Form **990** 

(Rev January 2020)\*
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

2019 Open to Public Inspection

| A                   | For the                      | e 2019 c     | alendar ye        | ar, or tax yea      | ar beginning                | , and                                 | ending                |          |                                 |            |                                       |                 |              |             |
|---------------------|------------------------------|--------------|-------------------|---------------------|-----------------------------|---------------------------------------|-----------------------|----------|---------------------------------|------------|---------------------------------------|-----------------|--------------|-------------|
| В                   | Check if an                  | pplicable    | C Name of o       | rganization         |                             |                                       |                       |          |                                 | D E        | mployer                               | identifica      | tion numbe   | er          |
|                     | Address c                    | hange        |                   |                     | <u>WAFL</u> A               |                                       |                       |          |                                 |            |                                       |                 |              |             |
| 一                   | Name cha                     | anne         | Doing busi        |                     |                             |                                       |                       |          |                                 |            |                                       | 119             | 11           |             |
| 믐                   |                              | •            |                   |                     | box if mail is not delivere | ·                                     |                       |          | Room/suite                      |            | elephone                              | number<br>155-8 | 2064         |             |
| 닏                   | Initial retur<br>Final retur |              |                   |                     | LANE NE SUI                 |                                       |                       | L_       |                                 | + 3'       | 00-4                                  | 133-            | 3004         |             |
|                     | terminated                   |              | •                 | · ·                 | •                           | WA 98516                              |                       |          |                                 |            |                                       |                 | 2 01         | c 004       |
|                     | Amended                      | return       | LACE:             | address of princip  |                             | MW 30210                              | -                     |          | <del></del>                     | GG         | ross recei                            | pts \$          | 3,81         | 6,904       |
| $\overline{\sqcap}$ | Application                  | n pending    | l nome and        | booleds of printer  | our omice.                  | -                                     |                       |          | H(a) Is this a                  | group reli | um for sul                            | oordinates?     | Yes          | X No        |
|                     |                              |              |                   |                     |                             |                                       |                       |          | H(b) Are all s                  | uhordina   | ites inclu                            | ded?            | Yes          | No.         |
|                     |                              |              |                   |                     |                             |                                       |                       |          |                                 |            |                                       | see instruc     |              |             |
| _                   | <b>~</b>                     |              | I                 | )1(c)(3) <b>X</b> 5 | 01(c) ( 6 ) <b>4</b>        | · · · · · · · · · · · · · · · · · · · | (-)(4)                |          |                                 | ,          | · · · · · · · · · · · · · · · · · · · |                 | ,            |             |
| <u>+</u>            |                              | mpt status   |                   | FLA.ORO             | <del></del>                 | (insert no ) 4947(                    | a)(1) or 527 <b>(</b> | 10       | H(a) O                          |            |                                       |                 |              |             |
| <u></u>             | Website                      | organization | $\neg \neg$       | oration Trus        | [PP]                        | Other ▶                               | 1                     | T. va    | H(c) Group e<br>ar of formation | 200        | 7                                     |                 | flacal dam.  |             |
| *****               | art I                        |              | ımmary            | oration   Trus      | ASSOCIATION                 | Oulei                                 |                       |          | ai Oi IOimalion                 | 200        | , ,                                   | M State C       | f legal domi | cile        |
| 777                 | Τ                            |              |                   | ornanization's      | mission or most s           | significant activities                |                       |          |                                 |            | <del></del>                           |                 |              |             |
| 4                   |                              | -            | Schedu            | •                   | , initiation of initiate    | signinocint douvides                  | REC                   | CEN      | /ED                             | 7          |                                       |                 |              |             |
