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| | For | . 9€ | 30 | Return | of Orgai | nization | Exem | pt Fro | om In | come | e Ta | ЭX | 0 | MB No 154 | 15-0047 |
|---|--------------------------------|------------------------|-------------------------------|---|------------------|-------------------|--------------|-----------------------|------------------|---------------------|----------|-------------------|-----------|---------------|-------------------|
| | FOIT | | | Under section 501(c | _ | | | _ | | | | | ,e/ | 201 | 8 |
| | | | | | nter social se | | | | | | | | V1 | pen to F | |
| | Dep: | artment o nal Rever | f the Treasury nue Service | | www.irs.gov/ | - | | | - | | - | 191 | ر ال | Inspect | |
| | Ā | For the | 2018 calen | ndar year, or tax year | beginning | Septembe | er 1 | , 2018, a | nd endir | g | Auqı | ust 31 | | 19 | _ |
| | В | Check if | applicable | C Name of organization | Lake Washi | ngton Educa | tion Asso | cıation | | | | D Emplo | yer iden | tification ni | umber |
| | | Address | change | Doing business as | | | | | | | | | | 820344 | |
| | \sqcup | Name ch | • | Number and street (or P | O box if mail is | s not delivered t | o street ado | Iress) | Room/su | iite | | E Teleph | | | |
| | 님 | Initial ret | - | 10604 NE 38th Plac | | and 710 as favo | | | Su | ite 212 | | | 425-8 | 22-3388 | |
| | 님 | | rn/terminated | City or town, state or pr | • | and ZIP or fore | ign postai c | ode | | | | c C | | • | 000 044 |
| | H | Amende | — | Kirkland, WA 98033 Name and address of pr | | | | | | lu _(a) t | this a g | G Gross | | tes? Yes | 828,341 |
| | _ | Дриова | ion pending i | and add 600 or p. | inopar omoci | | | | KV | $\overline{}$ | | | | ed? Yes | _ |
| | • | Tax-exe | mpt status | 501(c)(3) | 501(c) (| 5) ◀ (insert r | ю) 🗌 494 | 7(a)(1) or | □ 52-7 | 7 | | | | e instructio | |
| | J | Website | : ► Lake | WashingtonEA.org | | | | | | H(c) | Group | exemptio | n numbe | r 🕨 | |
| | _ | | | Corporation Trust | Association | Other ▶ | \ | L Yea | r of forma | tion | 1966 | M Stat | e of lega | l domicile | WA |
| | Р | art l | Summa | | | | | | | | | | | · | |
| | • | 1 | | scribe the organizati | | _ | | | | - | | | | | |
| | Š | | | ng conditions for men | nbers at loca | l, state, and r | ationalle | vels, mai | ntaın co | ntracts, | arbrit | trate and | condu | ct grievar | nce |
| | Activities & Governance | 2 | Check this | s. s box ▶ ☐ If the orga | anization die | continued its | operation | one or die | enosed (| of more | than | 25% 0 | f ite no | e accete | |
| | ŏ | 3 | | f voting members of | | | - | | sposeu | JI IIIOI E | liiaii | 3 | | 1 055615. | 2,010 |
| | ص ح | 4 | | f independent voting | _ | • • | - | • | line 1b) | • • | • | 4 | † | | 2,010 |
| | ies | 5 | | ber of individuals en | • | | , | , | , | | | 5 | | | 3 |
| | Ĭ | 6 | Total num | ber of volunteers (es | stimate if neo | cessary) . | F | RECE | INED | ادرنـــا | | 6 | | | 180 |
| | Ac | 7a | | lated business rever | | | | | | | | 7a | <u> </u> | | 0 |
| | | b | Net unrela | ted business taxabl | e income fro | m Form 990 | ne 3 | BUN 0 | 1 2020 | 10 | · · | 7b | | | 0 |
| ; | | | 04-6-4 | | | | [2] | JOI V U | | <u> </u> | rior Ye | | <u> </u> | Current Ye | |
| 3 | ne | 8 | | ons and grants (Part | • | | 1 1- | GDE | N I | - | 1 | 739,93 | | | 811,948 |
|) | Revenue | 10 | _ | service revenue (Part it income (Part VIII, d | | | 1 7 (| JGUL | -14,.9 | | | | 0 | | <u>0</u> |
| • | æ | 11 | | enue (Part VIII, colum | | | • | d 11e) | : | | | 20,75 | | | 16,393 |
| | | 12 | | nue-add lines 8 thro | | | | - | ne 12) | | | 760,68 | | | 828,341 |
| | | 13 | Grants and | d sımılar amounts pa | aid (Part IX, o | column (A), l | nes 1-3) | | | | | (| 0 | | 0 |
| | | 14 | Benefits p | aid to or for membe | rs (Part IX, c | olumn (A), lır | ne 4) . | | . [| | | (| 0 | | 0 |
| | nses | 15 | | ther compensation, e | | • | | • | 5–10) | | | 363,52 | 5 | | 408,705 |
| | eus | 16a | | nal fundraising fees (| | | - | | · | | | | 9 | | 0 |
| | Expe | | | raising expenses (Pa | | | | | | | | | <u> </u> | | |
| | | 17 18 | | enses (Part IX, colur enses. Add lines 13- | | | - | Nune 25' | . · ⊦ | | - | 347,430 710,96 | 1 | | 370,275 |
| | | 19 | | ess expenses. Subtr | | | · · | <i>j</i> , iii ie 20, | ′ ; | | | 49,72 | | | 778,980 49,361 |
| | e o | | | | | | <u> </u> | <u> </u> | | Beginnin | g of Cu | rrent Year | | End of Ye | |
| | Net Assets or Fund Balances | 20 | Total asse | ts (Part X, line 16) | | | | • | [| **** | | 719,32 | 3 | | 768,681 |
| | ad B | | Total liabil | ities (Part X, line 26) | | | | | [| | | (|) | | 0 |
| | | | | or fund balances S | Subtract line | 21 from line | 20 | <u> </u> | <u> </u> | | | 719,32 | 3 | | 768,681 |
| | | irt II | | ire Block | | | | | | | | | | | |
| | | | | r, I declare that I have exa te Declaration of prepare | | | | | | | | | my knov | vledge and | belief, it is |
| | | | | HU INA | ~ | | | | _ | | | E / | 28/2 | 112-0 | |
| | Sig | n | Signat | ure of officer | | / | | | 1 | | Da | te d | | | |
| | He | re | | Howard A | Namhl | Luer - | - Tre | <u>s.de</u> | mt_ | | | | | | |
| | | | 1_', | or print name and title | | | | | - | | | | | | |
| | Pa | id | Print/Type | e preparer's name | Pre | parer's signatui | re | | Da | ate | | Check | | PTIN | |
| | | epare | 1 | | | | | | | | 1 | | ployed | | |
| | Us | e Onl | | | | | | | | | | 's EIN ▶ | | | |
| | May | the IF | Firm's add | dress ► this return with the p | orenarer sho | wn above? | see instri | ictions) | - | | | ne no | | ☐ Yac | . □ No |
| • | | | | tion Act Notice, see t | | | 200 111011 | zononaj | Cat N | o 11282 | · · | | <u>:</u> | | 90 (2018) |
| | | - | | | | | | | | | | | _ | | |

