Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

2018 Open to Public Inspection

A	For the 2	018 calendar year, or tax year beginning	, and ending									
 В	Check if applic					D Employer	identification number					
	Address chang	wafla	WAFLA									
╡	Name change	Doing husiness as	Doing business as									
╡	•	Number and street (of PO box it mail is not delive	Number and street (or P O box if mail is not delivered to street address) Room/suite									
╛	Initial return	8830 TALLON LANE NE, S	SUITE C			360-4	155-8064					
╝	Final return/ terminated		- '				2 006 400					
\neg	Amended retu	LACEY	WA 98512	—-т	_	G Gross rece	ipts\$ 3,906,498					
ᆿ		r Name and address of principal officer		i	H(a) Is this a gro	oup return for si	ubordinates? Yes X No					
J	Application pe	- Dill 111220		1	•	·	7. 7.					
		8830 TALLON LANE N	•	. 1	H(b) Are all sub		1000					
		LACEY	<u>WA 98516</u>	Δ	II NO,	attach a list	(see instructions)					
l .	Tax-exempt		(insert no) 4947(a)(1) or 52	27 / / /								
J_	Website 🕨	WWW.WAFLA.ORG		 	H(c) Group exe							
K	Form of organ		Other ►	L Yea	r of formation 2	007	M State of legal domicile					
F	Part I	Summary		<u> </u>								
		fly describe the organization's mission or mos										
5 E		AFLA'S PRINCIPLE SERVICE I										
naī	W	ORKFORCE TO AGRICULTURAL E	MPLOYERS WHO ARE MEME	BERS OF	THE OR	GANIZA	ITON.					
Ver		-										
Governance		ck this box ▶॑ if the organization discontinu		re than 25	% of its net a	ssets	_					
જ	3 Nun	nber of voting members of the governing body	(Part VI, line 1a)			3	7					
ies		nber of independent voting members of the go		-		4	7					
₹	5 Tota	al number of individuals employed in calendar	year 2018 (Part V, line-2a) (ED	ادرس		5	73					
Activities &	6 Tota	al number of individuals employed in calendar al number of volunteers (estimate if necessary	RECEIVE	18/		6	0					
-	/a lota	al unrelated business revenue from Part VIII, c	olumn (0), line 12	9 O		7a	9,400					
	b Net	unrelated business taxable income from Form	olumn (3), line 12 1 990-T, line 38	9 (8)		7b	8,400					
			A NO.		Pnor Yea		Current Year					
ne	1	tributions and grants (Part VIII, line 1h)	4, and 7d) OGDEN,	سلال		5,225	105,845					
Revenue	1	gram service revenue (Part VIII, line 2g)	OGUE	_	9,010	7,529	3,795,184					
ě	l .	estment income (Part VIII, column (A), lines 3,	·			777	2,019					
_	1	er revenue (Part VIII, column (A), lines 5, 6d, 8		_		1,800	3,450					
	1	al revenue – add lines 8 through 11 (must equi			9,092	2,331	3,906,498					
	l	nts and similar amounts paid (Part IX, column		\vdash								
		efits paid to or for members (Part IX, column (•		1 200	7	1 672 401					
ses		aries, other compensation, employee benefits		-	1,324	2,764	1,673,401					
ens	I .	fessional fundraising fees (Part IX, column (A)	_	<u> </u>		- '-						
Expenses	1	al fundraising expenses (Part IX, column (D), l		<u> </u>	7 (7)	300	1 210 740					
ш	1	er expenses (Part IX, column (A), lines 11a-1	· ·			303	1,310,749					
		al expenses Add lines 13-17 (must equal Part		\vdash	- /	3,067	2,984,150					
<u> </u>		enue less expenses. Subtract line 18 from line	9 12		Geginning of Cui	9,264	922, 348 End of Year					
Net Assets or	20 Total	al assets (Part X, line 16)		⊢"		5,068	10,393,343					
ASS.	20 Total	al liabilities (Part X, line 26)				7,125	3,962,052					
팔	21 100	assets or fund balances Subtract line 21 from	a line 20	-		3,943	6,431,291					
	art II	Signature Block	1 line 20		3,300	, <u>, , , , , , , , , , , , , , , , , , </u>	0, 31, 271					
		ies of perjury, I declare that I have examined this re	tura unaluduna aasampanuna sahadulas	and statem	onte and to th	o bost of my	knowledge and belief it is					
		and complete) Declaration of preparer (other than o					Kilowiedge and belief, it is					
		3/1/			<u> </u>	11-	15-15					
Sid	gn	Signature of officer				Ďate	/3 //					
	re	CSTEVE DAVIS	C	чэтн	FINANC	TAT. OF	न					
		Type or print name and title		تة لنة حرور			· - ·					
	Pr	int/Type preparer's name	Preparer's signature		Date	Check	PTIN					
Pai		Œ				/19 self-em	L_J"					
_	narer ⊢		<u> </u>				p.0,500					
	e Only	m's pame			F	irm's EIN ▶						
	- 1	. 20				16						
		m's address	ave2 (con instructions)		Į P	hone no	Yes No					
VIA							486 I IND					

