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Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

	0	_	CHECK THIS DOX
	Go	3	Number of voting m
	∞ 5	4	Number of independ
	ities	5	Total number of ind
	Ξ	6	Total number of vol
	Acl	7a	Total unrelated busi
		b	Net unrelated busin
	, a	8	Contributions and g
	Ž	9	Program service rev
	Revenue	10	Investment income
	ď	11	Other revenue (Parl
		12	Total revenue - ad
		13	Grants and similar a
∰	•	14	Benefits paid to or f
	_	15	Salaries, other com
CQ)se:	16 a	Professional fundra
60	Expenses	b	Total fundraising ex
	மி	17	Other expenses (Pa
		18	Total expenses. Ad
		19	Revenue less exper
	 8 중		NOV % G
4	Net Assets or Fund Balancos	20	Total assets (Part X
A.	¥ ñ	21	Total liabilities (Part
<u>(3)</u>	ěŠ		n 7 11 - 13
(3)	$\overline{}$	22	Net assets or fund t
	Pa	<u>rt li</u>	Signature Blo
	Unde	r penali lete De	ties of perjury, I declare that eclaration of preparer other
	<u> </u>		Signature of offi
	Sig	ın	Organization of Offi

Depa Inter	artment nal Rev	of the Treasury enue Service	Information about Form 990 and its instructions is at www.irs.gov.	/form990.		Inspection
			dar year, or tax year beginning , 2013, and endin	g		,
		ıf applıcable	C Name of organization THURSTON COUNTY ECONOMIC DEVELOPMENT C		loyer Ident	ification Number
	Па	ddress change	Doing Business As	I	-1183	169
	-	ame change	Number and street (or P O box if mail is not delivered to street address) Room/s		phone numb	
	\vdash	nitial return	665 WOODLAND SQUARE LOOP SE 201	(3	160) 7	54-6320
	\vdash	erminated	City or town, state or province, country, and ZIP or foreign postal code		,00, ,	31 0320
	Н	mended return	LACEY WA 98503	G Gros	es receints	\$2,079,722.
	Н	pplication pending		H(a) Is this a group re		
	^ليا					
	Tay	-exempt status		H(b) Are all subordina If 'No,' attach a lis	st (see instr	uctions)
<u>.</u> J				H(c) Group exemption	number Þ	
K		n of organization	X Corporation Trust Association Other L Year of formation			egal domicile WA
	ert I		<u></u>	m 1961	of State of it	egal domicile WA
Га	1	Summar Briefly describ			nd a	
	i '	-	nomy that supports the values of our residents	e_a_vital_a		
ည		ante eco		- -		
Ē						
Activities & Governance	2	Check this box	If the organization discontinued its operations or disposed of more the	an 25% of its net	assets	
ဠ	3		ing members of the governing body (Part VI, line 1a)			22
∘ ₹	4		ependent voting members of the governing body (Part VI, line 1b)			22
ţį.	5		of individuals employed in calendar year 2013 (Part V, line 2a)			18
.≧	6		of volunteers (estimate if necessary)			0
Ac	7a	Total unrelated	d business revenue from Part VIII, column (C), line 12		7a	0.
	b	Net unrelated	business taxable income from Form 990-T, line 34		7b	
				Prior Yea	ar	Current Year
m	8	Contributions	and grants (Part VIII, line 1h)	`430	,161.	740,110.
Revenue .	9	Program servi	ce revenue (Part VIII, line 2g)			1,182,003.
»ve	10	Investment inc	come (Part VIII, column (A), lines 3, 4, and 7d)		146.	113.
æ	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	133	,398.	157,496.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,582	,104.	2,079,722.
	13	Grants and sir	nılar amounts paid (Part IX, column (A), lines 1-3)	30	,134.	67,170.
-	14	Benefits paid t	o or for members (Part IX, column (A), line 4)			17,000.
	15		compensation, employee benefits (Part IX, column (A), lines 5-10)		,170.	788,145.
Expenses	16a		undraising fees (Part IX, column (A), line 11e)			, 2 101
ë			(D. (1)) (D. (D.)	<u> </u>		
Ex	l (ng expenses (Part IX, column (D), line 25) ► 0.			
	17	Other expense	es (Part/LX Column (A), lines 11a-11d, 11f-24e)	937	,406.	1,245,494.
	18	Total expense	SAdd lines 13-17 (must equal Part IX, column (A), line 25)	1,583		2,117,809.
	19	Revenue less	expenses Subtraction 18 from line 12	-1,	,606.	-38,087.
te o		CO /	2 6 2014 3	Beginning of Cur	rent Year	End of Year
Botz	l		art X, line 16) . log		,145.	346,031.
Net Assets or Fund Balanco	21	" " "	(Part X, line 26)	125	,889.	253,240.
Z	22	Net assets or t	fund balances. Subtract line 21 from line 20	165	,256.	92,791.
Pa	ırt II	Signatur	e Block	-		
		ues of penury, I decl	are that I have examined this return, including accompanying schedules and statements, and to the bes of other than officer is based on all information of which preparer has any knowledge	t of my knowledge and	belief, it is tr	ue, correct, and
comp	olete De	edaration of prepare	r other than office/ is basedion at information of which preparer has any knowledge			
			with all		17 - 1	<u>'</u>
Sig	jn	Signatur	e of officer	Date		
He	ге	Mich	nael Cade,	EXECUTIVE	DIRE	CTOR
_			print name and title		 	
		Print/Type pri	eparer's name Preparer's signature Oate	Check	ıf	PTIN
Pai	id	Kim E.	Yale F. Malo CPA 1/1	7 // H-self-empl	oyed	P00196613
	iu epar		KIM E. YALE, CPA & CO.			
	e On			Firm's Ell	N > 36.	-4767926
_						3101340
Mar	the !	RS discuss this	OLYMPIA WA 98506-6512	Phone no	,	V Voc I N-
_			return with the preparer shown above? (see instructions)		· · · ·	. X Yes No
OA/	H POI	raperwork Re	equetion act Notice, see the senarate instructions.	A0101 11/08/13		Form 990 (2013)