| Part | | | ce Accomplishments a response or note to any line in thi | a Dart III | |
|------|---|---|--|---------------------------------------|---------------------|
| 1 | Briefly describe the | | | s Part III | 🗸 |
| • | - | - | benefits, and working conditions for me | ombers at local state and national le | vels maintain |
| | | | ce procedures, and advocate for the int | | |
| | | | | 3.6 | |
| 2 | Did the organization | n undertake any si | gnificant program services during the | e year which were not listed on the | <u></u> |
| | prior Form 990 or 9 If "Yes," describe the | | on Schodulo O | | ☐ Yes |
| 3 | | | ting, or make significant changes i | n how it conducts, any program | |
| _ | services? | | | | ☐ Yes ☑ No |
| | If "Yes," describe the | - | | | |
| 4 | expenses Section | 501(c)(3) and 501(| service accomplishments for each o c)(4) organizations are required to re y, for each program service reported | | |
| 4a | (Code) | (Expenses \$ | 56,795 including grants of \$ | 0.00) (Revenue \$ | 0.00) |
| | Machinetes Educati | | The MEA Describer | | |
| | | | resentative Assembly The WEA Repre gates determine the direction and focu | | |
| | | | as of compensation, benefits, and work | | |
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| 4b | (Code:) | (Expenses \$ | 26,281 including grants of \$ | 0.00) (Revenue \$ | 0.00) |
| | | | dy of the Lake Washington Education A | | |
| | representatives which | th determines the di | irection and focus for every year, deter | mines the budget and expenditures o | f the organization. |
| | | ••••• | | ••••• | |
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| | | | | | |
| 4c | (Code. | (Expenses \$ | 25,558 including grants of \$ | 0.00) (Revenue \$ | 0.00) |
| | | | | | |
| | Misc Conferences: | The organization sei | nds members to represent LWEA at va | ious conferences and trainings. The | se included the |
| | | | sociations, Equity Conferences, and Le | eadership Summit which is training co | onducted by the |
| | National Education A | Association. | | | |
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| | | | | | |
| 4d | Other program serv (Expenses \$ | ices (Describe in S 80,126 including | | | |
| 4e | Total program servi | | 179 760 | ue \$ 0.00) | |