including grants of \$

) (Revenue \$

(Expenses \$

4e Total program service expenses ▶

D LO Page 3

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		162	NO
•	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	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	5_		X
6	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, Part I	6		X
7	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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	88		X
9	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			v
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	10		x
11	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	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 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	*****	p2 v. g.	0.4
а	complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	114		
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	14b		X
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	-,-		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or]		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

<u>Pa</u>	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			ĺ
	organization's current and former officers, directors, trustees, key employees, and highest compensated			v
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	240		x
_	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
С		24c		
	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
d 250	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200_		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			1
	If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	1		
	current or former officers, directors, trustees, key employees, highest compensated employees, or			1
	disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	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			1
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			v
05-	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35b		
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		\vdash
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	1		
00	19? Note . All Form 990 filers are required to complete Schedule O	38	х	
P	art V Statements Regarding Other IRS Filings and Tax Compliance			L
	Check if Schedule O contains a response or note to any line in this Part V			
	Charle de la companie		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 41			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?	1c_		X
_	The state of the s		, 990	

Pa	IntiVal Statements Regarding Other IRS Filings and Tax Compliance (con	tınue	d) '								
					Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					100000000					
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 73										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?										
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)										
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?										
b											
4a	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)?										
b	b If "Yes," enter the name of the foreign country										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)										
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		1	5a		X					
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-	action) '	5b		<u> </u>					
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		•	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	the		_		17					
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		<u> </u>					
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	ions o	r	~ L							
7	gifts were not tax deductible?	,		6b	Nec-well has	30 20 20 20 20 20 20 20 20 20 20 20 20 20					
7	Organizations that may receive deductible contributions under section 170(c).		_	14.2000000000000000000000000000000000000	2 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly fo	good	5	7-	202000						
h	and services provided to the payor? If "Yes " did the properties patify the depay of the value of the goods or convers provided?			7a 7b	•						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it is	wac .	•	70							
·	required to file Form 8282?	vas		7c							
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			761222	200200					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		ct?	7e	#that # 1000	alle dieski gilligen					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con			7f							
g											
h											
8											
	sponsoring organization have excess business holdings at any time during the year?		,	8							
9	Sponsoring organizations maintaining donor advised funds.		•	100 miles	***********						
a ·	Did the sponsoring organization make any taxable distributions under section 4966?			9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b							
10	Section 501(c)(7) organizations. Enter			#00-02-7 #00 072-04-86-00-00 04-04-04-04-04-07	*****						
a	Initiation fees and capital contributions included on Part VIII, line 12	10a									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b									
11	Section 501(c)(12) organizations. Enter			•	A STATE OF THE STA						
а	Gross income from members or shareholders	11a	_		A CAMPACANANA A CAMPACANANANA A CAMPACANANANA A CAMPACANANANA A CAMPACANANANANANANANANANANANANANANANANANANA						
b	Gross income from other sources (Do not net amounts due or paid to other sources	44.				20 - 20 - 20 - 20 - 20 - 20 - 20 - 20 -					
10-	against amounts due or received from them)	11b	410	10-							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo		417	12a	Ç GARAN KANDAN	and the second					
ь 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b									
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			13a	Water Company	200000000000000000000000000000000000000					
а	Note. See the instructions for additional information the organization must report on Schedule O			100	31 7 Calcina Variotics 200						
b	Enter the amount of reserves the organization is required to maintain by the states in which		•								
•	the organization is licensed to issue qualified health plans	13b		**************************************							
С	Enter the amount of reserves on hand	13c		TOTAL TOTAL	20 20 20 20 20 20 20 20 20 20 20 20 20 2						
14a	Did the organization receive any payments for indoor tanning services during the tax year?		•	14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	ıle O		14b		- -					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remur		n or			_					
	excess parachute payment(s) during the year?			15		X					
	If "Yes," see instructions and file Form 4720, Schedule N	•	•		prisii						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investme	nt inco	me?	16	ASSESSED STREET	X					
	If "Yes," complete Form 4720, Schedule O			***************************************	0000000000 0020200000 002.29 N/C	XX.00000000000000000000000000000000000					