| ĕ                   |                              |              |                   |                     |                             |                                       | 101                   | 7 - 11   | LEU                             | 1          |                                       |                 |              |             |
| Governance          |                              |              |                   |                     |                             | ed its operations or d                | 18                    |          |                                 | 31         |                                       |                 |              |             |
| o ve                | 2 (                          | Check th     | ıs box ▶          | if the organ        | ization discontinue         | ed its operations or d                | ISDESES OF MOTE IN    | 359      |                                 | ssets      |                                       |                 |              |             |
| <u>ග</u><br>න       | 3 1                          |              |                   | embers of the       | governing body (I           | Part VI. line 1a)                     |                       |          | RS.                             | 1          | 3                                     | 7               |              |             |
| ŝ                   |                              |              |                   |                     |                             | erning body (Part VI,                 | line 1b) OGD          | FRI      | 11 <del>+</del>                 | i i        | 4                                     | 7               | -            |             |
| <u>Y</u>            | 5 7                          |              |                   |                     |                             | ear 2019 (Part V, line                |                       | CIA.     | UI                              | İ          | 5                                     | 43              |              |             |
| Activities          | 6 1                          |              |                   |                     | ate if necessary)           | · · · · · · · · · · · · · · · · · · · | ,                     |          | ,                               | Ì          | 6                                     | 0               |              |             |
| ⋖                   |                              |              |                   | •                   | from Part VIII, col         | umn (C), line 12                      |                       |          |                                 | ľ          | 7a                                    |                 | 5            | ,600        |
|                     |                              |              |                   |                     | come from Form 9            | • • •                                 |                       |          |                                 | ľ          | 7b                                    |                 |              | ,600        |
|                     |                              |              |                   |                     |                             |                                       |                       |          | Prior \                         |            |                                       | С               | urrent Yea   | ır          |
| ø                   | 8 (                          | Contribut    | tions and gi      | rants (Part VII     | li, line 1h)                |                                       |                       |          |                                 | 05,8       |                                       |                 |              | ,565        |
| ű                   | 9 F                          | Program      | service rev       | enue (Part VI       | II, line 2g)                |                                       |                       |          | 3,79                            |            |                                       | 3               |              | ,462        |
| Revenue             | 10 1                         | Investme     | ent income (      | (Part VIII, coli    | umn (A), lines 3, 4         | , and 7d)                             |                       |          |                                 | 2,0        |                                       |                 |              | ,574        |
| œ                   | 11 (                         | Other rev    | venue (Part       | VIII, column        | (A), lines 5, 6d, 8c        | , 9c, 10c, and 11e)                   |                       |          |                                 | 3,4        |                                       |                 |              | ,303        |
| _                   | 12 7                         | Total rev    | enue – add        | lines 8 through     | gh 11 (must equal           | Part VIII, column (A)                 | , line 12)            |          | 3,90                            | 06,4       | 198                                   | 3               | ,816         | ,904        |
|                     | 13 (                         | Grants ai    | nd sımılar a      | mounts paid         | (Part IX, column (A         | A), lines 1–3)                        |                       |          |                                 |            |                                       |                 |              | 0           |
| •                   | 14 E                         | Benefits     | paid to or fo     | or members (        | Part IX, column (A          | ), line 4)                            |                       |          |                                 |            |                                       |                 |              | 0           |
| es.                 | 15 5                         | Salaries,    | other comp        | pensation, em       | ployee benefits (P          | art IX, column (A), lıı               | nes 5–10)             | <br>     | 1,6                             | 73,4       | 101                                   | 1               | <u>,930</u>  | <u>,508</u> |
| xpenses             | 16a F                        | Professio    | onal fundrai      | sing fees (Pa       | rt IX, column (A), I        | ine 11e)                              |                       |          |                                 | ····       |                                       |                 |              | 0           |