| 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," complete Schedule A | 1 | | 1 |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | ✓ |
| 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 | | 1 |
| 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 | 1 | |
| 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 | | √ |
| 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 | | 1 |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | 1 |
| 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 debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | ✓ |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | 1 |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VI | 11a | | 1 |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | 1 |
| 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 | | 1 |
| 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 | | 1 |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | ✓ |
| 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 | | 1 |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | 1 |
| 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 | | 1 |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | ✓ |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | ✓ |
| 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 foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . | 14b | | 1 |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | 1 |
| 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 | | ✓ |
| 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 | | 1 |
| 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 | | 1 |
| 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 | | 1 |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | ✓ |
| | 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 | | / |

Form **990** (2018)

| Part | 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 | | 1 |
| 23 | 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 Schedule J. | 23 | | 1 |
| 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 through 24d and complete Schedule K. If "No," go to line 25a | 24a | | 1 |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | ✓ |
| С. | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | ✓ |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | <u> </u> | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. | 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 Schedule L, Part I | 25b | | |
| 26 | 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? If "Yes," complete Schedule L, Part II | 26 | | |
| 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 entity or family member of any of these persons? If "Yes," complete Schedule L, Part III. | 27 | | |
| 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 | | 1 |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | ✓ |
| С | 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 | | 1 |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | ✓ |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | √ |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | · | ✓ |
| 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 | | ✓ |
| 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 | | ✓ |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | √ |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | ✓ |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. | 35b | | |
| 36 | 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 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | ✓ |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | 1 | |
| Part | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | · . | . <u> </u> |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a | منظين | Yes | No |
| b c | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | |
| C | reportable gaming (gambling) with backup withholding rules for reportable payments to vendors and | 1c | | |

| Part | Statements Regarding Other IRS Filings and Tax Compliance (continued) | _ | | |
|---------|---|-----|--------------|------------|
| • | | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| L | Statements, filed for the calendar year ending with or within the year covered by this return 2a 3 | 2b | - | |
| Ь | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?. | 20 | | |
| 20 | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | - |
| 3a b | If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . | 3b | | - |
| _ | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | 0.5 | | |
| 4a | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | ✓ |
| 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? | 5a | | ✓ |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | ✓ |
| С | 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 | | | , |
| | organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or | 6a | | ✓ |
| b | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | OD | | - |
| ' а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| a | and services provided to the payor? | 7a | | / |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | 1 |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? | 7c | | ✓ |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | ✓ |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . | 7f | | ✓ |
| 9 | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | √ |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | ✓ |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | 8 | | 7 |
| 9 | sponsoring organization have excess business holdings at any time during the year? | - | | • |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | 1 |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | 1 |
| 10 | Section 501(c)(7) organizations. Enter | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 11 | Section 501(c)(12) organizations. Enter. | | | İ |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| 10- | against amounts due or received from them.) | 100 | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | 12a | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | ĺ |
| | 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. | | | |
| 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 | | | |
| С | Enter the amount of reserves on hand | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | ✓ |
| . b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. | 14b | | <u></u> |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | 4. | | , |
| | excess parachute payment(s) during the year? | 15 | | / |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | — | √ |
| | If "Yes," complete Form 4720, Schedule O. | .5 | | - |
| | | r l | | ı |

| Part | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI | | for a | ions. | | | | |
|------------------|--|------------|----------|----------|--|--|--|--|
| Secti | ion A. Governing Body and Management | <u> </u> | • | . 🗸 | | | | |
| Occil | ion 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 2010 |) | | | | | | |
| | 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. | | | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent . 1b | | | | | | | |
| 2 | 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 | | √ | | | | |
| 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 | | ✓ | | | | |
| 4 | 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 | ✓ | | | | | |
| 7a | 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 | | ✓ | | | | |
| b | | | | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | | | | |
| а | The governing body? | 8a | ✓ | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | ✓ | <u> </u> | | | | |
| 9 | 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 | 9 | 1 | | | | | |
| Secti | ion B. Policies (This Section B requests information about policies not required by the Internal Rever | iue Ci | | | | | | |
| | | | Yes | No | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | / | | | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | ✓ | | | | |
| 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. | 100 | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a 12b | | ✓ | | | | |
| b c | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | | | | | |
| 12 | describe in Schedule O how this was done | 12c | | 1 | | | | |
| 14 | Did the organization have a written whisheblower policy? | 14 | √ | <u> </u> | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | | | | | |
| а | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official | 15a | | ✓ | | | | |
| b | Other officers or key employees of the organization | 15b | | 1 | | | | |
| - | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | <u> </u> | | | | |
| 16a | | 16a | | ✓ | | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | | | | | |
| b | 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? | 16b | | <u> </u> | | | | |
| Secti | ion C. Disclosure | 100 | | <u> </u> | | | | |
| 17 | List the states with which a copy of this Form 900 is required to be filed N/A | | - | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O) | | | | | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year | | | , and | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and re Theresa Nelly, 10604 NE 38th Place, Suite 212, Kirkland, WA 98033, 425-822-3388 | cords | Þ | | | | | |