	990 (2013) THURSTON COUNTY ECONOMIC DEVELOPMENT COUNCIL	91-1183169	Page 2
Part	Statement of Program Service Accomplishments	-	
•	Check if Schedule O contains a response or note to any line in this Part III	· · · · · · · · · · · · · · · · · · ·	
1	Briefly describe the organization's mission		
	To create a vital and sustainable economy that supports the val of our residents.		
2	Did the organization undertake any significant program services during the year which were not listed on the	prior	
	Form 990 or 990-EZ?		es X No
	If 'Yes,' describe these new services on Schedule O		
	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es? Y	es 🛛 No
	If 'Yes,' describe these changes on Schedule O		
	Describe the organization's program service accomplishments for each of its three largest program services Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amou others, the total expenses, and revenue, if any, for each program service reported.	, as measured by expe nt of grants and allocat	enses ions to
	(Code) (Expenses \$ 948,435. including grants of \$ 67,170.)	(Revenue \$	922,585.)
	Total PTAC Program: Provided technical assistance for procurement of government con	tracts.	
		·	
		. -	
			 -
		. -	-
			
		. – – – – – – –	-
			 -
	·	•	-
	(Code)(Expenses \$ 221,955. Including grants of \$ 0.) Tumwater Brewery Contract: The Brewery Project Manager, an employee of the EDC, worked on redevelopment of the Tumwater Brewery historic site. Work was accomplished to clarify environmental mitigation requirements, identify capital improvments and regulations to enhance and streamline site development.	·	
	<u> </u>		
			·
			- -
	(Code)(Expenses \$ 125,784. including grants of \$ 0.) WSU Pac 5 Contract: Provided energy efficiency services for residential and commerce property enhancements.	. 	126,308.)
			
			
			-
			- -
		·	
			·
		· -	·
	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue 5	5)
	Total program service expenses ► 1,296,174.		

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . 2 Х Х 3 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III Χ 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Х 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II. 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Х complete Schedule D. Part III . . . 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV 9 Х Х 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule Х 11 a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total Χ 11 b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total Х 11 c Х 11 d Х e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. 11 e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X. Х 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Х Schedule D, Parts XI, and XII . . . 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and Х 12 b Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E....... 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States?......... 14a X 14b Х 15 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) 17 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, Х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' Х 19 Х 20 a Did the organization operate one or more hospital facilities? If Yes, 'complete Schedule H 20

Part IV Checklist of Required Schedules (continued) No Yes Х 21 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 Х Х 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I X 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Х Schedule L. Part I 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? Х If so, complete Schedule L. Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member Х 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes.' complete Schedule L. Part IV 28a Х h A family member of a current or former officer, director, trustee, or key employee? If 'Yes.' complete Schedule L. Part IV . . Х 28b 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M. Х 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Χ 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I Χ 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II . . 32 Х Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 35a Х 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 37 Х

BAA

Form 990 (2013)

`	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		· L
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
ı	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			1
(Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	
2 a	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
ı	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		-	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
	o If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
ŧ	o If 'Yes,' enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			Ł
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
ŧ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
•	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a	Х	
ł	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	х	
7	Organizations that may receive deductible contributions under section 170(c).	-		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		Х
ŀ	of Yes, did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 8282?	7с		Х
C	I If 'Yes,' indicate the number of Forms 8282 filed during the year		, .,	3,3
E	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
ç	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ł	ı If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>		
·	Did the organization make any taxable distributions under section 4966?	9 a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9 Ь		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b		İ	
	Section 501(c)(12) organizations. Enter.			
	Gross income from members or shareholders	1	-	
t	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	of Yes, enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.		1	
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.			
H	Enter the amount of reserves the organization is required to maintain by the states in		l	
•	which the organization is licensed to issue qualified health plans		j	
C	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		¸Χ
b	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for

	a No response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Schedule O. See instructions.	ın		
	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	ction A. Governing Body and Management			
			Yes	No
1	a Enter the number of voting members of the governing body at the end of the tax year		:	
	b Enter the number of voting members included in line 1a, above, who are independent 1 b 22	i		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more			
	members of the governing body?	7 a	X	
1	h Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or other persons other than the governing body?	7 Ь		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	a The governing body?	8 a	Х	
	b Each committee with authority to act on behalf of the governing body?	8 b	_X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
<u> </u>	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		Х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Reven	<u>ue C</u>		
40.	a Did the organization have local chapters, branches, or affiliates?	10a	Yes	No X
	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their	iva		
ļ	operations are consistent with the organization's exempt purposes?	10 Ь		
11:	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990	1.0		
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х	
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	Х	
•	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
í	a The organization's CEO, Executive Director, or top management official	15a	х	
ı	Other officers of key employees of the organization	15b	Х	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)			
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16 a		Х
•	olf 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the	401		
500	organization's exempt status with respect to such arrangements?	16 b		
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	'' '			- - -
10	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available inspection. Indicate how you make these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O)	tor pui	DIIC	
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available the public during the tax year	le to		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	n.		
ı	·	 5 <u>0)</u> 7	54-6	320

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee											
			(C)								
(A) Name and Title	(B) Average hours per week (list	one bo	ox, uni cer an	ess p d a di	erson	more the state of	an)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
_(1) Michael F. Cade	50.00										
Executive Director	ļ			Х		Х		112,250.	0.	17,112.	
(2) SEE ATTACHED .	0.50								•		
Board of Directors		Х	Ш					0.	0.	<u> </u>	
_(3)		}									
									-		
(5)									-		
<u></u>											
_(7)									•		
						. <u>-</u>					
(10)											
(11)											
(12)											
(13)											
(14)											

Part VII Section A. Officers, Directors, Trus	stees,	Key	En	nple	oye	es,	an	d Highest Con	pensated Empl	oyee	S (cont	inued)
•	(B)			(0	C)					-		
(A)	Average	l (do	not c	Pos heck	ition more	than o	ne	(D)	(E)		(F)	
Name and title	hours per	(do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation from	Reportable compensation from		stimated					
	laate							the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	con	unt of oth opensations from the	
	hours for	dire	Ē	Officer	Key employee		톓	(**-21033-141100)	(**-27033-181100)	org	janization of related	
	related organiza	E 2	93	`	항	e 5					janization	
	- tions below	or director	nstitutional trustce		8	륟						
	dotted line)	ြိ	ce			Highest compensated employee						
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(15)												
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(25)												
1 b Sub-total							.	110 050				
c Total from continuation sheets to Part VII, Section			٠.	• •	•	• •	•	112,250.	0.		17,1	<u>.12.</u>
d Total (add lines 1b and 1c)							▶	112,250.	0.		17,1	12
Total number of individuals (including but not limited t							iver			pensa		12.
from the organization 1				,					,	5000		
										-	Yes	No
3 Did the organization list any former officer, director, or	r trustee	. kev	em	olovi	ee. c	or hia	ihes	t compensated em	plovee		1	
on line 1a? If 'Yes,' complete Schedule J for such indi										3		Х
4 For any individual listed on line 1a, is the sum of repo	rtable co	mpe	nsati	on a	and o	other	cor	npensation from		*		ž.
the organization and related organizations greater that										4	 	X
5 Did any person listed on line 1a receive or accrue con									ual		<u> </u>	<u> </u>
for services rendered to the organization? If 'Yes,' con										5	1	Х
Section B. Independent Contractors												
Complete this table for your five highest compensated compensation from the organization. Report compens	l indeper	ideni	con	itrac	tors	that i	rece	eived more than \$1	00,000 of	•	-	
(A)	otion ioi	uic (Jaici	1001	yea	CITO	<u>,9</u>	(B)			C)	
Name and business address	s							Description of	services C	ompe	ensatioi	n
							\dashv					
2 Total number of independent contractors (including but	ıt not lim	ited t	o th	ose	liste	d abo	ove)	who received mor	e than			
\$100,000 of compensation from the organization												