|                     | . b 1                        | Total fund   | draising exp      | penses (Part        | IX, column (D), line        | e 25) ▶                               | 0                     |          |                                 |            |                                       | _               | <u> </u>     |             |
| -<br>-              | 17 (                         | •            | •                 |                     | (A), lines 11a–11d          | •                                     |                       |          | 1,3                             |            |                                       |                 |              | ,245        |
| 2                   | 18 1                         |              |                   |                     | •                           | X, column (A), line 2                 | 5)                    |          | 2,98                            |            |                                       | 3               |              | <u>,753</u> |
| <del>ی .</del>      | 19 F                         | Revenue      | less expen        | ises. Subtract      | line 18 from line           | 12 ,                                  |                       |          |                                 | 22,3       |                                       |                 |              | <u>,151</u> |
| Net Assets or       | 20 7                         | Total aca    | ets (Part X       | line 16)            |                             |                                       |                       | $\vdash$ | Beginning of C                  |            |                                       |                 | nd of Year   | ,309        |
| ၁ <u>ဖွင့်</u>      | 20 1                         |              | ulities (Part     |                     |                             |                                       |                       | $\vdash$ | 4,12                            |            |                                       |                 |              | ,340        |
| 35                  | 3 × ×                        |              | •                 | •                   | tract line 21 from I        | une 20                                |                       |          | 6,3                             |            |                                       |                 | -            | ,969        |
| 77777               | Part II                      | **           | gnature           |                     | tract line 21 front i       | ine 20                                |                       |          | 0,5.                            | <u> </u>   | <i>)</i>                              |                 | , , 20       | ,,,,,,      |
|                     |                              |              | *                 |                     | examined this return        | n, including accompany                | ung schedules and s   | tatemen  | ts and to the                   | hest of    | my kno                                | wledne s        | nd belief    | ıt ıs       |
|                     |                              |              |                   |                     |                             | cer) is based on all info             |                       |          |                                 |            | ,                                     | cogo c          | ina bener,   | 15          |
|                     |                              |              |                   | 11                  |                             |                                       |                       |          |                                 |            | 11                                    | - 13            | ~ ZO         | 20          |
| Sig                 | gn                           | <b>7</b> 3   | signature of offi | cer                 |                             |                                       |                       |          |                                 |            | Date                                  |                 |              |             |
| He                  | _                            |              | STEVE             | E DAVIS             |                             |                                       | CFC                   | <b>O</b> |                                 |            |                                       |                 |              |             |
|                     |                              | <b>7</b> 7   | ype or print na   | me and title        |                             |                                       |                       |          | _                               |            | -                                     |                 |              |             |
|                     |                              | Print/Type   | e preparer's na   | ime                 |                             | Preparer's signature                  | · · <u>-</u> ·        |          | Date                            |            | Check                                 | ıf P            | TIN          |             |
| Pai                 | id                           | L            |                   |                     |                             |                                       |                       |          | 11/1                            | 4/20       | self-emp                              | loyed           |              |             |
| Pre                 | eparer                       | Firm's na    | me 🕨              |                     |                             |                                       |                       |          |                                 | Firm's E   | EIN 🕨                                 |                 |              |             |
| Us                  | e Only                       |              |                   |                     |                             |                                       |                       |          |                                 |            |                                       |                 |              |             |
| _                   |                              | Firm's ad    | dress             |                     |                             |                                       |                       |          |                                 | Phone r    | no                                    |                 |              |             |
