Form 990-EZ

Short Form Prom Income Tax

42008131

2019

Open to Public

Department of the Treasury Internal Revenue Service

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.

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

Α	For th	e 2019 calen	lar year, or tax year beginning	, an	d ending	_		
В	Check	applicable	C Name of organization			D Em	ployer iden	tification number
	Address	change	WASHINGTON ECONOMIC DEVELOPMENT ASSO	OCIATION		ı		
	Name c	hange ¯	Number and street (or PO box if mail is not delivered to street add	ress)	Room/suite	l		1768428
	Initial re	turn	3213 WEST WHEELER STREET		424	E Tele	phone num	ber
	Final retu	m/terminated	City or town State	ZIP cod	de			
ი 🗀	Amende	d return	SeattleWA	98199	9		800/	718-1960
ર ⊏	Applicat	ion pending	Foreign country name Foreign province/state/cou	nty Foreigr	postal code	F Gro	oup Exem	ption
					\mathcal{C}	Nu	mber ►	
G	Accoun	ting Method	X Cash Accrual Other (specify)		Н	Check	► X if	the organization is
;; ;; ;		•	ONLINE ORG					ttach Schedule B
	Tax-exen	npt status (chec	only one) — 501(c)(3) X 501(c) (6) ◀ (inse	rt no) 4947(a)(1)	or 527	(Form	990, 990-l	EZ, or 990-PF)
<u>у</u> К		<u> </u>						
• • •		organization		_	ther			
L	Add line	s 5b, 6c, and	b to line 9 to determine gross receipts. If gross receipts a	re \$200,000 or mor	e, or if total ass	sets		
	(Part II,		e \$500,000 or more, file Form 990 instead of Form 990-E		<u>-i-</u>	 .	▶ \$	183,065
P	art I	Revenue	, Expenses, and Changes in Net Assets or	Fund Balances	s (see the in	structi	ons for F	
		Check if	he organization used Schedule O to respond	to any question	in this Part	nina		<u>X</u>
	1		, gifts, grants, and similar amounts received		US Bank		1	
	2	Program ser	vice revenue including government fees and contract	ts	307		2	88,978
	3	Membership	dues and assessments		307	[3	94,087
	4	Investment i	come	NO	V 122020] [4	
	5a	Gross amou	nt from sale of assets other than inventory	5a				
	b	Less cost o	other basis and sales expenses	5b			6 3	
	С	Gain or (loss	other basis and sales expenses) from sale of assets other than inventory (subtract li	ne 5b from line 5a	aden. UT	1	5c	0
	1	Gaining and	iunuraising events			.	100	
d)	a	Gross incom	e from gaming (attach Schedule G if greater than					
Revenue		\$15,000)		6a]		
Ş	b		e from fundraising events (not including \$		tributions	- 1		
8			ing events reported on line 1) (attach Schedule G if	1 1				
			gross income and contributions exceeds \$15,000)	6b				
ļ			xpenses from gaming and fundraising events	6c				
	1		r (loss) from gaming and fundraising events (add lin	es 6a and 6b and	subtract	[,	. C. O	
		line 6c)					6d	0
- 1			of inventory, less returns and allowances	7a		——-(i		
		Less cost of	-			—		•
- 1			r (loss) from sales of inventory (subtract line 7b from	n line /a)			7c	0
			e (describe in Schedule O) .			_ }	8	402.005
			e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		··		9	183,065
			milar amounts paid (list in Schedule O)				10	
6		•	to or for members or compensation, and employee benefits			H	12	
Se			· · · · · · · · · · · · · · · · · · ·			}	13	100,221
Expenses			ees and other payments to independent contractors ent, utilities, and maintenance	•		⊦	14	600
봈			cations, postage, and shipping			}	15	600
			es (describe in Schedule O)			F	16	61,292
}		•	es. Add lines 10 through 16		•	▶	17	162,113
\dashv			ficit) for the year (subtract line 17 from line 9).				18	20,952
क्ष		-	fund balances at beginning of year (from line 27, co	luma (A)) (must a	aroo with	h		20,932
Net Assets			gure reported on prior year's return)	iumii (A)) (must a	AICC MILLI	ľ	19	40,366
₹		•	s in net assets or fund balances (explain in Schedul	۵ (۱)		-	20	40,300
2			fund balances at end of year Combine lines 18 thro	•		▶├	21	61,318
			1 Act Notice, see the separate instructions.	rugii zv				Form 990-EZ (2019)

