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## Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200 000 and total assets less than \$500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

For the 2012 calendar year, or tax year beginning and ending Check if applicable D Employer identification number C Name of organization Greater Wenatchee Area Technology Address change Alliance 91-2112603 Name change Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Room/suite Initial return PO BOX 4943 (509) 661-9000 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Wenatchee, WA Number -Application pending X Cash Accrual Other (specify) H Check ▶ \_\_\_\_if the organization is not G Accounting Method: Website: ▶ www.gwata.org required to attach Schedule B 501(c)(3) **X** 501(c) ( **6** ) **◄**(insert no.) 4947(a)(1) or 527 Tax-exempt status (check only one) - L (Form 990, 990-EZ, or 990-PF). if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L 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 (Part II, 63,811. line 25, column (B) below) 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  $\mathbf{x}$ Check if the organization used Schedule O to respond to any question in this Part I 29,000. 1 Contributions, gifts, grants, and similar amounts received 2 21,661. 2 Program service revenue including government fees and contracts 13,150. Membership dues and assessments 3 3 Investment income 5a Gross amount from sale of assets other than inventory 5a 5b Less: cost or other basis and sales expenses 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 MAY 2 0 2013 6**a** \$15,000) of contributions **b** Gross income from fundraising events (not including \$ OGDEN, UT from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) вс c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 64 7a Gross sales of inventory, less returns and allowances 7a b Less: cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c ¢ Other revenue (describe in Schedule O) 8 8 63,811. 9 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 10 Grants and similar amounts paid (list in Schedule 0) Benefits paid to or for members 11 11 12 Salaries, other compensation, and employee benefits 12 32,158. 13 Professional fees and other payments to independent contractors 13 Occupancy, rent, utilities, and maintenance 14 741. 2,316. 15 -75 Printing, publications, postage, and shipping See Schedule O 13,553. 16 Other expenses (describe in Schedule O) 16 48,768. Total expenses. Add lines 10 through 16 17 18 15,043. Excess or (deficit) for the year (Subtract line 17 from line 9) <u>-18</u> Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) -19 15,230. (must agree with end-of-year figure reported on prior year's return) 19 20 Other changes in net assets or fund balances (explain in Schedule O) 30,273. Net assets or fund balances at end of year. Combine lines 18 through 20 21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2012)