	Check if Schedule O contains a response or note to any	line in this Part VIII .			
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
2 3	1a Federated campaigns 1a				
S S	b Membership dues 1b 157,775	.]			
<u></u>	c Fundraising events 1c				
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	d Related organizations 1 d				
	e Government grants (contributions) . 1 e 492,935	1			
BUTION THER SI	f All other contributions, gifts, grants, and similar amounts not included above 1f 89,400				
20	g Noncash contributions included in lines 1a-1f \$				
ర్ట్ ₹	h Total. Add lines 1a-1f	740,110.	1		
Ē	Business Code	740,7110.			
ē	2a				
Æ	b				· · · · · · · · · · · · · · · · · · ·
길	c		<u> </u>		
	d				
S					
æ	f All other program service revenue	1 102 003	1 102 002		
Š	g Total. Add lines 2a-2f	1,182,003.	1,182,003.	0.	0.
		1,182,003.		· · · · · · · · · · · · · · · · · · ·	
	Investment income (including dividends, interest and other similar amounts)	113.	113.	0.	0.
	4 Income from investment of tax-exempt bond proceeds		113.		1
	5 Royalties			-	
	(i) Real (ii) Personal				
	6 a, Gross rents 31, 906.			•	
	b Less rental expenses	┤ ′			
	c Rental income or (loss)	-			
	d Net rental income or (loss)	21 006	21 006		
	(i) Sequenting (ii) Other	31,906.	31,906.	0.	0.
	assets other than inventory	-			
	b Less cost or other basis and sales expenses				
	c Gain or (loss)				ļ
i	d Net gain or (loss)	•			
OTHER REVENUE	(not including \$				
Æ	of contributions reported on line 1c).				
舀	See Part IV, line 18 a	_			
듬	b Less direct expenses b	_	-		
_	c Net income or (loss) from fundraising events	-	ļ		
	9 a Gross income from gaming activities See Part IV, line 19 a				
	b Less direct expenses b	4			<u> </u>
	c Net income or (loss) from gaming activities	•			
	10 a Gross sales of inventory, less returns and allowances	į.			
	b Less cost of goods sold b	<u></u>			L
	c Net income or (loss) from sales of inventory	-			
	Miscellaneous Revenue Business Code				1
	11a				
	ь			· · · · · · · · · · · · · · · · · · ·	
	c	<u> </u>			
	d All other revenue	125,590.	125,590.	0.	0.
	e Total. Add lines 11a-11d				1
	12 Total revenue. See instructions	12373301	1,339,612.	0.	0.

Part IX Statement of Functional Expenses

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	67,170.	67,170.		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0.7.2.70.	07,170.	- = <u>-</u>	-
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members	17,000.	17,000.		
5	Compensation of current officers, directors,	110 051	02 160	10 000	
6	trustees, and key employees	112,251.	93,168.	19,083.	0.
7	Other salaries and wages	540,517.	448,629.	91,888.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,420.	11,139.	2,281.	0.
9	Other employee benefits	62,453.	51,836.	10,617.	0.
10	Payroll taxes	59,504.	49,388.	10,116.	0.
11	Fees for services (non-employees)	3373011	157500.		<u></u>
а	Management				
t	Legal				
c	Accounting	18,551.	15,397.	3,154.	0.
c	Lobbying		,	4.72.1	
e	Professional fundraising services See Part IV, line 17 .				
f	Investment management fees		,		
_	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	114,322.	94,887.	19,435.	0.
	Advertising and promotion	18,925.	15,708.	3,217.	0.
13	Office expenses	50,892.	42,240.	8,652.	0.
14	Information technology	17,907.	14,863.	3,044.	0.
15	Royalties				
16	Occupancy	135,970.	112,856.	23,114.	0.
17	Travel	25,074.	20,811.	4,263.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings	16,928.	14,050.	2,878.	0.
20	Interest	17.	14.	3.	0.
21	Payments to affiliates				
22	F	11,223.	9,315.	1,908.	0.
23	Insurance	4,576.	3,798.	778.	0.
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a b	·				
d					
е	All other expenses	831,109.	689,823.	141,286.	0.
25	Total functional expenses Add lines 1 through 24e.	2,117,809.	1,772,092.	345,717.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X . (A) (B) Beginning of year End of year Cash - non-interest-bearing . 1,621 1 857. 2 Savings and temporary cash investments 2 38,948 16,339. 3 Pledges and grants receivable, net . 3 4 Accounts receivable, net 194.808 183,355 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule I. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L. 6 Notes and loans receivable, net 7 95,789. 8 Prepaid expenses and deferred charges 9 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a b Less accumulated depreciation 10 b <u>55,7</u>68 10 c 44,488 49,691 11 Investments - other securities See Part IV. line 11 12 12 Investments - program-related See Part IV, line 11 13 13 Intangible assets 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . 16 291,145 346,031 17 17 157,451 125,889 18 18 19 19 20 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons 22 23 23 95,789 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, 25 and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . 25 26 125,889 26 253,240 Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34. 27 165,256 27 92,791 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32

BAA

33

34

346,031. Form **990** (2013)