Pal	Check if the organization used Schedule O	to respond to any question in	this Part II				
	•		(A) Beginning of	year		(B) End of year
22	Cash, savings, and investments			4	0,366		61,318
23	Land and buildings	•				23	
24	Other assets (describe in Schedule O)			_		24	
25	Total assets		·	40	0,366	_	61,318
26	Total liabilities (describe in Schedule O)	- (5)				26	
27				4(0,366	27	61,318
Pa	Statement of Program Service Accom	•	•				_
	Check if the organization used Schedule				<u>ட</u>	(00	Expenses
	at is the organization's primary exempt purpose?				<u>ORT</u>		quired for section (c)(3) and 501(c)(4)
	cribe the organization's program service accompl						anizations, optional others)
	neasured by expenses. In a clear and concise ma	•	rovided, the number of	of		"	Juleis)
	ons benefited, and other relevant information for	each program title				<u> </u>	
20	MEETINGS & CONFERENCES						
	(Grants \$) If this amo	unt includes foreign grants	abook boro		<u></u> -		
29		ount includes foreign grants,			<u> </u>	28a	
25							-
_	••						
	(Grants \$) If this amo	ount includes foreign grants	nhook horo		;;;;;		
30		ount includes foreign grants, o			ا ليا	29a	
30							
	(Grants \$) If this amo	ount includes foreign grants, o					
31	Other program services (describe in Schedule O		SHECK HEIE		<u> </u>	30a	
	· ·	ount includes foreign grants, o	shock horo		┌┐╎		
	Total program service expenses. (add lines 28a		STECK TIEFE		-	31a	+
	t IV List of Officers, Directors, Trustees, and				P	32	0
ı a	Check if the organization used Schedule (ated—see the	e instr	uction	is for Part IV)
			in this Dart IV				
	Official the organization used Schedule C	To respond to any question					
	Check if the digalization used Schedule C	(b) Average	(c) Reportable compensation	(d) Health		,	(e) Estimated amount of
	(a) Name and title		(c) Reportable compensation (Forms W-2/1099-MISC)	contribut employee be	ions to nefit plar	ns,	(e) Estimated amount of other compensation
ION	(a) Name and title	(b) Average hours per week	(c) Reportable compensation	contribut	ions to nefit plar	ns,	• •
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contribut employee be	ions to nefit plar	ns,	• •
PAS	(a) Name and title ATHAN SMITH I-CHAIR	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	contribut employee be	ions to nefit plar	ns,	• •
PAS MIKE	(a) Name and title ATHAN SMITH T-CHAIR E BOMAR	(b) Average hours per week devoted to position Hr/WK	(c) Reportable compensation (Forms W-2/1099-MISC)	contribut employee be	ions to nefit plar	ns,	• •
PAS MIKE CHA	(a) Name and title ATHAN SMITH T-CHAIR E BOMAR IR	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contribut employee be	ions to nefit plar	ns,	• •
PAS MIKE CHA GAR	(a) Name and title ATHAN SMITH I-CHAIR E BOMAR IR Y BALLEW	(b) Average hours per week devoted to position Hr/WK Hr/WK	(c) Reportable compensation (Forms W-2/1099-MISC)	contribut employee be	ions to nefit plar	ns,	• •