| | | | - | | |
|----------|-----------------------------|----------------------|--------------------|-----------------------|----------------|
| Part VII | Compensation of Officers, D | Directors, Trustees, | , Key Employees, F | lighest Compensated I | Employees, and |
| _, | Independent Contractors | | | | |

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 no | r any relate | d org | anız | atıc | on c | ompe | nsa | ited any curren | t officer, directo | r, or trustee. |
|---|-----------------------|--------------------------------|-----------------------|---------------------------------|--------------|------------------------------|--------|------------------|----------------------------------|------------------------------|
| | | | | (0 | C) | | | | | |
| (Δ) | (A) (B) Position | | | | | | (D) | (E) | (F) | |
| Name and Title | Average | | | check more ti less person is | | | | Reportable | Reportable | Estimated |
| Nume and The | hours per | | | | | or/trus | | compensation | compensation from | amount of |
| | week (list any | 2 5 | 5 | 0 | <u></u> | ФI | Ţ | from | related | other |
| | hours for related | 호호 | Stite | Officer | eye | T Bigh | Former | the organization | organizations (W-2/1099-MISC) | compensation from the |
| | organizations | e cha | ᅙ | 4 | ğ | st c | 욕 | (W-2/1099-MISC) | | organization |
| | below dotted (ine) | Individual trustee or director | Institutional trustee | | Key employee | 9 | | | | and related organizations |
| | in le, | ste | S | | n n | l ĕ | | | | Organizations |
| | | " | ee | | | Highest compensated employee | | | | |
| | | | | | | | | | | |
| (1) Howard Mawhinney | 35 | | | ١, | | | | 1 | | |
| President | | ļ | | ✓ | | | _ | 135,652 | 0 | |
| (2) Geraldine Wilson | 7.5 | | | | | | 1 | | | |
| Vice President | | ✓ | | | ļ | | L. | 0 | _0 | |
| (3) Patricia Cook | | } | | | | | | | | |
| Primary Representative | 2 | ✓ | Ш | | | | | 0 | 0 | (|
| (4) Benjamin Corey | 2 | | | | | | | | | |
| Intermediate Representative | <u> </u> | ✓ | | | | | | 0 | 0 | |
| (5) Kyla Thompson | 2 | | | | | | | | | |
| Middle School Representative | | ✓ | | | | | | 0 | 0 | (|
| (6) Kathryn Badger | 2 | | | | | | | | | |
| High School Representative | | ✓ | | | | | | 0 | 0 | |
| (7) Sarah Cooper | 2 | | | | | | | - | | |
| Special Services Representative | | ✓ | | | | | | 0 | 0 | (|
| (8) Marilyn Hargraves | 2 | | | | | | | | | |
| Specialist Representative | | ✓ | | | | | | 0 | 0 | (|
| (9) Maryziel Galarpe | 2 | | | | | | | | | |
| Ethnic Minority Representative | | ✓ | | | | | | 0 | _0 | (|
| (10) Sheila Hagerman | 40 | | | | | | | | | |
| Office Manager | | | | | ✓ | | | 91,915 | 0 | (|
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | H | | | | | | | |
| | T | | ıl | | I | l | | | | i |