92,791

33

34

165,256

291,145

Form 990 (2013) THURSTON COUNTY ECONOMIC DEVELOPMENT COUNCIL	91-1	11831	169	Pa	age 12
Part XI Reconciliation of Net Assets					
Check if Schedule O contains a response or note to any line in this Part XI		· · ·		<u></u>	. X
1 Total revenue (must equal Part VIII, column (A), line 12)	[1	2,0	79,7	122.
2 Total expenses (must equal Part IX, column (A), line 25)	[2		17,8	
3 Revenue less expenses Subtract line 2 from line 1	[3		-38,0	
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	[4		65,2	
5 Net unrealized gains (losses) on investments	[5			
6 Donated services and use of facilities	[6			
7 Investment expenses	. [7			
8 Prior period adjustments	• • [8			
9 Other changes in net assets or fund balances (explain in Schedule O)	٠ . [9	_	-34,3	378.
Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
column (B)).	· · .	10		92,7	91.
Part XII Financial Statements and Reporting					
Check if Schedule O contains a response or note to any line in this Part XII			. <i>.</i>	· ·	<u>. </u>
				Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other			_	 	
If the organization changed its method of accounting from a prior year or checked 'Other,' explain			* -	F	
ın Schedule O				2: ~.	~*
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?			<u>2 a</u>	ļ	X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			•	
Separate basis Consolidated basis Both consolidated and separate basis					
b Were the organization's financial statements audited by an independent accountant?			2 b	х	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate	;				
basis, consolidated basis, or both Separate basis Separate basis Both consolidated and separate basis				13.5 -	
			_ <u></u>		
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,	· · · ·	. 2c	х	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				Σγ 2, 3	51. 1
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle · · ·		3a	х	
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required	ed au	dıt			
or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<u></u> .	. 3 b	X	L
BAA			Form	990 (2	2013)

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

গুণিদুৰ ক জ্বেণ্

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered 'Yes,' to 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,' to 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,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

	section 501(c)(4), (5), or (6) org	janizations. Complete Part III								
Name	of organization			Employer identification	ation number					
THU	JRSTON COUNTY ECONO	MIC DEVELOPMENT COUNCIL		91-118316						
Pai	Complete if the o	rganization is exempt under secti	on 501(c) or is a	section 527 organi	zation.					
1	•	rganization's direct and indirect political camp	=							
2	•			•	<u> </u>					
Pai		rganization is exempt under secti			<u> </u>					
1	, , , , , , , , , , , , , , , , , , , ,									
2	Enter the amount of any excise tax incurred by organization managers under section 4955									
3	If the organization incurred a s	section 4955 tax, did it file Form 4720 for this	year?		· · · Yes No					
4 a	Was a correction made?				· · Yes No					
	If 'Yes,' describe in Part IV									
		rganization is exempt under secti								
<u>,1</u>	Enter the amount directly expe	ended by the filing organization for section 52	7 exempt function acti	vities · · · · · ► \$						
2	Enter the amount of the filing of function activities	organization's funds contributed to other orga	nizations for section 52	27 exempt ▶ \$						
3		stures Add lines 1 and 2 Enter here and on F								
4	Did the filing organization file l	Form 1120-POL for this year?			· · · Yes No					
	organization made payments. amount of political contribution	ind employer identification number (EIN) of all For each organization listed, enter the amount is received that were promptly and directly deaction committee (PAC). If additional space is	nt paid from the filing of	rganization's funds Also political organization, suc	enter the					
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-					
(1)										
(2)										
(3)										
(4)										
(5)	-									
(6)										

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990-EZ) 20	13THURSTON CO	UNTY ECONOMIC DE	VELOPMENT COUN	CIL 91-1183	3169 Page 2
	the organization	n is exempt under se			lection under
A Check ► If the filin	g organization belong	gs to an affiliated group (an	d list in Part IV each affil	ated group member's nam	ne,
address,	EIN, expenses, and	share of excess lobbying ex	xpenditures)		
B Check ► I if the filin	g organization check	ed box A and 'limited contro	ol' provisions apply		
(The term	Limits on Lobbyi 'expenditures' mea	ng Expenditures ns amounts paid or incur	теd.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditur	res to influence public	c opinion (grass roots lobby	ring)		
b Total lobbying expenditure	res to influence a legi	slative body (direct lobbying	g)		
c Total lobbying expenditui	res (add lines 1a and	1b)			
d Other exempt purpose ex	xpenditures				
e Total exempt purpose ex	penditures (add lines	1c and 1d)			
f Lobbying nontaxable amo		nt from the following table i			
If the amount on line 1e, colu	umn (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	s over \$500,000	,	×4,
Over \$1,000,000 but not over \$	1,500,000	\$175,000 plus 10% of the excess	s 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		\$1,000,000			
g Grassroots nontaxable a	mount (enter 25% of	line 1f)			
h Subtract line 1g from line	1a. If zero or less, e	nter -0		, , -	
i Subtract line 1f from line	1c If zero or less, en	ter -0			
j If there is an amount othe section 4911 tax for this y	er than zero on either year?	line 1h or line 1ı, did the or	ganızatıon file Form 472	0 reporting	· · Yes No
(Som	e organizations that	l-Year Averaging Period L t made a section 501(h) el s below. See the instructi	ection do not have to d		
	Lobb	ying Expenditures During	4-Year Averaging Peri	od	
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e)) · · · ·					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					-
f Grassroots lobbying expenditures					
3ΔΑ				Schedule C /Form	990 or 990-F7) 2013

Part II-B	Complete	if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
•	໌ (election ເ	inder section 501(h)).

	(a	1)	(b)
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	Yes	No	Amount
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	•		
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		-	
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1:			
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			·····
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5)	, or	
section 501(c)(6).			Iv Iv
4 144 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?			
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?			
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) Panswered 'Yes.'	c)(5) art li	, or s II-A, I	ection 501(c) ine 3, is
1 Dues, assessments and similar amounts from members		1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		-	
a Current year		2 a	
b Carryover from last year		2 b	
c Total		2 c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	······································
	ľ		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4	
5 Taxable amount of lobbying and political expenditures (see instructions)		5	
Part IV Supplemental Information	- 1		
Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Pa	rt II-A	line 2	and
Part II-B, line 1 Also, complete this part for any additional information.		, 2	, and
			-

Schedule C	(Form 990 or 990-EZ) 20	13THURSTON	COUNTY	ECONOMIC	DEVELOPMENT	COUNCIL	91-1183169	Page 4
Part IV	Supplementa	I Information	(continue	∍d)				<u>-</u>
-								
				-				- <i></i>
				·				
								-
								
- - -				- 				
						-		
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			- 					
								-
								
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				. – – – – – .				
								
				. – – – – .				
								-
- -				. .				
								
				 .				

· SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection Employer identification number

THU	RSTON COUNTY ECONOMIC DEVELOP	MENT COUNCIL		91-1183169		
Par	Organizations Maintaining Dono	or Advised Funds or Oth				
	Complete if the organization answ	ered 'Yes' to Form 990, F	Part IV, line 6.			
		(a) Donor advised	funds	(b) Funds and other accounts		
1	Total number at end of year					
2	Aggregate contributions to (during year) .					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor are the organization's property, subject to the organization					
6	Did the organization inform all grantees, donors, for charitable purposes and not for the benefit of impermissible private benefit?	and donor advisors in writing the donor or donor advisor, or to	for any other purpor	se conferring		
Par	II Conservation Easements.					
	Complete if the organization answer	ered 'Yes' to Form 990, F	art IV, line 7.			
1	Purpose(s) of conservation easements held by the	ne organization (check all that a	pply)			
	Preservation of land for public use (e g , recr	reation or education)	Preservation of	an historically important land area		
	Protection of natural habitat		Preservation of	a certified historic structure		
	Preservation of open space					
2						
	last day of the tax year			Held at the End of the Tax Year		
-	Total number of conservation easements					
-	Total acreage restricted by conservation easeme					
	Number of conservation easements on a certified					
		•	•	. 20		
O	Number of conservation easements included in (structure listed in the National Register	c) acquired after 8/17/06, and n	ot on a historic	. 2 d		
3	Number of conservation easements modified, tra tax year ►	nsferred, released, extinguishe	d, or terminated by	the organization during the		
4	Number of states where property subject to cons-	ervation easement is located >	-	_		
5	Does the organization have a written policy regard and enforcement of the conservation easements					
6	Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing consi	ervation easements	during the year		
7	Amount of expenses incurred in monitoring, insper ► \$	ecting, and enforcing conservat	ion easements dur	ing the year		
8	Does each conservation easement reported on \ln and section 170(h)(4)(B)(\ln)?	ne 2(d) above satisfy the requir	ements of section	170(h)(4)(B)(ı) · · · · · · · · · · · · Yes No		
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to the conservation easements	s conservation easements in its le organization's financial stater	revenue and expe ments that describe	nse statement, and balance sheet, and es the organization's accounting for		
Par	Organizations Maintaining Colle Complete if the organization answer	ctions of Art, Historical ered 'Yes' to Form 990. P	Treasures, or	Other Similar Assets.		
		·	<u> </u>	toward and balance about the state of		
1 8	If the organization elected, as permitted under SF art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its financial	eld for public exhibition, educati	on, or research in f	urtherance of public service, provide,		
b	If the organization elected, as permitted under SF historical treasures, or other similar assets held following amounts relating to these items					
	(i) Revenues included in Form 990, Part VIII, lin	e 1				
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, hamounts required to be reported under SFAS 116	nistorical treasures, or other sim	ular assets for finar			
а	Revenues included in Form 990, Part VIII, line 1	• =		▶\$		
b	Assets included in Form 990, Part X					

•					
			ELOPMENT COUNCIL		
Partill Organizations Mainta	ining Colle	ections of Art, Hist	torical Treasures, o	or Other Similar As	sets (continued)
 Using the organization's acquisition items (check all that apply) 	n, accession, a	and other records, checl	k any of the following that	are a significant use of	its collection
a Public exhibition		d Loan	or exchange programs		
b Scholarly research		e Othe	r		
c Preservation for future genera	tions	_			
4 Provide a description of the organi Part XIII	zation's collec	tions and explain how th	ney further the organization	n's exempt purpose in	
5 During the year, did the organization to be sold to raise funds rather that	n to be mainta	lined as part of the orgai	nization's collection?		. Yes No
Escrow and Custodia line 9, or reported an a	mount on F	nents. Complete if form 990, Part X, lir	the organization ans ne 21.	wered 'Yes' to Forr	n 990, Part IV,
1 a Is the organization an agent, truste on Form 990, Part X?	· · · · · · · ·			sets not included	. Yes No
b If 'Yes,' explain the arrangement in	Part XIII and	complete the following t	able	r 	
					Amount
c Beginning balance					
d Additions during the year					
e Distributions during the year					
f Ending balance				. 1f	7 1.,
2 a Did the organization include an am					L
b If 'Yes,' explain the arrangement in	Part XIII Che	eck here if the explantion	n has been provided in Pa	art XIII	
Part W Endowment Funds. C	complete if t	the organization and	swered 'Yes' to Forn	n 990, Part IV, line	10.
	(a) Current	year (b) Prior yea	ar (c) Two years bac	k (d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage	of the current	year end balance (line 1	g, column (a)) held as		
a Board designated or quasi-endowr	ment -	ુ			
b Permanent endowment ►	9				
c Temporarily restricted endowment	•	oo			
The percentages in lines 2a, 2b, ai	nd 2c should e	qual 100%.			
3 a Are there endowment funds not in organization by	the possession	n of the organization tha	it are held and administer	red for the	Yes No
(i) unrelated organizations					
(ii) related organizations					
b If 'Yes' to 3a(II), are the related org					
4 Describe in Part XIII the intended u					<u> </u>
Pant VII Land, Buildings, and					
Complete if the organiz			990, Part IV, line 11	a. See Form 990, P	art X, line 10.
Description of property		(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land					
b Buildings					
c Leasehold improvements		28,800.		2,460.	26,340.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) BAA

. ► 49,691. Schedule D (Form 990) 2013

, ait	Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, F	Part X, line 15.
	(a) Description	(b) Book value
(1)		
(2)		
(3)	•	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total.	(Column (b) must equal Form 990, Part X, column (B), line 15.)	-

Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25 (a) Description of liability (b) Book value

(a) Description of instituty	12/ 200:1 10:00
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	·
(9)	
(10)	
(11)	
Total (Column (b) must equal Form 990, Part X, column (B) line 25)	. •

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain

Scheddle D'(Lour aan) 5012	1-1183169	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	. 1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants	7 - 1	
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	. 3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	- "	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	. 4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	. 5	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	. 1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	22 23	
a Donated services and use of facilities		
b Prior year adjustments	-[.5.[4]	
c Other losses		
d Other (Describe in Part XIII)		
e Add lines 2a through 2d	. 2 e	
3 Subtract line 2e from line 1	. 3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	1484	
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII)		
c Add lines 4a and 4b		
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	. 5	
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additio		
line 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additio	nal information	
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Schedule **D** (Form 990) 2013

Schedule D.(Form 990) 2013 PartXIII Supplementa	THURSTON COUNTY	ECONOMIC	DEVELOPMENT CO	UNCIL	91-1183169	Page 5
Part XIII Supplementa	Information (contin	ued)				
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	- 					
						