PAS MIKE CHA SAR CHA	(a) Name and title ATHAN SMITH T-CHAIR E BOMAR IR Y BALLEW IR ELECT PAST-CHAIR	(b) Average hours per week devoted to position Hr/WK	(c) Reportable compensation (Forms W-2/1099-MISC)	contribut employee be	ions to nefit plar	ns,	• •
PAS MIKE CHA GAR CHA	(a) Name and title ATHAN SMITH T-CHAIR E BOMAR IR Y BALLEW IR ELECT PAST-CHAIR ESA BRUM	(b) Average hours per week devoted to position Hr/WK Hr/WK	(c) Reportable compensation (Forms W-2/1099-MISC)	contribut employee be	ions to nefit plar	ns,	• •
PAS MIKE CHA GAR CHA TERI	(a) Name and title ATHAN SMITH T-CHAIR E BOMAR IR Y BALLEW IR ELECT PAST-CHAIR ESA BRUM RETARY	(b) Average hours per week devoted to position Hr/WK Hr/WK	(c) Reportable compensation (Forms W-2/1099-MISC)	contribut employee be	ions to nefit plar	ns,	• •
PAS MIKE CHA GAR CHA TERI SEC ALIS	(a) Name and title ATHAN SMITH T-CHAIR E BOMAR IR Y BALLEW IR ELECT PAST-CHAIR ESA BRUM RETARY HA BENSON	(b) Average hours per week devoted to position Hr/WK Hr/WK Hr/WK	(c) Reportable compensation (Forms W-2/1099-MISC)	contribut employee be	ions to nefit plar	ns,	• •
PAS MIKE CHA CHA TERI SECI ALIS	(a) Name and title ATHAN SMITH I-CHAIR E BOMAR IR Y BALLEW IR ELECT PAST-CHAIR ESA BRUM RETARY HA BENSON ASURER	(b) Average hours per week devoted to position Hr/WK Hr/WK	(c) Reportable compensation (Forms W-2/1099-MISC)	contribut employee be	ions to nefit plar	ns,	• •
MIKE CHA CHA CHA CERI CERI CHR	(a) Name and title ATHAN SMITH T-CHAIR E BOMAR IR Y BALLEW IR ELECT PAST-CHAIR ESA BRUM RETARY HA BENSON ASURER IS GREEN	(b) Average hours per week devoted to position Hr/WK Hr/WK Hr/WK Hr/WK	(c) Reportable compensation (Forms W-2/1099-MISC)	contribut employee be	ions to nefit plar	ns,	• •
PAS MIKE CHA CHA CERI SECI ALIS CHR VICE	(a) Name and title ATHAN SMITH T-CHAIR E BOMAR IR Y BALLEW IR ELECT PAST-CHAIR ESA BRUM RETARY HA BENSON ASURER IS GREEN CHAIR -	(b) Average hours per week devoted to position Hr/WK Hr/WK Hr/WK	(c) Reportable compensation (Forms W-2/1099-MISC)	contribut employee be	ions to nefit plar	ns,	• •
PAS MIKE MACHA CHA CHA CHA CHR VICE MAT	(a) Name and title ATHAN SMITH T-CHAIR E BOMAR IR Y BALLEW IR ELECT PAST-CHAIR ESA BRUM RETARY HA BENSON ASURER IS GREEN CHAIR	(b) Average hours per week devoted to position Hr/WK Hr/WK Hr/WK Hr/WK	(c) Reportable compensation (Forms W-2/1099-MISC)	contribut employee be	ions to nefit plar	ns,	• •
PASTMIKE CHA	(a) Name and title ATHAN SMITH T-CHAIR E BOMAR IR Y BALLEW IR ELECT PAST-CHAIR ESA BRUM RETARY HA BENSON ASURER IS GREEN CHAIR - T SMITH CHAIR	(b) Average hours per week devoted to position Hr/WK Hr/WK Hr/WK Hr/WK	(c) Reportable compensation (Forms W-2/1099-MISC)	contribut employee be	ions to nefit plar	ns,	• •
PASTMIKE MIKE CHA	(a) Name and title ATHAN SMITH I-CHAIR E BOMAR IR Y BALLEW IR ELECT PAST-CHAIR ESA BRUM RETARY HA BENSON ASURER IS GREEN CHAIR CHAIR CHAIR CLEMENS	(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-MISC)	contribut employee be	ions to nefit plar	ns,	• •