| Ма                  | y the IR                     | S discus     | s this retur      | n with the pre      | parer shown above           | e? (see instructions)                 |                       |          |                                 |            |                                       |                 | Yes          | No          |
|                     |                              | vork Redu    | uction Act N      | lotice, see the     | separate instruction        | ns.                                   |                       |          |                                 |            |                                       |                 | Form 9       | 90 (2019)   |
| DAA                 |                              |              |                   |                     |                             |                                       |                       |          |                                 |            |                                       |                 |              |             |

| Form 990 (201 | 9) WAFLA   | 26-061  | L1911                        | Page 2      |
|---------------|--|---|------------------------------|-------------|
| Part III      | · Statement of Program Servi                             | •   |                              |             |
| • •           |  | a response or note to any line in this Part           | <u>: III</u>                 | X           |
|               | escribe the organization's mission                       |   |                              |             |
| DCC D         |  |   |                              |             |
|               |  |   |                              |             |
|               |  |   |                              |             |
|               | -  | program services during the year which were not list  | ed on the                    | □           |
| -             | m 990 or 990-EZ?<br>describe these new services on Sched | ulo O   |                              | ∐ Yes X No  |
|               |  | e significant changes in how it conducts, any progra  | m                            |             |
| services      |  | programatic analysis in non-it conducte, any progra   |                              | Yes X No    |
| If "Yes,"     | describe these changes on Schedule C                     |   |                              |             |
|               |  | complishments for each of its three largest program   |                              |             |
|               |  | nizations are required to report the amount of grant  | s and allocations to others, |             |
| the total     | expenses, and revenue, if any, for each                  | h program service reported                            |                              |             |
| 4a (Code      | ) (Expenses \$   | including grants of \$                                | ) (Revenue \$                |             |
| ,             |  | OWNS AND OPERATES TWO FAR                             |                              | FACILITIES  |
| AND IS        | S A 35% OWNER IN A P                                     | HOTEL WHICH HAS BEEN CONV                             | ERTED INTO A FA              | RMWORKER    |
| HOUSI         | NG FACILITY.   |   |                              |             |
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| 41 (0 1       |  |   |                              |             |
| 4b (Code      | ) (Expenses \$<br>RSHTPS PRODUCTS & 5                    | including grants of \$ SERVICES - WAFLA PROVIDES      | ) (Revenue \$ WERTNARS AND   | OTHER<br>)  |
|               |  | S AND PROVIDES A SUITE OF                             |                              |             |
|               | ERVICES.   |   |                              |             |
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| 4c (Code      | ) (Expenses \$   | including grants of \$                                | ) (Revenue \$                | )           |
|               |  | M - WAFLA ASSISTS MEMBERS<br>APPLICATIONS AND OTHER S |                              |             |
|               |  | IN THE AGRICULTURE INDUS                              |                              | D IO ENSURE |
|               |  |   |                              |             |
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| 4d Other pr   | ogram services (Describe on Schedule                     | O.)   |                              |             |
| (Expens       |  | •   | enue \$                      | )           |
| 4e Total pro  | gram service expenses                                    |   | <del></del>                  |             |

#### Part IV Checklist of Required Schedules

- Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?
- 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
- 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
- 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
- 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
- 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
- Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 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
- Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V
- If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.
  - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
  - 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
  - c 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
  - 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
  - Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
  - 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
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
  - 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
- Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
  - 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
- 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
- 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
- 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)
- 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
- 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
- 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?
- Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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|   | For  | ո <b>9</b> 90 | (2019)                          |

| Form     | 990 (201  | 19) WAFLA 26-06  | 511911         |      | F  | age <b>4</b>                                     |