Form 990 (2018) WAFLA Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 7 Enter the number of voting members included in line 1a, above, who are independent 1h 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 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? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following R X The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 CONTROL MARKET CO. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe in Schedule O how this was done 12¢ 13 13 Did the organization have a written whistleblower policy? 14 X Did the organization have a written document retention and destruction policy? 14 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? X 15a a The organization's CEO, Executive Director, or top management official X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a with a taxable entity during the year? b If "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 take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed **WA** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year 20 State the name, address, and telephone number of the person who possesses the organization's books and records STEVE DAVIS 8830 TALLON LANE NE

LACEY

Part:VII 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

- 1a 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												
(A) Name and Title Average hours per week (list any hours for			(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the		
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations		
(1) STACY GILMORE												
BOARD CHAIRMAN	1.00 0.00	x		x				o	0	0		
(2) JEFF FAGG												
	1.00											
VICE CHAIR	0.00	X	-	X	Н		<u> </u>	0	0	0		
(3) ORLIN KNUTSON	1 00					į						
SECRETARY	1.00	x		x				o	0	0		
(4) TIM CURTIS	0.00	^		^	Н	_		-				
(4) 1111 0011110	1.00											
TREASURER	0.00	x		x				o	0	0		
(5) ALLEN GODWIN					П							
	1.00											
BOARD MEMBER	0.00	X	<u> </u>		Ш			0	0	0		
(6) SHERRI BURRIS												
	1.00	 							•			
BOARD MEMBER	0.00	X	-	-	-			0	0	0		
(7) VARON BLACKBURN	1.00											
BOARD MEMBER	0.00	x						0	0	0		
(8) DAN FAZIO	0.00	<u> </u>		_			-					
(0)2111 111210	40.00	1										
CEO	0.00			X				130,000	0	0		
(9) KIMBERLY BRESSL												
	40.00											
CHIEF OPER. OFFICER	0.00	1_			Ш	X		118,917	0	0		
(10)STEVE DAVIS												
AUTHE HTW:	40.00							114 500	_	_		
CHIEF FINANCIAL OFF.	0.00	\vdash	\vdash		\vdash	X		114,500	0	0		
(11)												
			<u> </u>		لــــــــــــــــــــــــــــــــــــــ			·				

Form 990 (2018) WAFLA 26-0611911 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (A) (F) Name and title Position Reportable Reportable Estimated Average (do not check more than one compensation compensation from amount of hours per box, unless person is both an from related other week (list any officer and a director/trustee) the organizations compensation (W-2/1099-MISC) hours for organization from the Officer Individual trustee or director Institutional trustee Key emptoyee (W-2/1099-MISC) organization related and related organizations si compensated lyee organizations below dotted line) 363,417 1b Sub-total Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) 363,417 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3 Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated 3 3 X employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 5.00000 for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address

Total number of independent contractors (including but not limited to those listed above) who

received more than \$100,000 of compensation from the organization ▶

0

2

26-0611911 Form 990 (2018) WAFLA Page 9 Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excludod from tax (A) Total revenue (B) Related or (C) Unrelated oxompt function business revenue under sections 512-514 revenue 1a Federated campaigns 1a 66,827 **b** Membership dues 1b 1c c Fundraising events d Related organizations 1d 39,018 e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f 105,845 h Total. Add lines 1a-1f Program Service Revenue Busn Code 3,403,614 3,403,614 GUEST WORKER PROGRAM INCOME 2a 207,161 207,161 b FARMWORKER HOUSING 163,181 163,181 С CONFERENCES, TRAINING & SVCS 9,468 9,468 HR PRODUCTS 541800 9,400 9,400 COMMISSIONS 2,360 2,360 f All other program service revenue 3,795,184 g Total. Add lines 2a-2f ▶ Investment income (including dividends, interest, 2,019 2,019 and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6a Gross rents **b** Less rental exps c Rental inc or (loss Net rental income or (loss) 7a Gross amount fro (i) Securities (II) Other sales of assets other than invento **b** Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn Code 3,259 3,259 11a DISPOSAL OF ASSET 191 191 b INSURANCE REIMBURSEMENT All other revenue 3,450 e Total. Add lines 11a-11d $9,\overline{400}$ 3,785,975 3,906,498 5,278