MIKE CHA CHA CHA CHA IERI BECI RE/ICE MAT	(a) Name and title ATHAN SMITH I-CHAIR E BOMAR IR Y BALLEW IR ELECT PAST-CHAIR ESA BRUM RETARY HA BENSON ASURER IS GREEN CHAIR CHAIR CHAIR CLEMENS CTOR	(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-MISC)	contribut employee be	ions to nefit plar	ns,	* *
PAST MIKE CHA CHA CHA CHA CHA CHA CHA CHA CHA CHA	(a) Name and title ATHAN SMITH I-CHAIR BOMAR IR Y BALLEW IR ELECT PAST-CHAIR ESA BRUM RETARY HA BENSON ASURER IS GREEN CHAIR CHAIR CLEMENS CTOR DYE	(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-MISC)	contribut employee be	ions to nefit plar	ns,	* *
PAST MIKE CHA GAR CHA CHA CHA CHA CHA VICE MAT VICE MILL	(a) Name and title ATHAN SMITH I-CHAIR E BOMAR IR Y BALLEW IR ELECT PAST-CHAIR ESA BRUM RETARY HA BENSON ASURER IS GREEN CHAIR I SMITH CHAIR CLEMENS CTOR DYE CTOR	(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-MISC)	contribut employee be	ions to nefit plar	ns,	• •
PASTANIA MIKE	(a) Name and title ATHAN SMITH I-CHAIR E BOMAR IR Y BALLEW IR ELECT PAST-CHAIR ESA BRUM RETARY HA BENSON ASURER IS GREEN CHAIR CHAIR CLEMENS CTOR DYE CTOR N STERNLICHT	(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-MISC)	contribut employee be	ions to nefit plar	ns,	• •
PAST MIKE CHA GAR CHA IERI IERI VICE BILL VICE BILL CARL CARL CARL CARL CARL CARL CARL CA	(a) Name and title ATHAN SMITH T-CHAIR E BOMAR IR Y BALLEW IR ELECT PAST-CHAIR ESA BRUM RETARY HA BENSON ASURER IS GREEN CHAIR CHAIR CLEMENS CTOR DYE CTOR I STERNLICHT CTOR	(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-MISC)	contribut employee be	ions to nefit plar	ns,	• •
PAST MIKE CHA GAR CHA IERI IERI VICE BILL VICE BILL CARL CARL CARL CARL CARL CARL CARL CA	(a) Name and title ATHAN SMITH I-CHAIR E BOMAR IR Y BALLEW IR ELECT PAST-CHAIR ESA BRUM RETARY HA BENSON ASURER IS GREEN CHAIR CHAIR CLEMENS CTOR DYE CTOR N STERNLICHT	(b) Average hours per week devoted to position Hr/WK	(c) Reportable compensation (Forms W-2/1099-MISC)	contribut employee be	ions to nefit plar	ns,	* *
PAST MIKE CHA GAR GERI GERI GERI VICE BILL VICE BILL VICE DIRE OHN	(a) Name and title ATHAN SMITH T-CHAIR E BOMAR IR Y BALLEW IR ELECT PAST-CHAIR ESA BRUM RETARY HA BENSON ASURER IS GREEN CHAIR CHAIR CLEMENS CTOR DYE CTOR I STERNLICHT CTOR	(b) Average hours per week devoted to position Hr/WK	(c) Reportable compensation (Forms W-2/1099-MISC)	contribut employee be	ions to nefit plar	ns,	• •
PASTANIAN PASTAN	(a) Name and title ATHAN SMITH T-CHAIR E BOMAR IR Y BALLEW IR ELECT PAST-CHAIR ESA BRUM RETARY HA BENSON ASURER IS GREEN CHAIR CHAIR CLEMENS CTOR DYE CTOR I STERNLICHT CTOR AULT	(b) Average hours per week devoted to position Hr/WK Hr/WK	(c) Reportable compensation (Forms W-2/1099-MISC)	contribut employee be	ions to nefit plar	ns,	* *
PASTMIKE CHA	(a) Name and title ATHAN SMITH I-CHAIR E BOMAR IR Y BALLEW IR ELECT PAST-CHAIR ESA BRUM RETARY HA BENSON ASURER IS GREEN CHAIR CHAIR CLEMENS CTOR DYE CTOR N STERNLICHT CTOR AULT CTOR	(b) Average hours per week devoted to position Hr/WK Hr/WK	(c) Reportable compensation (Forms W-2/1099-MISC)	contribut employee be	ions to nefit plar	ns,	* *