|----------|-----------|--|----------------|------|--|--|
| Pa       | irt IV    | Checklist of Required Schedules (continued)  |                |      |  |  |
|          | •         |  |                |      | Yes  | No   |
| 22       |           | organization report more than \$5,000 of grants or other assistance to or for domestic indi  | ividuals on    |      |  |  |
|          |           | column (A), line 2? If "Yes," complete Schedule I, Parts I and III   |                | 22   | ├  | X  |
| 23       |           | organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the  |                |      |  |  |
|          | •         | ation's current and former officers, directors, trustees, key employees, and highest compo   | ensated        | 1 22 | x  |  |
| 04-      |           | es? If "Yes," complete Schedule J  | . 41           | 23   | ^  | <del>                                     </del> |
| 24a      |           | organization have a tax-exempt bond issue with an outstanding principal amount of more   |                |      |  |  |
|          |           | 0 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answ  | ver lines 240  | 24a  |  | x  |
| <b>h</b> | _         | 24d and complete Schedule K If "No," go to line 25a<br>organization invest any proceeds of tax-exempt bonds beyond a temporary period excep                                    | tion?          | 24b  |  | <u> </u>   |
| b        |           | organization mivest any proceeds of tax-exempt bonds beyond a temporary period exceptorganization maintain an escrow account other than a refunding escrow at any time during  |                | 245  | <del>                                     </del> | <del>                                     </del> |
| ·        |           | se any tax-exempt bonds?   | ig the year    | 24c  |  |  |
| d        |           | organization act as an "on behalf of" issuer for bonds outstanding at any time during the  | vear?          | 24d  |  | $\vdash$   |
| 25a      |           | 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an  |                |      |  |  |
| 200      |           | ion with a disqualified person during the year? If "Yes," complete Schedule L, Part I  |                | 25a  |  |  |
| ь        |           | ganization aware that it engaged in an excess benefit transaction with a disqualified pers   | son in a prior |      |  |  |
| -        |           | d that the transaction has not been reported on any of the organization's prior Forms 990  | ·              |      |  |  |
|          |           | complete Schedule L, Part I  |                | 25b  |  |  |
| 26       | Did the d | organization report any amount on Part X, line 5 or 22, for receivables from or payables t   | o any current  |      |  |  |
|          | or forme  | er officer, director, trustee, key employee, creator or founder, substantial contributor, or 3   | 5%             |      |  |  |
|          |           | ed entity or family member of any of these persons? If "Yes," complete Schedule L, Part  |                | 26   |  | X  |
| 27       | Did the d | organization provide a grant or other assistance to any current or former officer, director,   | trustee, key   |      |  |  |
|          | employe   | ee, creator or founder, substantial contributor or employee thereof, a grant selection comi  | mittee         |      |  |  |
|          | member    | r, or to a 35% controlled entity (including an employee thereof) or family member of any c   | of these       |      |  |  |
|          | persons'  | ? If "Yes," complete Schedule L, Part III  |                | 27   |  | X  |
| 28       | Was the   | e organization a party to a business transaction with one of the following parties (see Sch  | edule L, Part  |      | I  |  |
|          | IV ınstru | ictions, for applicable filing thresholds, conditions, and exceptions)   |                |      | •  |  |
| а        | A curren  | nt or former officer, director, trustee, key employee, creator or founder, or substantial con  | tributor? If   |      |  |  |
|          |           | omplete Schedule L, Part IV  |                | 28a  |  | X  |
| b        | =         | member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV   |                | 28b  |  | Х  |
| С        |           | controlled entity of one or more individuals and/or organizations described in lines 28a or  | 28b? If        |      |  | ١  |
|          |           | omplete Schedule L, Part IV  |                | 28c  |  | X  |
| 29       |           | organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Sc   |                | 29   |  | X  |
| 30       |           | organization receive contributions of art, historical treasures, or other similar assets, or q   | ualified       |      |  | J.   |
|          |           | ation contributions? If "Yes," complete Schedule M   |                | 30   | ļ  | X  |
| 31       |           | organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete S  |                | 31   |  |  |
| 32       |           | organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Y  | res,"          |      |  |  |
| 22       |           | e Schedule N, Part II  | Dagulations    | 32   |  | X  |
| 33       |           | organization own 100% of an entity disregarded as separate from the organization under   | Regulations    | 33   |  | x  |
| 24       |           | s 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i><br>e organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R,</i> | Port II III    | 33   |  |  |
| 34       |           | nd Part V, line 1  | , raitii, iii, | 34   |  | x  |
| 35a      |           | organization have a controlled entity within the meaning of section 512(b)(13)?  |                | 35a  |  | X  |
| b        |           | to line 35a, did the organization receive any payment from or engage in any transaction  | with a         | 038  |  | <u> </u>   |
| •        |           | ed entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V  |                | 35b  |  |  |
| 36       |           | solic)(3) organizations. Did the organization make any transfers to an exempt non-chi  |                | 332  |  |  |
|          |           | organization? If "Yes," complete Schedule R, Part V, line 2  |                | 36   |  |  |
| 37       |           | organization conduct more than 5% of its activities through an entity that is not a related  | organization   |      |  |  |