| Part | Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | | | | |
|---------|---|--|--------|-----------------------|----------------------|--------------|---------------------------------|-------------|--|---|---------------|----------------------------|---|----------|
| | (A) Name and title | (B) Average hours per | box, | unles | Pos neck ss pe | rson | e than o is both or/trust | an | (D) Reportable compensation from | (E) Reportable compensation from related | | (F) Estimate amount other | | |
| | | week (list any hours for related organizations below dotted line) | | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizatio (W-2/1099-M | | comp fro orga and | ensation m the nization related nizations | |
| (15) | | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | | |
| (17) | | | | | | | | | | | | | | |
| (18) | | | | | | | | | | | _ | | | |
| (19) | | | | | | | | | | | | | | |
| (20) | | | | | | | | - | | | + | | | _ |
| (21) | | | | | | | | | | | | | | |
| (22) | | | | | | | | | | | | | | |
| (23) | | | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | | | |
| (25) | | | | | | | | | | · - | | | | |
| 1b c | Sub-total | • | | • | | · . | • | > | 227,567 | | \Rightarrow | | | |
| d | Total (add lines 1b and 1c) | not limited | | | | | above | e) w | ho received m | | 00,000 |) of | | |
| | | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former of employee on line 1a? <i>If "Yes," complete</i> 3 | | | | | | | emp | oloyee, or high | est compe - | nsated | 3 | | ✓ |
| 4 | For any individual listed on line 1a, is the organization and related organizations individual | greater th | an \$1 | | 000 | 2 / | | | | | | | | <u>√</u> |
| 5 | Did any person listed on line 1a receive of for services rendered to the organization | r accrue co | ompe | nsat | tion | fro | | | | zation or ind | lividua | <u> </u> | | |
| Section | on B. Independent Contractors | : 11 163, 6 | .ompi | 010 | 307 | 1000 | 110 0 1 | Or 3 | acii persori | <u> </u> | | | | |
| 1 | Complete this table for your five highest compensation from the organization. Repyear. | | | | | | | | | | | | | ax |
| | (A) Name and business add | ress | | | | | | | (B) Description of s | ervices | | (C) Compens | ation | |
| | N/A | | | | | | | _ | | | | | | |
| | | | | | | | | | | - | | | | |
| | | | | | | | | | | | | - <u></u> | | |
| 2 | Total number of independent contractor | | | | | | | th | iose listed ab | ove) who | | | | |

| Part | VIII | Statement of Revenue | | | | _ |
|--|---------------|---|----------------------|---|---|--|
| | | Check if Schedule O contains a response or note | | | | <u> </u> |
| | | | (A) Total revenue | (II) Related or exempt function revenue | (C) Unrelated business revenue | (n) Revenue excluded from tax under sections 512-514 |
| nts nts | 1a | Federated campaigns 1a | | | | |
| ira our | b | Membership dues 1b 811,9 | 48 | | | |
| ts, Grants Amounts | С | Fundraising events 1c | | | | |
| ar Ja | d | Related organizations 1d | | | | |
| II. | е | Government grants (contributions) 1e | | | | |
| to s | f | All other contributions, gifts, grants, | | | | |
| ğ ş | | and similar amounts not included above 1f | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | g | Noncash contributions included in lines 1a–1f \$ | | | | |
| <u> </u> | h | Total. Add lines 1a–1f | 811,948 | | | |
| ĭe | | Business Code | • | | | |
| Уeг | 2a | | | | | |
| č | ь | | | | | |
| جَ | С | | | | | |
| Se | d | | | · | ļ <u> </u> | |
| ram | e | | | | | |
| Program Service Revenue | l f | All other program service revenue . | | | | |
| | <u>g</u> 3 | Total. Add lines 2a-2f ▶ Investment income (including dividends, interest | 0.00 | | | |
| | | and other similar amounts) | · | | | |
| | 4 | Income from investment of tax-exempt bond proceeds ▶ | | | | |
| | 5 | Royalties | | • | | • |
| | | (i) Real (ii) Personal | | · | - " | |
| | 6a | Gross rents | | | | |
| | b | Less rental expenses | 7 | | | |
| | С | Rental income or (loss) | | | | |
| | d | Net rental income or (loss) ▶ | | | | |
| | 7a | Gross amount from sales of (i) Securities (ii) Other | | | | |
| | | assets other than inventory | | | | |
| | b | Less cost or other basis | | | | |
| | | and sales expenses . | _ | | | , |
| | ر د | Gain or (loss) | | | | |
| | d | Net gain or (loss) | | | | |
| une | 8a | Gross income from fundraising | | | | |
| Other Reve | | events (not including \$ of contributions reported on line 1c). | | | | |
| ther | | See Part IV, line 18 a | 4 | | | |
| ŏ | | Less. direct expenses b Net income or (loss) from fundraising events . ▶ | | | | |
| | | Gross income from gaming activities. | | | | - |
| | Ju | See Part IV, line 19 a | | | | |
| | b | Less. direct expenses b | - | | | |
| | | Net income or (loss) from gaming activities ▶ | | | | |
| | | Gross sales of inventory, less | | | | |
| | | returns and allowances a | | | | |
| | b | Less: cost of goods sold b | | | | |
| | С | Net income or (loss) from sales of inventory ▶ | | | | |
| | | Miscellaneous Revenue Business Code | | | | ļ |
| | | Community Outreach | 10,891 | | ļ | |
| | | Administrative Asst Insurance | 1,902 | | | |
| | _ | Office Manager Retirement | 1,800 | _ | | |
| | d e | All other revenue | 1,800 | | - | |
| | е 12 | Total revenue. See instructions | 10,000 | | | |
| | | | 828,341 | | 1 | L |