Form 990-EZ (2019) WASHINGTON ECONOMIC DEVELOPMENT ASSOCIATION 91-1768428 Page 3 Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes." provide a dètailed description of each activity in Schedule O 33 Х Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed 34 copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O See instructions 34 35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business 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. reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C. Part III 35c 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 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-POL for this year? 37b 37 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 Х b If "Yes," complete Schedule L, Part II and enter the total amount involved 39 - Section 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 39a **b** Gross receipts, included on line 9, for public use of club facilities 40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► , section 4912 ► . section 4955 ▶ b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 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 c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 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 ▶ 800/718-1960 Located at ► 3213 WEST WHEELER ST #42 City SEATTLE ST WA 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 If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here 43 and enter the amount of tax-exempt interest received or accrued during the tax year 43 Yes 100 44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 44a completed instead of Form 990-EZ b 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 c Did the organization receive any payments for indoor tanning services during the year? 44c Х 14. A d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d explanation in Schedule O 45a 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b 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," Form 990 and Schedule R may need to be completed instead of

Form 990-EZ See instructions

	•							
Form	990-EZ (2019) WASHINGTON ECONO	MIC DEVELOPMENT ASS	OCIATION	_	91-17684	128	Page 4	
					टचर 🕏	Yes	No	
46	Did the organization engage, directly or indirect to candidates for public office? If "Yes," complete		tivities on behalf of or i	n opposition	1924	- E-F.		
Par			 		46	L	X	
L GU	· All section 501(c)(3) organizations in		47–49b and 52, and	complete the table	es for line	s		
	50 and 51.			·				
	Check if the organization used Sche	edule O to respond to ar	ny question in this P	art VI			<u> </u>	
						Yes	No	
47	Did the organization engage in lobbying activitie year? If "Yes," complete Schedule C, Part II	es or have a section 501(h)	election in effect durir	ng the tax	47		l	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							
49 a	Did the organization make any transfers to an e			· L	48 49a			
b	If "Yes," was the related organization a section !				. 49b			
50	Complete this table for the organization's five hi							
	employees) who each received more than \$100	,000 of compensation from	the organization If th	ere is none, enter "No	one "			
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee		(e) Estimated amon		
Name	None							
Title		Hr/WK 00			 			
Name		Hr/WK 00						
Title Name		Hr/WK 00	 -		 			
Title		Hr/WK 00						
Name					1			
Title		Hr/WK 00			<u></u>			
Name		'			1			
Title		Hr/WK 00		<u> </u>	<u> </u>			
f 51	Total number of other employees paid over \$100 Complete this table for the organization's five his		andent contractors who	each received more	than			
J 1	\$100,000 of compensation from the organization	-		cacil received more	tiraii			
•	(a) Name and business address of each independent	<u> </u>	(b) Type of service	ce (0	:) Compensat	on		
Name	None Str							
City	ST	ZIP	 					
Name	Str							
City	ST	ZIP						
Name City	Str ST	ZIP						
Name	Str		<u></u>					
City	ST	ZIP						
Name	Str							
City	ST	ZIP						
d 	Total number of other independent contractors e	<u>-</u>		<u> </u>				
52	Did the organization complete Schedule A? Note completed Schedule A	e: All section 501(c)(3) orga	anizations must attach	а	▶ ☐ Ye	s X	No	
Jnder p	enalties of penjury, I declare that I have examined this return, in	cluding accompanying schedules a	and statements, and to the be	est of my knowledge and be				
	rect, and complete Declaration of preparer (other than officer)							
	17			<u>J.</u>				
Sign	Signature of officer			Date 10/28	2024			
Here	Type or print name and title		1					