| •        |           | t is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule   |                | 37   | ļ  | х  |
| 38       |           | organization complete Schedule O and provide explanations in Schedule O for Part VI, III   |                |      |  |  |
|          |           | te: All Form 990 filers are required to complete Schedule O  |                | 38   | х  |  |
| P        | art V     | Statements Regarding Other IRS Filings and Tax Compliance  | · ·            |      |  |  |
| •        |           | Check if Schedule O contains a response or note to any line in this Pa   | art V          |      |  |  |
|          |           |  | 1 1            |      | Yes  | No   |
| 1a       | Enter the | e number reported in Box 3 of Form 1096 Enter -0- if not applicable  | 1a 27          |      |  |  |
| b        |           | e number of Forms W-2G included in line 1a Enter -0- if not applicable   | 1b             |      |  |  |
| С        | Did the   | organization comply with backup withholding rules for reportable payments to vendors ar  | nd             |      | •  |  |
|          | reportab  | ole gaming (gambling) winnings to prize winners?   |                | 1c   | <u> </u>   | <u> </u>   |
| DAA      | TOPORTOR  | so gaming (gamening) within go to prize with the   |                |      | m 990  | ) (2   |

| Pa  | ert V Statements Regarding Other IRS Filings and Tax Compliance (continu  | ued)    |             | · · · ·                                |              |                |
|-----|---|---------|-------------|--|--------------|----------------|
|     | •   |         |             |  | Yes          | s No           |
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax   | 1 1     | l           | [ <del>"""</del>                       | 1            |                |
|     | Statements, filed for the calendar year ending with or within the year covered by this return   | 2a      | 43          |  |              |                |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax retur   | ns?     |             | _2b                                    | _ x          |                |
|     | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions  | s)      |             |  |              | ,              |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year?   |         |             | 3a                                     | X            |                |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule   | 0       |             | 3b                                     | X            |                |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other a   | authori | ity over,   |  |              |                |
|     | a financial account in a foreign country (such as a bank account, securities account, or other financial  | ассоц   | unt)?       | 4a                                     |              | X              |
| 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 A  | ccoun   | nts (FBAR). |  | 1            |                |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   |         |             | 5a                                     |              | <u> </u>       |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction   | tion?   |             | <u>5b</u>                              |              | X              |
| С   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   |         |             | <u>5c</u>                              | $\downarrow$ | 4              |
| 6a  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the  | е       |             |  |              |                |
|     | organization solicit any contributions that were not tax deductible as charitable contributions?  |         |             | 6a                                     |              | X              |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contribution  | ns or   |             |  |              |                |
|     | gifts were not tax deductible?  |         |             | 6b                                     | ļ            | <del>- </del>  |
| 7   | Organizations that may receive deductible contributions under section 170(c).   |         |             |  | I            |                |
| а   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g   | goods   |             |  | ŧ            |                |
|     | and services provided to the payor?   |         |             | <u>7a</u>                              | -            | <del> </del>   |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?   |         |             | 7b                                     | +-           | +              |
| С   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was  | S       |             | i _                                    |              |                |
|     | required to file Form 8282?   | 1       | í           | 7c                                     |              |                |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year   | 7d      |             | —————————————————————————————————————— | •            | 1              |
| e   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or  |         | τ,          | 7e                                     | +-           | -              |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control  |         | 00 00 700   | 7f                                     | +            | +              |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Follows   |         | · ·         |  | +            | +              |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations are relative to the organization of cars, boats, airplanes, or other vehicles, did the organizations are relative to the organization of cars, boats, airplanes, or other vehicles, did the organizations are relative to the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, airplanes, or other vehicles, did the organization of cars, and organization of cars, airplanes, or other vehicles, did the organization of cars, and organization of cars, and organization of cars, airplanes, |         |             | -c'   <u>''''</u>                      | <del></del>  | <del> </del>   |
| 8   | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine sponsoring organization have excess business holdings at any time during the year?   | u by u  | ie          | 8                                      | <b>†</b> `   | <u> </u>       |
| 9   | Sponsoring organizations maintaining donor advised funds.   |         |             | ļ <del></del>                          | -            | <del> </del> - |