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			- 			

Bus Developmnt (h) Purpose of grant or assistance Open to Public Inspection OMB No 1545-0047 2013 Employer Identification numbor × Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to 91-1183169 (g) Description of non-cash assistance Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (f) Method of valuation (book, FMV, appraisal, other) ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22. ► Attach to Form 990. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant (c) IRC section if applicable 501 (c) 3 THURSTON COUNTY ECONOMIC DEVELOPMENT COUNCIL Part | General Information on Grants and Assistance 91-1561600 (p) EIN Business Resource Center __665_Woodland Square_Loop_ 1 1 1 1 1 1 1 (a) Name and address of organization or government 1 1 1 Lacey WA 98503 Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE I ١ 1111 1 1 Part II 1 1 1 ~ S 2 **E** 쥦 3 ଟ୍ର

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Schedule I (Form 990) (2013)

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

7

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations listed in the line 1 table

TEEA3901 07/12/13

Schedule I (Form 990) (2013) THURSTON COUNTY ECONOMIC DEVELOPMENT COUNCIL

Partill Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of reciplents	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
S		-	•		
9					
Pard IV Supplemental Information. Provide the information required in Part I, line	ide the information	required in Part I, li	2,	Part III, column (b), and any other additional information	ditional information.
Pt_L Line_2The_Executive_Director_	and	the Board of	Directors oversee	e the use of	
Pt_L Line_2grant_funds		 		 	
	İ				
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	 	t 	 	1 1 1 1 1 1 1 1	1
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Schedule I (Form 990) (2013)

. SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047 2013

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

Employer identification number

THURSTON COUNTY ECONOMIC DEVELOPMENT COUNCIL 91-1183169 Types of Property (a) (b) (c) Check if Number of Noncash contribution Method of determining applicable contributions or amounts reported noncash contribution amounts items contributed on Form 990, Part VIII, line 1g 2 Art - Historical treasures Art - Fractional interests 3 4 Clothing and household goods 5 Cars and other vehicles 6 7 R 9 Securities - Closely held stock. 10 Securities - Partnership, LLC, or trust interests. . 12 Qualified conservation contribution -Qualified conservation contribution - Other. . . . 14 15 16 18 19 20 21 22 23 Scientific specimens Archeological artifacts 24 25 Other ► 26 Other > 27 Other ▶ 28 Other ▶ Number of Forms 8283 received by the organization during the tax year for contributions for which the No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt 30 a Х b If 'Yes,' describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . 31 Х 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell 32 a X b If 'Yes,' describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II	Supplemental the organization received, or a co	Information. Promise reporting in Promotion of bo	DUNTY ECONOM by ovide the information (b) art I, column (b) th. Also complet	ation required by the number of the this part for a	ENT_COUNCIL by Part I, lines 30b, f contributions, the iny additional infor	32b, and 33, and whe number of items mation.	ther
							
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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.

OMB No 1545-0047 2013

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization		Employer identification number					
THURSTON COUNTY I	ECONOMIC DEVELOPMENT COUNCIL	91-1183169					
Pt_VI, Line 11b	The organization's Treasurer and President review	w the					
	_form_990.						
<u>Pt_VI,_Line_19</u>	The organization's financial statements, governi	.ng					
	_documents, conflict of interest policy and annual tax	returns are available for					
	_public inspection upon request.	. – – – – – – – – – – – – – – – – – – –					
Pt_VI, Line 15a	There is a formal review process. The Executive	Director's					
	_salary is reviewed by the Executive Committee an	<u>d</u>					
	reported to the board. The Deputy Director's						
	_salary_is_developed_and_approved_by_the_Executive	ary is developed and approved by the Executive					
	_Director_within_the_accepted_budget_parameters						
Pt_VI,_Line_12c_	t VI, Line 12c The conflict of interest policy is monitored and						
enforced_through_the_Executive_Committee_of_the							
	_board of directors, as per the personnel policie	s_and					
	_bylaws						
Pt_VI,_Line_7a	Board of directors are elected by a vote of the	EDC_investors					
Pt_XI	Other changes in net assets: Reversed 2012 Adjus	ting Journal					
	Entry to reconcile A/R on the books to Audit Rep	ort					
	Additional adjustments were made to prior period						
	fund balance to reconcile 2012-2013 transactions	,					
	_changes_made_after_the_2012_tax_return_was_filed	÷					
Pt_VI, Line 15b_	There is a formal review process.						
	The Deputy Director's salary is developed and						
	_approved_by_the_Executive_Director_within_the_ac	cepted					
	_budget_parameters						
Pt_VI,_Line_6	The EDC is supported by memberships and Corporat	e 					
	Trustee dues.						

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172

2013

Department of the Treasury Internal Revenue Service Name(s) shown on return

► See separate instructions.

Attachment Sequence No 179 Identifying number

	RSTON COUNTY ECON	OMIC DEVELO	PMENT COUNCIL				91-	-1183169
	ss or activity to which this form relates							
	m 990 / Form 990E				_ .			
Par	t I Election To Exp Note: If you have any	ense Certain / listed property, c	Property Under Se omplete Part V before yo	ction 179 u complete Part I				
1	Maximum amount (see instri	•					1	
2	Total cost of section 179 pro	perty placed in sei	rvice (see instructions).				2	
3	Threshold cost of section 17	9 property before	reduction in limitation (se	e instructions) .			3	
4	Reduction in limitation. Subt	ract line 3 from line	e 2 If zero or less, enter	-0			4	
5	Dollar limitation for tax year separately, see instructions.						5	
6		Description of property		(b) Cost (business		(c) Elected cost		
			.,					
		. ,	·					
7	Listed property Enter the an	nount from line 29			. 7	-		
8	Total elected cost of section	179 property Add	l amounts in column (c), l	ines 6 and 7			8	
9	Tentative deduction Enter th	ne smaller of line :	5 or line 8				9	
10	Carryover of disallowed ded	uction from line 13	of your 2012 Form 4562				10	
11	Business income limitation I		•	•	•	,	11	
12	Section 179 expense deduct						12	
13	Carryover of disallowed ded				<u>► 13 </u>		i	
	: Do not use Part II or Part III	<u>.</u>						
Par	t II Special Depreci	ation Allowan	ce and Other Depr	eciation (Do no	ot include liste	ed property) (See ins	structions)
14	Special depreciation alloward tax year (see instructions)	ice for qualified pro	operty (other than listed p	property) placed in	service durin	g the	14	
15	Property subject to section 1						15	
16							16	
Par			nclude listed property.) (S					
. u.	tiii iii/torto Depres	idition (be not in	Section					
17	MACRS deductions for asse	te placed in service					17	10,094.
	If you are electing to group a asset accounts, check here	inv assets placed i	in service during the tax v	ear into one or m	ore general			10,001.
			in Service During 2013				System	
	(a) Classification of property	(b) Month and year placed in service	(C) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	Jysten	(g) Depreciation deduction
40 -	2	III SEIVICE	Only — see instructions)					
	3-year property		E 143	F 0	117	200 5	\rightarrow	1 020
	5-year property		5,141.	5.0 yrs	HY	200 D	-	1,029.
	7-year property				 			
	10-year property					 		
	15-year property							
	20-year property							
	25-year property			25 yrs		S/L		
h	Residential rental			27.5 yrs	MM	S/L		
	property			27.5 yrs	MM	S/L		
i	Nonresidential real			39 yrs	MM	S/L		
	property				MM	S/L		
		Assets Placed in	Service During 2013 T	ax Year Using th	e Alternative	_ `	1 Syste	em
20 a	Class life			<u> </u>		S/L		
b	12-year			12 yrs		S/L		
С	40-year			40 yrs	MM	S/L	[
Par	t IV Summary (See ins	structions)						
21	Listed property. Enter amour	nt from line 28					21	100.
22	Total Add amounts from line 12, li	nes 14 through 17, line	as 10 and 20 in column (a) an	dhan 21 Fatar bara i				
	the appropriate lines of your return	Partnerships and S c	orporations — see instructions	i	ano on • • • • • • •	;	22	11,223.