Total revenue. See instructions

Form 990 (2018) WAFLA

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, Program service expenses Management and 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, 140,000 100,000 40,000 trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 296,466 1,306,856 1,010,390 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 11,650 11,650 92,485 55,089 37,396 9 Other employee benefits 93,747 122,410 28,663 10 Payroll taxes Fees for services (non-employees) 11 a Management 355,818 304,420 51,398 **b** Legal 5,613 5,613 Accounting C 17,500 17,500 Lobbying Professional fundraising services See Part IV, line 1 f Investment management fees Other (If line 11g amount exceeds 10% of line 25, column 51,764 889 52,653 (A) amount, list line 11g expenses on Schedule O) 25,237 18,761 6,476 12 Advertising and promotion 76,337 125,737 49,400 13 Office expenses 51,388 17,219 34,169 14 Information technology 15 Royalties 70,050 86,732 156,782 Occupancy 16 4.827 94,487 89,660 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 12,528 50,353 37,825 Conferences, conventions, and meetings 19 12,364 12,364 Interest 20 Payments to affiliates 21 122,345 116,855 5,490 22 Depreciation, depletion, and amortization 8,548 30,011 21,463 23 Insurance 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) 47,262 TAXES & L; IC. - GUESTWORK 47,262 а 42,286 NON-DEPR. ASSETS - HOUSIN 42,286 b 26,563 26,563 OTHER - GEN. ADMIN. С REPAIRS - HOUSING 24,828 24,828 69,522 55,148 14,374 e All other expenses Ō 2,984,150 2,262,968 721,182 Total functional expenses. Add lines 1 through 24e 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 ▶ [following SOP 98-2 (ASC 958-720)

Form 990 (2018) WAFLA
Part X Balance Sheet

alitz	X Balance Sheet		- .		
	Check if Schedule O contains a response or note	e to any line in this Part X	·	,	
			(A)		(B)
			Beginning of year		End of year
1	Cash—non-interest bearing		1,402,685	1	1,559,68
2	Savings and temporary cash investments		480,408	2	697,40
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net		1,333,635	4	715,52
5	Loans and other receivables from current and former o	fficers, directors,			
	trustees, key employees, and highest compensated em	nployees .			
	Complete Part II of Schedule L	•		5	
6	·	rsons (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	I programme grand promoting a control of the contro	progeniednings/ broughtgodensie autoropydensieds gerydningspage	
	organizations (see instructions) Complete Part II of Sc			6	
7	Notes and loans receivable, net		1,240	7	250,10
8	Inventories for sale or use		•	8	
9	Prepaid expenses and deferred charges	•	12,057	9	30,59
102	Land, buildings, and equipment cost or				
	other basis Complete Part VI of Schedule D	10a 4,221,589			
l b	Less accumulated depreciation	10a 4,221,589 10b 791,350	3,371,287	10c	3,430,23
11	Investments—publicly traded securities	•	,	11	
12	Investments—other securities See Part IV, line 11			12	
13	Investments—program-related See Part IV, line 11	•		13	
14	Intangible assets		840	14	60,5
15	Other assets See Part IV, line 11		173,916	15	3,649,2
16	Total assets. Add lines 1 through 15 (must equal line 3	34)	6,776,068	16	10,393,3
17	Accounts payable and accrued expenses	•	727,253	17	838,4
18	Grants payable		,	18	
19	Deferred revenue		331,616	19	29,58
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability Complete Part IV	of Schedule D		21	
22	Loans and other payables to current and former officer				
	trustees, key employees, highest compensated employ				
\ ·-	disqualified persons Complete Part II of Schedule L	,	1 1 Miles 44 M 2001 M 200 M 20	22	
23	Secured mortgages and notes payable to unrelated this	rd parties	190,154	23	3,085,8
24	Unsecured notes and loans payable to unrelated third p	•	•	24	
25	Other liabilities (including federal income tax, payables				
	parties, and other liabilities not included on lines 17-24)		_		
	of Schedule D		18,102	25	8,1
26		•	1,267,125	26	3,962,0
	Organizations that follow SFAS 117 (ASC 958), che	eck here ▶X and			
	complete lines 27 through 29, and lines 33 and 34.		por equations consistent on a construction of the construction of		
27	Unrestricted net assets	-	3,378,477	27	3,585,4
28			2,130,466	28	2,845,8
	Permanently restricted net assets			29	•
	Organizations that do not follow SFAS 117 (ASC 9	58), check here ▶ and			
	complete lines 30 through 34.	,, 5			
				30	
30	Capital stock or trust principal, or current funds	L			
30		nt fund		31	
31	· Paid-in or capital surplus, or land, building, or equipment			31	
1	· Paid-in or capital surplus, or land, building, or equipmen		5,508,943	32	6,431,2