| 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.   |         |             | 02                                     | 1            | +              |
| а   | Initiation fees and capital contributions included on Part VIII, line 12  | 10a     |             |  | I            |                |
| 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   |         |             |  | I            |                |
| а   | Gross income from members or shareholders   | 11a     |             |  | ļ.           |                |
| b   | Gross income from other sources (Do not net amounts due or paid to other sources  |         |             |  | 1            |                |
|     | against amounts due or received from them )   | 11b     |             | k ,                                    | 1            | 4              |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form  | 1041    | ?           | <b>12</b> a                            |              |                |
| b   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   | 12b     |             |  |              |                |
| 13  | Section 501(c)(29) qualified nonprofit health insurance issuers.  |         |             | <u>`</u>                               | <u> </u>     |                |
| а   | 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  |         | •           |  | 1.           |                |
|     | the organization is licensed to issue qualified health plans  | 13b     |             | 、                                      |              |                |
| C   | Enter the amount of reserves on hand  | 13c     |             |  | Ī            |                |
| 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 on Schedul  |         |             | 146                                    | 1            | —              |
| 15  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner   | ation o | or          | 1                                      |              |                |
|     | excess parachute payment(s) during the year?  |         |             | 15                                     |              | X              |
|     | If "Yes," see instructions and file Form 4720, Schedule N   |         |             | <b>.</b> .                             | ₽            |                |
| 16  | Is the organization an educational institution subject to the section 4968 excise tax on net investment   | incom   | ie?         | 16                                     | <del> </del> | X              |
|     | If "Yes," complete Form 4720, Schedule O.   |         |             |  | . <b>.</b>   | . <b>E</b>     |

| Form | 990 (2019) WAFLA   | 26-0611               | 911                |         |            |            | P             | age <b>6</b>     |
|------|--|-----------------------|--------------------|---------|------------|------------|---------------|------------------|
|      | rt VI Governance, Management, and Disclosure For each "Yes                                     | " response to lir     | nes 2 throu        | igh 7b  | below, a   | and for a  |               |                  |
|      | response to line 8a, 8b, or 10b below, describe the circumstance                               |                       |                    | _       |            |            |               | ns.              |
|      | Check if Schedule O contains a response or note to any line in th                              | is Part VI            |                    |         |            |            |               | $\mathbf{X}_{-}$ |
| Sec  | tion 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            | ar                    |                    | 1a      | 7          |            |               |                  |
|      | If there are material differences in voting rights among members of the governing be           |                       |                    |         |            |            |               |                  |
|      | if the governing body delegated broad authority to an executive committee or similar           |                       |                    |         |            |            | <u> </u>      |                  |
|      | committee, explain on Schedule O   | •                     |                    |         |            |            | .             |                  |
| b    | Enter the number of voting members included on line 1a, above, who are independent             | ant                   |                    | 1b      | 7          |            | ,             | 1                |
| 2    | Did any officer, director, trustee, or key employee have a family relationship or a but        |                       | s with             |         |            |            |               |                  |
| _    |  | siriess relationship  | With               |         |            | ,          | · .           | x                |
| •    | any other officer, director, trustee, or key employee?   |                       | d                  |         |            | 2          |               |                  |
| 3    | Did the organization delegate control over management duties customarily performe              | •                     |                    |         |            |            |               | v                |
|      | supervision of officers, directors, trustees, or key employees to a management com             |                       |                    | _       |            | 3          |               | <u>X</u>         |
| 4    | Did the organization make any significant changes to its governing documents since             | •                     |                    | 7       |            | 4          |               | X                |
| 5    | Did the organization become aware during the year of a significant diversion of the            | organization's ass    | ets?               |         |            | 5          | <u> </u>      | X                |
| 6    | Did the organization have members or stockholders?   |                       |                    |         |            | 6          |               | X                |
| 7a   | Did the organization have members, stockholders, or other persons who had the po               | wer to elect or app   | point              |         |            |            |               |                  |