Part IX Statement of Functional Expenses

| Section | on 501(c)(3) and 501(c)(4) organizations must com | plete all columns A | l other organization | ns must complete co | olumn (A) |
|---------|---|-----------------------|------------------------------|-------------------------------------|--------------------------|
| | Check if Schedule O contains a respon- | | | | |
| | t include amounts reported on lines 6b, 7b, o, 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 domestic organizations and domestic governments. See Part IV, line 21 . | | | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | | _ | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 | | | | |
| 4 5 | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees | 227,567 | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 8 | Other salaries and wages | 81,523 | | | |
| • | | 39,562 | | | |
| 9 | Other employee benefits | 46,439 | | | |
| 10 | Payroll taxes | 13,614 | | | |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | | | | |
| b | Legal | | | | |
| d | Lobbying | coo | | | |
| e | Professional fundraising services. See Part IV, line 17 | 608 | | | |
| f | Investment management fees | | | | |
| 9 | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 15,460 | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 101,262 | | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | - |
| 19 | Conferences, conventions, and meetings . | 126,920 | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization . | 8,900 | | | |
| 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.) | | | | |
| _ | Human & Cwil Dighto Dragger | | | | |
| a | Human & Civil Rights Program Bargaining | 9,836 | | | |
| b | | 9,462 | | | |
| d | Member Training Member Engagement | 8,296 | | | |
| e | Member Engagement All other expenses | 8,194 | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 81,336 | | | |
| 26 | Joint costs. Complete this line only if the | 778,980 | | | |
| | 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) | j | | | |

| | | Check if Schedule O contains a response or note to any line in this Par | tX | | |
|-----------------------------|----------|--|--------------------------|-----|-----------------------------------|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | 680,656 | 1 | 729,918 |
| | 2 | Savings and temporary cash investments | 38,722 | 2 | 38,754 |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from current and former officers, directors, | | | |
| | | trustees, key employees, and highest compensated employees | | | |
| | | Complete Part II of Schedule L | | 5 | |
| | 6 | 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 | | | |
| ets | _ | organizations (see instructions). Complete Part II of Schedule L | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | 7 | |
| • | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D | | | |
| | _ | · · · · · · · · · · · · · · · · · · · | | 10- | |
| | b | Less: accumulated depreciation | | 10c | |
| | 11 | Investments—publicly traded securities | | 12 | |
| | 12 13 | - | | 13 | |
| | 14 | Investments – program-related. See Part IV, line 11 | | 14 | · |
| | 15 | Intangible assets | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 719,328 | | 768,572 |
| | 17 | Accounts payable and accrued expenses | 719,320 | 17 | 700,372 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D . | | 21 | |
| Se | 22 | Loans and other payables to current and former officers, directors, | | | |
| Liabilities | | trustees, key employees, highest compensated employees, and | | | |
| abi | | disqualified persons. Complete Part II of Schedule L | | 22 | |
| ן ב | 23 | Secured mortgages and notes payable to unrelated third parties [| | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X | | | |
| | | of Schedule D | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | 26 | |
| ces | | Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34. | | | |
| a | 27 | Unrestricted net assets | | 27 | |
| BB | 28 | Temporarily restricted net assets | | 28 | |
| Ē | 29 | Permanently restricted net assets | | 29 | |
| Net Assets or Fund Balances | | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. | | | |
| ets | 30 | Capital stock or trust principal, or current funds | | 30 | |
| SSt | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| ¥ | 32 | Retained earnings, endowment, accumulated income, or other funds. | | 32 | |
| Š | 33 | Total net assets or fund balances | <u>719,</u> 328 | | 768,672 |
| | 34 | Total liabilities and net assets/fund balances | 719,328 | 34 | 768,672 Form 990 (2018) |

| Form 9 | 90 (2018) | | | Pa | ge 12 |
|--------|--|----------|----|----------|--------------|
| Par | Reconciliation of Net Assets | | | | <u> </u> |
| _ | 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 | | | 8,341 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 8,980 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | | | 9,361 | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | | | | 9,328 |
| 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 | | 76 | 8,681 |
| Par | | | | | |
| | 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 Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O. | plain in | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | √ |
| | If "Yes," check a box below to indicate whether the financial statements for the year were comreviewed on a separate basis, consolidated basis, or both | piled or | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | √ | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audit | ed on a | | | |
| | separate basis, consolidated basis, or both | | | | - 1 |
| | Separate basis Consolidated basis Both consolidated and separate basis | | - | <u> </u> | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o of the audit, review, or compilation of its financial statements and selection of an independent accounts. | | 2c | | ✓ |
| | If the organization changed either its oversight process or selection process during the tax year, exchedule O | | | | |