orm	990 (2018) WAF LA 26-U611911			Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,90)6,4	498
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,98		
3	Revenue less expenses Subtract line 2 from line 1	3		22,:	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>5,5</u> (08,	943
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)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	6,43	31,2	291
Pa	rt XII Financial Statements and Reporting		<u> </u>		
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		2012 (2010) (102) (2010) (102) (2010)	ALL WEARS A ACCOMMENTED A PROPERTY OF A STATE OF A ACCOMMENTATION ASSESSMENT OF A WEST ALCOHOLS ASSESSMENT OF A WEST ASSESSMENT O	2000 CA
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		200 (200 (200 (200 (200 (200 (200 (200		
	Schedule O		2002 1000 000 000 000 000 000 000 000 00	***************************************	20000
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		2 November		Tit tage the motor
	reviewed on a separate basis, consolidated basis, or both		North printing of the control of t	Action controls with the controls with the controls with the controls of the with the controls of the controls with the control of the controls with the control of the con	
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		20000000000000000000000000000000000000	200 Mary 200	THE STREET
	separate basis, consolidated basis, or both		61.4 CM/100.00	ALTERNATION OF THE PARTY OF THE	
	Separate basis Consolidated basis Both consolidated and separate basis			******	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		4		ĺ
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in			Secretary and se	
	Schedule O		90000000000000000000000000000000000000		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Ĺ
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2018)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Employer identification number Name of the organization WAFLA 26-0611911 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a Total number of conservation easements 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax vear Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items. a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Complete il the organization	iansweieu ies on	i Ollii 990, Fait IV, iii	ie i ia. See i diili 33	o, rait A, line 10.
Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
	(investment)	(other)	depreciation	
1a Land	43,490	553,058		596,548
b Buildings		3,405,499	693,197	2,712,302
c Leasehold improvements				
d Equipment		180,433	69,233	111,200
e Other		39,109	28,920	10,189
Total. Add lines 1a through 1e (Column (d) must e	3,430,239			

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" of	on Form 990 Part IV	line 11h See Form 99	n Part Y line 12
	(a) Description of security or category	, (b) Book value	(c) Method of	
	(including name of security)	, (b) Book value	Cost or end-of-yea	
(1) Financial of	derivatives			
` '	eld equity interests			
(3) Other	, ,			
(A)	•			
(B)		1	· · · · · · · · · · · · · · · · · · ·	
(C)				
(D)				
		-		
(E) ·				
(F) '		· · · · · · · · · · · · · · · · · · ·		
(G <u>)</u>				•
(H)			TOTAL AND THE STATE OF THE STAT	OCCUPATION AND ADMINISTRATION ADMINIS
	n (b) must equal Form 990, Part X, col (B) line 12) ▶	1'		
Part VIII	Investments—Program Related.	Farm 000 Bart IV	line 44e Coo Form 00	O Dort V line 12
-	Complete if the organization answered "Yes" of			
	(a) Description of investment	(b) Book value	' (c) Method of Cost or end-of-yea	
(1)	<u> </u>			•
(2)				Ł
(3)	•	_		
(4)				•
(5)	* * *			
(6)				•
(7)				
(8)			`,	
(9)	4			
	n (b) must equal Form 990, Part X, col (B) line 13) ▶			
Part IX	Other Assets.			
scored death and in its additional in	Complete if the organization answered "Yes" of	on Form 990, Part IV,	line 11d. See Form 99	0, Part X, line 15.
	(a) Description	,		(b) Book value
(1)	CONSTRUCTION IN PROGRE	ESS	-	2,974,433
(2)	INVESTMENT IN 1ST STRE		,	618,592
(3)	LT NOTE FROM LLC	<u> </u>		50,000
(4)	LOAN FROM EX EMPLOYEE		•	4,744
(5)	SECURITY DEPOSITS			1,471
	DECORITI DEL'OBITO			-/
(6) .				
(7)	,	•		
(8)				
(9)	(1) (5) (20) D (4) (7) (4 (5)			2 640 240
	n (b) must equal Form 990, Part X, col (B) line 15)	 -	<u>P. j.</u>	3,649,240
Part X	Other Liabilities. Complete if the organization answered "Yes" of line 25.	on Form 990, Part IV,	line 11e or 11f. See Fe	orm 990,,Part X,
1	(a) Description of liability	(b) Book value		
(1) Federal	income taxes			
(2) DEPOS	SITS PAYABLE .	8,120		
(3)	•			
(4)	(
(5)		<u> </u>		
		· · · · · · · · · · · · · · · · · · ·		
(6)	 			
(7)		+-		
(8)		 		
(9)		0 100		
	n (b) must equal Form 990, Part X, col_(B) line 25) ▶	8,120	<u> </u>	
	uncertain tax positions. In Part XIII, provide the text of the fo			
organization's	liability for uncertain tax positions under FIN 48 (ASC 740)	Check here if the text of the	e footnote has been provided	in Part XIII