Pa		Property (Incom, or amusemen	clude automot	_							property	used f		sinment,	<u></u>	. ago
	Note: Fo	or any vehicle fo (a) through (c) (r which you ar of Section A. a	e using th	e standar	rd milea	ge rate o	or de	ducti ble	ıng leas	e expen	se, com	plete on	ly 24a, 2	!4b,	
		n A – Deprecia								ns for lu	nits for p	passeng	er autom	obiles)		
24 :	Do you have evider	nce to support the b	usiness/investme	nt use clain	ned?		X Yes		No	24b lf	'Yes,' is th	ne eviden	ce written?	· [X Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	Cos	d) st or basis	(busine	(e) for depreca ess/investr use only)			(f) Recovery period		(g) ethod/ nvention		(h) reciation duction		(i) lected tion 179 cost
25	Special deprecia		for qualified lis									25		-	* *	
26	Property used n	50% in a qualifi				s) <u>.</u>	· · ·	<u></u>	· ·			25	.1		1 ~~	
SBI	C TELEPHONE	06/25/07	100.00		1,635.		1,6	35.		7.00	SL-	НҮ		100	-	
	Dan anti-used 5	00% and an an an									<u> </u>					
27	Property used 5	0% or less in a c	quaiilled busin	ess use		Τ			Γ				T		100.	1.
					***	ļ					_					
					•] 4	7
28	Add amounts in		-									28		100		<i>-</i>
29	Add amounts in	column (ı), line :	26 Enter here		ne 7, pag B – Info							<u> </u>	· · · ·	. 29		·····
Com	plete this section our employees, fir	for vehicles use	ed by a sole pr	oprietor, p	partner, o	r other 'r	nore tha	an 5%	ow	ner.' or	related p	person ection fo	If you pro	ovided ve	ehicles	
, .					a)		<u>`</u>	1		<u> </u>	<u>.</u>		T .		,,	n.
30	Total business/i during the year commuting mile	(do not include		Veh	icle 1	(b Vehi	cle 2	\	(c ehic	le 3		d) icle 4	Veh	e) icle 5	Vehi	icle 6
31	Total commuting m	•														
32	Total other pers	onal (noncomm	uting)				•		,							
33	Total miles drive lines 30 through				,		1					<u>,</u>				т
34	Was the vehicle during off-duty h	available for pe	rsonal use	Yes	No	Yes	No	Ye	s	No	Yes	No	Yes	No	Yes	No
35	Was the vehicle	used primarily l	by a more				-								_	
36	Is another vehic personal use?	le available for														
Ansv	ver these question	ns to determine	C - Question If you meet an	_							-		-	not mo	re than	
37	Do you maintain	· · · · · · · · · · · · · · · · · ·		t prohibits	all perso	nal use	of vehic	eles, ı	nclu	ding co	mmuting	 ,			Yes	No
38	by your employed Do you maintain	a written policy	statement tha	t prohibits	persona	l use of										
	employees? See			-	•											<u> </u>
39 40	Do you treat all i Do you provide i vehicles, and ret	more than five v	ehicles to your	employe	es, obtair	ninforma	ation fro	m yo	ur er	nployee	es about	the use	of the			
41	Do you meet the	requirements c	oncerning qua	lified auto	mobile de	emonstr	ation us	e? (S	See ı	nstructi	ons).					
<u> </u>	Note: If your ans		19, 40, or 41 is	Yes, do	not comp	olete Sed	ction B f	or the	e cov	ered ve	ehicles					
Pai	t VI Amorti	(a)		1	(b)		(c)		T		d)	$\overline{}$	(e)		(f)	
	Des	cription of costs		Date ar	mortization egins		Amortizabl amount	le		c	ode ction	P	ortization enod or rcentage		Amortizatio for this yea	
42	Amortization of	costs that begins	s dunng your 2	2013 tax y	ear (see	instruction	ons).									
						_ <u></u>			\bot							
42	Amadustics (- h-f	2042 :		_l			\perp				140	<u> </u>	 .	
43 44	Amortization of	costs that begai	•	-									43	-		

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990, Page 10, Line 24e All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Contracted Services:PTAC Sub Centers	635,904.	527,801.	108,103.	0.
In Kiro Memoerships & Services: Memoerships In Kiro	32,875.	27,286.	5,589.	0.
In Kina Memberships & Services:Services In Kina	17,000.	14,110.	2,890.	0.
Licenses/Permits	20.	17.	3.	0.
Match:TRPC Match-Challenge	4,240.	3,519.	721.	0.
Match:Tumwater Brewery Match	69,070.	57,329.	11,741.	0.
Professional Services:Professional Services-Other	23,843.	19,790.	4,053.	0.
Taxes	240.	199.	41.	0.
Bad Debt	<u>3,835.</u>	3,183.	652.	0.
PROGRAM ROUNDING		2.		0.
Bank Fees:CB Credit Card Processing Fees	<u> </u>	<u>4,776.</u>	978.	0.
Bank Fees:FCB Banking Fees	1,025.	851.	174.	0.
Bank Fees: HB Credit Card	487.	404.	83.	0.
Contracted Services:Other Contracted Services	70,389.	<u>58,423.</u>	11,966.	0.
Match: Impact WA Match	33,600.	27,888.	<u>5,712.</u>	0.
Subsidies paid to BRC:		55,751.		