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Page 2

Pa	rt II	Balance Sheets (see the		•						
		Check if the organization	used S	schedule O to res	pond to any que	stion in this P	art II			X
				<del>_</del>		(A) Beginning o	f year		( <b>B</b> ) Er	nd of year
22	Cash,	savings, and investments				7,	769	. 22		24,125.
23	Land	and buildings						23		
24	Other	assets (describe in Schedule 0)	See	Schedule O		8,	211	. 24		7,858.
25		assets				15,	980	. 25		31,983.
26	Total	fiabilities (describe in Schedule O)	Şee	Schedule O			750	. 26		1,710.
27		ssets or fund balances (line 27 of coli	umn (B) r	nust agree with line 21)			230	. 27		30,273.
Pa	rt III			•	•					penses
		Check if the organization	used S	Schedule O to res	pond to any que	stion in this P	art III	X	(Required	for section and 501(c)(4)
Wha	t is the	organization's primary exempt purpos	e?See	Schedule 0						ons and section
Desc	ribe the o	rganization's program service accomplishme	nts for each	of its three largest program	services, as measured by ex	penses in a clear and	concise			trusts; optional
mann	er, descr	be the services provided, the number of pers	sons benefi	ted, and other relevant inform	ation for each program title				for others.	<u> </u>
28	See	Schedule O								
	(Grants	s \$ ) If	this amo	ount includes foreign o	rants, check here				28a	
29										
			,							
	(Grant	s\$ <u>) (f</u>	this amo	unt includes foreign g	rants, check here				29a	
30							<del> </del>			
						<del></del>			1	
				·				_		
	(Grant	<del></del>		ount includes foreign o	grants, check here	T-17-14		<u></u>	30a	
31		program services (describe in Sch							1	
	(Grant			ount includes foreign o	grants, check here			لبا	31a	
		program service expenses (add List of Officers, Directo	lines 28	through 31a)					32	
P	art IV								instructions to	or Part IV)
		Check if the organization	usea	schedule O to res		1				La) Fatimated
			1-		(b) Average hour per week devoted			cont	alth benefits, ributions to	(e) Estimated amount of other
		(a) Name and tit	ile		position	W-2/1099-I (if not paid, er		plans,	oyee benefit and deferred	compensation
_		Diekol						CON	pensation	
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Form	990-EZ (2012) Alliance 91-2112	603	F	age 3
_	t V Other Information (Note the Schedule A and personal benefit contract statement requiremen	ts in t	he	
	instructions for Part V) Check if the organization used Sch. O to respond to any question in the	ıs Par	t V	X
			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>X</u>
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 change on Schedule O (see instructions)	34		X
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		<u>X</u>
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	N/	<u> </u>
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		<u> </u>
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		<u> X</u>
	Enter amount of political expenditures, direct or indirect, as described in the instructions	<b>7</b> 1		
	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
b	If "Yes," complete Schedule L, Part II and enter the total amount involved  38b N/A	-		
39	Section 501(c)(7) organizations. Enter:		i	
	Initiation fees and capital contributions included on line 9  39a N/A	-		1
	Gross receipts, included on line 9, for public use of club facilities  39b N/A	-		i
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 N/A; section 4912 N/A; section 4955 N/A			
D	Section 501(c)(3) and 501(c)(4) 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?			
		40b	N/	Δ
	If "Yes," complete Schedule L, Part I Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	700	147	
Ü	or disqualified persons during the year under sections 4912, 4955, and 4958			
A	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
·	organization N/A			
e	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	40e		X
41	List the states with which a copy of this return is filed <b>WA</b>			
	The organization's books are in care of ▶ Jeff Heuple Telephone no. ▶ (509)	661	-90	00
	Located at ▶ PO Box 4943, Wenatchee, WA ZIP+4 ▶			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country:			i
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	1		
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<u> </u>	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	NT / R		ш
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	<u> </u>	
			Voc	No
	Did the second of the second second finance division the second of Torm 000 must be completed unstead of		103	140
448	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of	44a	İ	x
	Form 990-EZ	448	<del>                                     </del>	A
C	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	44b		X
_	of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?	44c	<del>                                     </del>	X
	In the organization receive any payments for indoor taining services during the year?  If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	770	†·	† ** <u>*</u>
(	in Schedule O	44d	1	1
AE.	In Scriedule C	45a	<u> </u>	X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	1.00		1
701	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	1	
_		Form 9	90-EZ	(2012)

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orm 9	90-EZ (20	12)	Allia	nce		<del></del>					·	91-2	21126		Yes	No No
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	A	II sectioi	n 501(c)(3) c	rganizations	must ans	swer questio	ns 47 49b a	nd 52, and	d complete	e the ta	bles for line	s 50 an	nd 51			
	<u>C</u>	heck if t	he organiza	tion used Sc	hedule O	to respond	to any ques	tion in this	Part VI							
															Yes	<u>No</u>
				bying activitie						ar? If "Y	es," complete	e Sch. C,		47		
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## 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.

2012
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Greater Wenatchee Area Technology Alliance

Employer identification number 91-2112603

Form 990-EZ, Part I, Line 16, Other Expenses:		
Description of Other Expenses:		Amount:
Awards Luncheon Expense		106.
Catering & Facility		9,710.
Meals & Entertainment	····	133.
Supplies		494.
Miscellaneous		263.
Travel Expense		917.
Dues and Subscriptions		204.
Bank Fees		280.
Rental Expenses(Common)		1,446.
Total to Form 990-EZ, line 16		13,553.
Form 990-EZ, Part II, Line 24, Other Assets:		
Description	Beg. of Year	End of Year
Other assets-EZ	8,211.	7,858.
Form 990-EZ, Part II, Line 26, Other Liabilit	ties:	
Description	Beg. of Year	End of Year
Other liabilities-EZ	750.	1,710.
Form 990-EZ, Part III, Primary Exempt Purpose encourages the use and development of technological encourages.		
Washington by connecting people and resources	s, providing access	s to
expert information, facilitating the exchange	e of ideas, and red	cognizing
local innovators.		

## SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

4 1 ...

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.

2012
Open to Public Inspection

Name of the organization

Greater Wenatchee Area Technology Alliance

Employer identification number 91-2112603

Form 990-EZ, Part III, Line 28, Program Service Accomplishments:
The organization held luncheons and a number of events
throughout the year to promote the expansion of technology
services and opportunities in the Greater Wenatchee
region.
Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:
The organization did not, during the year, receive any funds, directly,
or indirectly, to pay premiums on a personal benefit contract.
The organization, did not, during the year, pay any premiums, directly,
or indirectly, on a personal benefit contract.
•