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

За

3b

Form **990** (2018)

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

OMB No 1545-0047

Open to Public Inspection

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

• Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C

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

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

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

| | organization answered "Yes see separate instructions), t | s," on Form 990, Part IV, line 5 (Proxy hen | / Tax) (see separat | e instructions) or Form 990 | -EZ, Part V, line 35c (Proxy |
|---|---|--|---------------------|---|---|
| • Se | ection 501(c)(4), (5), or (6) orga | anizations Complete Part III. | | | |
| Name | of organization | | | Employer ider | ntification number |
| | Lake Washing | ton Education Association | | | 91-0820344 |
| Part | | e organization is exempt und | er section 501(| c) or is a section 527 | organization. |
| 1 | | f the organization's direct and in | | | |
| 2 | | ty expenditures (see instructions) | | | ` |
| 3 | Volunteer hours for politi | cal campaign activities (see instruc | ctions) | · · · · · · · · · · · · · · · · · · · | |
| Part | I-B Complete if th | e organization is exempt und | er section 501(| c)(3). | |
| 1 | Enter the amount of any | excise tax incurred by the organiza | ation under sectio | n 4955 ▶ \$ | } |
| 2 | Enter the amount of any | excise tax incurred by organization | n managers under | section 4955 🕨 💲 |) |
| 3 | If the organization incurre | ed a section 4955 tax, did it file Fo | rm 4720 for this y | ear [?] | Yes No |
| 4a | Was a correction made? | | | | Yes 🗌 No |
| <u>b</u> | If "Yes," describe in Part | | | | |
| Part | I-C Complete if th | e organization is exempt und | er section 501(| c), except section 501 | (c)(3). |
| 1 | | tly expended by the filing organiz | | | |
| 2 | | filing organization's funds contrib | - | ganizations for section | |
| 3 | · · · · · · · · · · · · · · · · · · · | expenditures. Add lines 1 and 2 | | on Form 1120-POL, ▶ \$ | |
| 4 | | n file Form 1120-POL for this year | | | . Yes No |
| 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to w organization made payments. For each organization listed, enter the amount paid from the filing organization's function the amount of political contributions received that were promptly and directly delivered to a separate political organization as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information | | | | | |
| | (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) | | | | | |

| ~ | • |
|------|---|
| Page | 4 |

| Ρį | art II-A | Complete if the organization section 501(h)). | n is exempt | under section 5 | 01(c)(3) and filed | l Form 5768 (ele | ction under |
|----|---|--|----------------|---|--------------------|----------------------------------|-----------------------------|
| A | Check ► | Check ▶ ☐ If the filing organization belongs to an affiliated group (and list in Part IV each affiliated | | | | | er's name, |
| | address, EIN, expenses, and share of excess lobbying expenditures). | | | | | | |
| В | Check ► | If the filing organization check | ed box A and | "limited control" p | rovisions apply | | |
| | | Limits on Lobb | | | ` | (a) Filing organization's totals | (b) Affiliated group totals |
| | T-4-11 | (The term "expenditures" me | | | ` | Organization's totals | ————————— |
| ٦ | | obbying expenditures to influence | | | • | | |
| | | obbying expenditures to influence | - | = : | g) | | |
| | | obbying expenditures (add lines 1a | • | | | - | |
| | | exempt purpose expenditures . exempt purpose expenditures (add | | | | | |
| | | ing nontaxable amount. Enter t | | • | | | |
| - | colum | | ine amount i | ion the lollowing | g table in both | | |
| | If the ar | nount on line 1e, column (a) or (b) is: | The lobbying | nontaxable amoun | t is: | | |
| | Not ove | r \$500,000 | 1 | mount on line 1e. | | | i |
| | Over \$5 | 00,000 but not over \$1,000,000 | \$100,000 plu | s 15% of the excess | over \$500,000. | | ĺ |
| | Over \$1 | ,000,000 but not over \$1,500,000 | \$175,000 plus | s 10% of the excess | over \$1,000,000. | | |
| | Over \$1 | ,500,000 but not over \$17,000,000 | \$225,000 plu | s 5% of the excess o | ver \$1,500,000 | | |
| | Over \$1 | 7,000,000 | \$1,000,000. | | | | |
| | g Grassr | oots nontaxable amount (enter 25 | % of line 1f) | | | | |
| | h Subtra | ct line 1g from line 1a. If zero or le | ss, enter -0- | | | | |
| | i Subtra | ct line 1f from line 1c. If zero or les | ss, enter -0- | | | | |
| | | e is an amount other than zero ng section 4911 tax for this year? | | 1h or line 1i, did | - | | Yes No |
| | (Som | e organizations that made a sec | tion 501(h) el | Period Under Sec ection do not hav ructions for lines | e to complete all | of the five columr | ns below. |
| | | Lobbying | Expenditures | During 4-Year A | veraging Period | | |
| | Cale | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) Total |
| 2 | 2a Lobbyı | ng nontaxable amount | | | | | |
| | • | ng ceiling amount of line 2a, column (e)) | | | | | |
| | c Total lo | obbying expenditures | | | | | |
| | d Grassr | oots nontaxable amount | | | | | |
| | | oots ceiling amount of line 2d, column (e)) | | | | | |
| | f Grassr | oots lobbying expenditures | | | | | |