Form 990 p 2/Line 4a Expenses

Description	Amount		
Total PTAC Program: (From P&L, by class)	948,435.		
Total	948,435.		

Supporting Statement of:

Form 990 p 2/Line 4a Grants

Description	Amount
BRC CASH SUBSIDY (From BRC P&L, Other Income) BRC OPERATIONAL SUBSIDY (From BRC P&L, Other Income)	25,049. 42,121.
Total	67,170.

Supporting Statement of:

Form 990 p 2/Line 4a Revenue

Description	Amount
Total PTAC Program (From P&L, by class)	922,585.
Total	922,585.

Supporting Statement of:

Form 990 p 2/Line 4b Expenses

Description	Amount		
Tumwater Brewery Contract: (From P&L, by class)	221,955.		
Total =	221,955.		

Supporting Statement of:

Form 990 p 2/Line 4b Revenue

Description	Amount
Tumwater Brewery Contract: (From P&L, by class)	176,417.

Continued

Supporting	Statement	of:
oupporting	Otatement	vi.

Form 990 p 2/Line 4b Revenue

	Description	Amount
Total		<u> </u>

Supporting Statement of:

Form 990 p 2/Line 4c Expenses

Description	Amount
WSU Pac 5 Contract: (From P&L, by class)	125,784.
Total	125,784.

Supporting Statement of:

Form 990 p 2/Line 4c Revenue

Description	Amount
WSU Pac 5 Contract: (From P&L, by class)	126,308.
Total	126,308.

Supporting Statement of:

Form 990 p 7/Col F Est Comp Other (SW)-1

Description	Amount
Employer paid portion of Health Insurance	
for Michael Cade	13,812.
Employer paid portion of IRA Retirement	
Plan	3,300.
Total	17,112.

Form 990 p 9/Other amt. not included

Description	Amount
Events:Alliance Income:Sponsorships	11,400.
Events:Business Award:Sponsorships	31,000.
Events:Economic Forecast Conference:Sponsors	29,500.
Events:Real Estate Forum:REF Sponsorship	17,500.
Total	89,400.

Supporting Statement of:

Form 990 p 10/Line 1 col (A)

Description	Amount
BRC Cash Subsidy	25,049.
BRC Operational Subsidy	42,121.
Total	67,170.

Supporting Statement of:

Form 990 p 10/Line 1 col (B)

Description	Amount
BRC Cash Subsidy	25,049.
BRC Operational Subsidy	42,121.
Total	67,170.

Supporting Statement of:

Form 990 p 10/Line 7 col (B)

Description	Amount
Total Other salaries & wages:	652,767.
Less compensation of Executive Director:	-112,250.
Less Management & general Expenses	-91,888.

Total 448,629.

Form 990 p 11/Line 1, column (A)

Description	Amount
First Citizen's Bank Petty Cash	1,602.
Total	1,621.

Supporting Statement of:

Form 990 p 11/Line 1, column (B)

Description	Amount
First Citizen's Bank	752.
Petty Cash	105.
Total	857.

Supporting Statement of:

Form 990 p 11/Line 2, column (A)

Description	Amount
Columbia Bank	881.
Heritage Bank CD	14,084.
Heritage Money Market	23,983.

Supporting Statement of:

Form 990 p 11/Line 2, column (B)

Description	Amount
Columbia Bank	270.
Heritage Bank CD	14,182.
Heritage Money Market	1,887.

Total _____16,339.

Form 990 p 11/Line 4, column (A)

Description	Amount
A/R - Questionable Accts.	464.
Accounts Receivable	194,344.
Total	194,808.

Supporting Statement of:

Form 990 p 11/Line 4, column (B)

Description	Amount
A/R - Questionable Accts. Accounts Receivable	3,575. 179,780.
Total	183,355.

Supporting Statement of:

Form 990 p 11/Line 17, column (A)

cription Amount	Description
. 111,256.	Accounts Payable .
	Heritage Bank Credit Card-RS
2,948.	Payroll Liabilities
11,653.	Vacation Payable
1	Vacation Payable Total

Supporting Statement of:

Form 990 p 11/Line 17, column (B)

Description	Amount
Accounts Payable	126,050.
Heritage Bank Credit Card-MC	283.
Payroll Liabilities	12,677.
Simple IRA Payable	2,511.
Vacation Payable	15,930.

Total 157, 451.

Form 990 p 11/Line 27, column (A)

Description	Amount
Reserve Accounts:Capital Reserve-Restricted	7,000.
Reserve Accounts:Operational Reserve-Restricted	7,000.
Restricted Fund Balance	364.
Unrestricted Fund Balance	150,893.
PROGRAM ROUNDING	-1.
Total	165,256.

Supporting Statement of:

Form 990 p 11/Line 27, column (B)

Description	Amount
Reserve Accounts:Capital Reserve-Restricted	7,000.
Reserve Accounts:Operational Reserve-Restricted	7,000.
Restricted Fund Balance	-10,560.
Unrestricted Fund Balance	89,349.
program rounding	2.
Total	92,791.

Supporting Statement of:

Form 990 p 12/Part XI, Line 9

Description	Amount
Adjusting Journal Entry to reconcile	
A/R on books to Audit report (Reversed from 2012)	-39,319.
Adjustments were made to prior period	
fund balance to reconcile 2012 - 2013 transactions' changes made after the 2012	
tax return was filed.	4,941.

Total _____34, 378.

Sch D, page 2/Leasehold Impr col (a)

Description	Amount
Property & Equipment:Lease Hold Improvement Property & Equipment:Signage	26,839. 1,961.
Total	28,800.

Supporting Statement of:

Sch D, page 2/Equipment col (a)

Description	Amount
Property & Equipment:Computer Equipment & Software Property & Equipment:Office Equipment Property & Equipment:Office Furniture	41,044. 9,764. 14,571.
Total	65,379.

Supporting Statement of:

Sch D, page 2/Equipment col (c)

Description	Amount
Total Accum DEPR: LESS Leasehold Improvement DEPR:	44,488.
Total	42,028.

Supporting Statement of:

Schedule I/Smart Wks Cash Grant Amt-1

Description	Amount
BRC CASH SUBSIDY	25,049.
BRC OPERATIONAL SUBSIDY	42,121.
Total	67,170.