Print/Type preparer's name

SCOTT I MORRISON

Firm's name

► MORRISON & CO PS

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

Firm's address ► 15127 NE 24TH STREET #507, REDMOND, WA 98077

Paid

Preparer

Use Only

P00131302

PTIN

Check

self-employed

Date

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

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

Nam	ame of organization				Employer identification number				
		DEVELOPMENT ASSOCIATION				91-1768428			
Pa	rt I-A Complete if	the organization is exempt und	der section 501	(c) or is a section	on 527 c	organization.			
1	Provide a description of	the organization's direct and indirect p	political campaign	activities in Part IV	(see inst	tructions for			
	definition of "political can	, -							
2		y expenditures (see instructions)			▶ \$				
3		cal campaign activities (see instruction							
		the organization is exempt und							
1	· · · · · · · · · · · · · · · · · · ·	excise tax incurred by the organization			▶ \$				
2		excise tax incurred by organization m	•		▶ \$.				
3	<u> </u>	ed a section 4955 tax, did it file Form	4720 for this year	7		Yes	∐ No		
4a	Was a correction made?			•		Yes	No		
	If "Yes," describe in Part								
Pa		the organization is exempt und			ion 501(<u>c)(3).</u>			
1	•	expended by the filing organization t	for section 527 exe	empt function					
	activities		٠	_	▶ \$.				
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	1120-POL,			•		
	line 17b				▶ \$.	Yes	<u> </u>		
4	• -	n file Form 1120-POL for this year?	(FIAI)	507			_		
5		ses and employer identification numb ents For each organization listed, en							
		ents For each organization listed, en							
		d fund or a political action committee							
	(-) 1)	(1)	4-3 E(N)	(4) 6			-141		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid filing organization		(e) Amount of p contributions rece			
				funds If none, ent	er -0-	promptly and d delivered to a se			
					1	political organiza	ation If		
						none, enter	-0-		
	· · · · · · · · · · · · · · · · · · ·								
(1)									
/2\									
(2)									
(3)					i				
	 								
(4)		 							
							 		
(5)									
			 						
(6)		}							
		<u> </u>							

Schedule C (Form 990 or 990-EZ) 2019

P	art II-A Complete if the organiz	ation is exemp	under section !	501(c)(3) and file	d Form 5768 (ele	ction
	under section 501(h)). Check ▶ if the filing organization name, address, EIN, or the filing organization if the filing organization.	expenses, and s	hare of excess lo	bbying expenditu	res)	up member's
	Check ► if the filing organization Limits on I	Lobbying Expend		troi" provisions a	oply (a) Filing	(b) Affiliated
	(The term "expenditures	s" means amount	s paid or incurred.)	organization's totals	group totals
1a	Total lobbying expenditures to influence	public opinion (gr	assroots lobbying)	· · · · · · · · · · · · · · · · · · ·		0
b	Total lobbying expenditures to influence a legislative body (direct lobbying)					0
C	Total lobbying expenditures (add lines 1	la and 1b)			0	0
d	Other exempt purpose expenditures	•				0
е	Total exempt purpose expenditures (ad	•			0	0
f	Lobbying nontaxable amount Enter the	amount from the f	following table in bo	th	1	
ſ	columns		· · · · · · · · · · · · · · · · · · ·	···	O	0
	If the amount on line 1e, column (a) or (b		ng nontaxable amo	unt is:		
ŀ	Not over \$500,000		amount on line 1e	2502.000		
ŀ	Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000		lus 15% of the excess lus 10% of the excess			
ŀ	Over \$1,500,000 but not over \$17,000,000		lus 5% of the excess-			
[Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 2	· · · · · · · · · · · · · · · · · · ·			o	0
h	Subtract line 1g from line 1a If zero or I	•			o	0
i	Subtract line 1f from line 1c If zero or le	ess, enter -0-			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
	(Some organizations that made Se	a section 501(h)	g Period Under Se election do not hav structions for lines	ve to complete all o	of the five columns	below.
	Lob	bying Expenditur	es During 4-Year A	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a	Lobbying nontaxable amount	0	0	0	0	0
b	Lobbying ceiling amount (150% of line 2a, column(e))					0
С	Total lobbying expenditures	0	0	0	0	0
d	Grassroots nontaxable amount	0	0	0	0	0
е	Grassroots ceiling amount (150% of line 2d, column (e))					0
f	Grassroots lobbying expenditures	0	0	0	0	,