| Ear d | (election under section 501(h)). | (| a) | | (b) | |
|-----------|--|---------|------------|----------|----------|----------|
| | each "Yes," response on lines 1a through 11 below, provide in Part IV a detailed ription of the lobbying activity. | Yes | No | A | moun | it |
| 1 | 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. | | | | | |
| а | Volunteers? | | | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | | |
| С | Media advertisements? | | | | | |
| d | Mailings to members, legislators, or the public? | | | | | |
| е | 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? | | ļ | | | |
| j | Total. Add lines 1c through 1i | | ļ <u> </u> | | | |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | <u> </u> | | | |
| 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 . | | ļ | · | | |
| d Post | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) | \(5\ | | | | |
| rart | 501(c)(6). |)(O), | or se | cuon | | |
| | | | | | Yes | + |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | | 1 | <u> </u> | ✓ |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | 2 | ✓ | <u> </u> |
| 3 | Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) | | | | | ✓ |
| | Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes." | | | | line | 3, is |
| 1 | Dues, assessments and similar amounts from members | | 1 | | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid). | of | | | | |
| а | Current year | | 2a | | | |
| b | Carryover from last year | | 2b | ļ | | |
| С | Total | | 2c | <u> </u> | | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . | | 3 | | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of | | | | | |
| | excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year? | yirig | - | | | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | • | 5 | | | |
| Pari | | | | | | |
| | le the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated gro | un lis | t) Pa | rt II-A | ines 1 | 1 an |
| | instructions); and Part II-B, line 1. Also, complete this part for any additional information. | | ,, | , | | |
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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.

20**18**

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

| Lake Washington Education Association | | 91-0820344 | | | |
|---|-----------------------------|--------------------------------------|--|--|--|
| Part III, Section 4d: Additional programs services include - | | | | | |
| Membership Matters - \$2,523 | Lake Washington Schools | Foundation - \$1,500 | | | |
| Association Release - \$878 | PTSA - \$728 | | | | |
| Scholarship Fund - \$1,250 | Retirement Recognition - | \$1,527 | | | |
| New Teachers - \$355 | B Team Refund - \$320 | | | | |
| Read Across America - \$6,366 | | | | | |
| ····· | | ••••• | | | |
| Part VI, Section 9: Names and addresses of board directors - | | | | | |
| Geraldine Wilson (Vice President) 13700 SE 177th Street, Bellevue, WA 980 | 005 | | | | |
| Patricia Cook (Board of Directors) 14619 NE 81st Street, Redmond, WA 980 | 952 | | | | |
| Benjamin Corey (Board of Directors) 20818 59th Place W, Lynnwood, WA 9 | 8036 | | | | |
| Kyla Thompson (Board of Directors) 17901 146th Avenue NE, #1, Woodiny | lle, WA 98072 | | | | |
| Kathryn Badger (Board of Directors) 2724 Fairview Avenue, E-202, Seattle, | WA 98102 | | | | |
| Sarah Cooper (Board of Directors) 1571 3rd Street, Kırkland, WA 98033 | | | | | |
| Marilyn Hargraves (Board of Directors) 4637 192nd Drive NE, Sammamish, | WA 98074 | | | | |
| Maryield Galarpe (Board of Directors) 2325 170th Street SE, Bothell, WA 98012 | | | | | |
| | | | | | |
| Part VI, Section C.19 Documents, financial statements, and records are key | ot in the Lake Washington (| Education Association (LWEA) office. | | | |
| Anyone needing access can contact the LWEA for assistance. | | | | | |
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