4b

4c

5

2,984,150

Part-XIII Supplemental Information.

Other (Describe in Part XIII)
Add lines 4a and 4b

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 additional information

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

26-0611911

Page 5

Schedule D (Form 990) 2018 WAFLA

Part-XIII Supplemental Information (continued)

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	WAFLA							6119	11				
Part I	Excess Benefit Transaction												
	Complete if the organization answer	ed "Yes" on F	orm 990, Part I	V, Iır	ne 2	5a or 25b, or Fo	orm 990-EZ, Part	V, line	40b				
4	(a) Name of disqualified person	(b) Relatio	(b) Relationship between disqualified person and			son and	(a) Deservation of tr		. n			Correc	ted?
1	(a) Name of disquamied person		organization	1			(c) Description of tra	ansaciic)/ i		Yes		No
(1)													
(2)													
(3)													
(4)													
(5)												Ľ	
(6)													
	e amount of tax incurred by the organiz	zation managi	ers or disqualifi	ed p	ers	ons during the y	ear			_			
	ection 4958							▶ \$	·				
3 Enter th	e amount of tax, if any, on line 2, above	e, reimbursed	by the organiz	atıor	1			▶ \$	·				
										_			
Part II	Loans to and/or From Inter	ested Pers	sons.										
	Complete if the organization answer	ed "Yes" on F	orm 990-EZ, P	art V	', lın	e 38a or Form 9	90, Part IV, line 2	6, or ı	f the				
	organization reported an amount on												
	(a) Name of interested person	(b) Relationship with organization		(d) L			(f) Balance due	(g) In (default?		proved ard or		ritten ment?
		With Organization	i louii	or from the princip		principar amount					nittee?	agree	THOIR .
				То	From			Yes	No	Yes	No	Yes	No
(1)				<u> </u>	<u> </u>		ļ <u> </u>	ļ	<u> </u>	ļ			
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(2)				_				↓		<u> </u>	<u> </u>		<u> </u>
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<u>(3)</u>			.	ļ	ļ		<u> </u>	↓	_		ــــــ		<u> </u>
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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.

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

OMB No 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WAFLA

Employer identification number 26-0611911

Form 990, Part III, Line 4d - All Other Accomplishments MEMBER SERVICES INCLUDE ASSISTANCE USING THE AVAILABLE FEDERAL GUEST WORKER PROGRAMS, HR RELATED PRODUCTS, SERVICES AND TRAININGS, AND ACCESS TO FARMWORKER HOUSING.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 THE FORM 990 IS MADE AVAILABLE TO THE BOARD UPON FILING. IF SIGNIFICANT MATTERS REQUIRE AMENDMENT TO THE FORM 990, SUCH AMENDMENTS ARE THEN PREPARED AND APPROVED BY THE BOARD PRIOR TO FILING.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy ALL BOARD MEMBERS AND OFFICERS MUST DISCLOSE ACTUAL AND POTENTIAL CONFLICTS TO THE BOARD PRIOR TO ACTION BEING TAKEN. ANY VIOLATION OF THIS REQUIREMENT IS GROUNDS FOR DISMISSAL.

Form 990, Part VI, Line 15a - Compensation Process for Top Official THE CEO'S COMPENSATION IS DETERMINED BY THE BOARD IN EXECUTIVE SESSION ANNUALLY.

Form 990, Part VI, Line 15b - Compensation Process for Officers THE CEO APPROVES THE COMPENSATION OF ALL EXECUTIVE LEVEL STAFF

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation UPON REQUEST