Schedule C (Form 990 or 990-EZ) 2019

Schedule C (Form 990 or 990-EZ) 2019

		(election under section 501(h)).					
	each "Ye	s" response on lines 1a through 1i below, provide in Part IV a detailed		a)		(b)	
		the lobbying activity.	Yes	No	4	lmour	it
1	legislatio	ne year, did the filing organization attempt to influence foreign, national, state, or local n, including any attempt to influence public opinion on a legislative matter or um, through the use of					n
а	Voluntee	rs?	<u> </u>	<u> </u>		ш. —	
b		for management (include compensation in expenses reported on lines 1c through 1i)?					5
C		vertisements?	<u> </u>				
d	_	to members, legislators, or the public?	Ļ	ļ			
e		ons, or published or broadcast statements?	 				
f		other organizations for lobbying purposes?					
g h		ntact with legislators, their staffs, government officials, or a legislative body? lemonstrations, seminars, conventions, speeches, lectures, or any similar means?					
ï	Other act	· · · · · · · · · · · · · · · · · · ·				-	_
i		d lines 1c through 1i	~				0
2a		ctivities in line 1 cause the organization to be not described in section 501(c)(3)?		Company of the Compan	1.1	74.1	
b		enter the amount of any tax incurred under section 4912		الم المالية و			
C		enter the amount of any tax incurred by organization managers under section 4912					
d		g organization incurred a section 4912 tax, did it file Form 4720 for this year?			إكرا) . a	V 17 %
Part	III-A	Complete if the organization is exempt under section 501(c)(4), section 501	l(c)(5),	ors	ection	1	
		501(c)(6).					
						Yes	No
1		ostantially all (90% or more) dues received nondeductible by members?			1		X
2		rganization make only in-house lobbying expenditures of \$2,000 or less?			2		X
	Did the or	ganization agree to carry over lobbying and political campaign activity expenditures from the prior y Complete if the organization is exempt under section 501(c)(4), section 501			3	<u> </u>	X
		501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."				, line	
	•	sessments and similar amounts from members	}	1		9	4,087
	political	62(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid).					. 500
	Current y		- }	2a		3	1,500
	•	r from last year	}	2b			4 500
	Total .	a constitution of the control of the	ŀ	2c 3			1,500
	If notices	e amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues were sent and the amount on line 2c exceeds the amount on line 3, what portion of the best the organization agree to carryover to the reasonable estimate of nondeductible		3		<u> </u>	3,825
		and political expenditure next year?	ľ	1			
		and pointing in providing them your				_	
	Taxable a	mount of lobbying and political expenditures (see instructions)	ľ	5		-2:	2,325
5		mount of lobbying and political expenditures (see instructions)		5		-2:	2,325
		mount of lobbying and political expenditures (see instructions) pplemental Information		5		-2:	2,32

WASHINGTON ECONOMIC DEVELOPMENT ASSOCIATION 91-1768428 Schedule C (Form 990 or 990-EZ) 2019 Page 4 Part IV 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 Open to Public Inspection

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization

WASHINGTON ECONOMIC DEVELOPMENT ASSOC	CIATION	91-1768428
Form 990-EZ, Part I, Line 16, Other Expenses BANK	CHARGES 367	
Form 990-EZ, Part I, Line 16, Other Expenses MEET	NG EXPENSE 420	
Form 990-EZ, Part I, Line 16, Other Expenses, POSTA	AGE & DELIVERIES 95	
Form 990-EZ, Part I, Line 16, Other Expenses COPIE	S 1,094	
Form 990-EZ, Part I, Line 16, Other Expenses REGIS	TRATION FEES 170	
Form 990-EZ, Part I, Line 16, Other Expenses. TRAVE	L 3,350	
Form 990-EZ, Part I, Line 16, Other Expenses: TELEP	HONE 430	·····
Form 990-EZ, Part I, Line 16, Other Expenses WEB H	OSTING 657	
Form 990-EZ, Part I, Line 16, Other Expenses. MISCE	LLANEOUS 70	
Form 990-EZ, Part I, Line 16, Other Expenses SUMM	ER CONFERENCE 25,701	
Form 990-EZ, Part I, Line 16, Other Expenses WINTE	R CONFERENCE 14,518	
Form 990-EZ, Part I, Line 16, Other Expenses MARKI	ETING 653	
Form 990-EZ, Part I, Line 16, Other Expenses SUPPL	IES 593	
Form 990-EZ, Part I, Line 16, Other Expenses GROW	TH INCENTIVE PAY ⁻ 12,529	•••••
Form 990-EZ, Part I, Line 16, Other Expenses TECHN	IOLOGY 180	
Form 990-EZ, Part I, Line 16, Other Expenses SOFTV	VARE 465	·····
	·····	

Schedule O (Form 990 or 990-EZ) (2019)		Page	2
Name of the organization	Employer identification numbe	r	
WASHINGTON ECONOMIC DEVELOPMENT ASSOCIATION	91-1768428		
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