions)		5		-22,32	<u>5</u>
Provi	de the descrip	ions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group and Part II-B, line 1 Also, complete this part for any additional information				1 and	

HINGTON ECONOMIC DEVELOPMENT ASSOCIATION	91-1768428
	Page 4
Supplemental Information (continued)	
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	·
	supplemental Information (continued)

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.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

MASCHINICTON FOOD ONLY DEVELOPMENT A

Employer identification number

WASHINGTON ECONOMIC DEVELOPMENT ASSOCIATION	91-1768428
Form 990-EZ, Part I, Line 16, Other Expenses BANK CHARGES 2,450	
Form 990-EZ, Part I, Line 16, Other Expenses MEETING EXPENSE 866	
Form 990-EZ, Part I, Line 16, Other Expenses POSTAGE & DELIVERIES 187	
Form 990-EZ, Part I, Line 16, Other Expenses COPIES 55	
Form 990-EZ, Part I, Line 16, Other Expenses REGISTRATION FEES 240	•••••
Form 990-EZ, Part I, Line 16, Other Expenses TELEPHONE 132	
Form 990-EZ, Part I, Line 16, Other Expenses WEB HOSTING 1,476	
Form 990-EZ, Part I, Line 16, Other Expenses MISCELLANEOUS 397	
Form 990-EZ, Part I, Line 16, Other Expenses MARKETING 416	
Form 990-EZ, Part I, Line 16, Other Expenses SUPPLIES 25	·
Form 990-EZ, Part I, Line 20, Net Assets PRIOR PERIOD ADJUSTMENT 116	
Form 990-EZ, Part II, Line 24, Other Assets ADVANCE RECEIPTS Beginning of year -116, End	of
year. 0	
, 	

Schedule O (Form 990-EZ) (2018)	Page Z
Name of the organization	Employer identification number
WASHINGTON ECONOMIC DEVELOPMENT ASSOCIATION	91-1768428
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