|      | one or more members of the governing body?   |                       |                    |         |            | 7a         |               | <u> </u>         |
| b    | Are any governance decisions of the organization reserved to (or subject to approve            | ıl by) members,       |                    |         |            |            |               |                  |
|      | stockholders, or persons other than the governing body?  |                       |                    |         |            | 7b         |               | <u>X</u>         |
| 8    | Did the organization contemporaneously document the meetings held or written acti              | ons undertaken d      | uring the ye       | ar by t | he followi | ng         |               |                  |
| а    | The governing body?  |                       |                    |         |            | 8a         | X             |                  |
| b    | Each committee with authority to act on behalf of the governing body?                          |                       |                    |         |            | 8b         | X             |                  |
| 9    | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, w      | ho cannot be read     | ched at            |         |            |            |               |                  |
|      | the organization's mailing address? If "Yes," provide the names and addresses on S             | Schedule O            |                    |         |            | 9          |               | X                |
| Sec  | tion B. Policies (This Section B requests information about policies                           | not required by       | y the Inter        | nal F   | Revenue    | Code.)     |               |                  |
|      |  |                       |                    |         |            |            | Yes           | No               |
| 10a  | Did the organization have local chapters, branches, or affiliates?                             |                       |                    |         |            | 10a        |               | X                |
| b    | If "Yes," did the organization have written policies and procedures governing the act          | ivities of such cha   | pters,             |         |            |            |               |                  |
|      | affiliates, and branches to ensure their operations are consistent with the organization       |                       |                    |         |            | 10b        | 1 1           |                  |
| 11a  | Has the organization provided a complete copy of this Form 990 to all members of i             |                       |                    | the fo  | orm?       | 11a        |               | X                |
| b    | Describe in Schedule O the process, if any, used by the organization to review this            |                       | `                  | ,       |            |            |               | *****            |
| 12a  | Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> |                       |                    |         |            | 12a        | x             | `                |
| b    | Were officers, directors, or trustees, and key employees required to disclose annua            | lly interests that co | ould give ris      | e to co | onflicts?  | 12b        |               | X                |
| c    | Did the organization regularly and consistently monitor and enforce compliance with            |                       |                    |         |            |            |               |                  |
|      | describe in Schedule O how this was done   | ролој // /о           | ٠,                 |         |            | 12c        | x             |                  |
| 13   | Did the organization have a written whistleblower policy?                                      |                       |                    |         |            | 13         |               | X                |
| 14   | Did the organization have a written document retention and destruction policy?                 |                       |                    |         |            | 14         | х             | <del></del> -    |
| 15   | Did the process for determining compensation of the following persons include a rev            | new and approval      | by                 |         |            |            |               |                  |
| 13   | independent persons, comparability data, and contemporaneous substantiation of the             |                       | •                  |         |            |            |               |                  |
| _    | The organization's CEO, Executive Director, or top management official                         | io deliberation diff  | a accioioii '      |         |            | 45-        | x             |                  |
| a    | Other officers or key employees of the organization  |                       |                    |         |            | 15a<br>15b | X             |                  |
| b    |  |                       |                    |         |            | 130        | -             |                  |
| 40-  | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).            | r cimilar arras = ==  | ont                |         |            |            |               |                  |
| 16a  | Did the organization invest in, contribute assets to, or participate in a joint venture o      | ı əmmai amangem       | i <del>c</del> iii |         |            | 1          | †             | ·                |
|      | with a taxable entity during the year?   |                       | .4.                |         |            | 16a        |               | <u>X</u>         |
| b    | If "Yes," did the organization follow a written policy or procedure requiring the organi       |                       |                    |         |            |            |               | <b>\</b>         |
|      | participation in joint venture arrangements under applicable federal tax law, and take         | e steps to sategua    | ira tne            |         |            | ·          | 1             |                  |
|      | organization's exempt status with respect to such arrangements?                                | <del></del>           |                    |         |            | 16b        |               |                  |
|      | tion C. Disclosure   |                       |                    |         |            |            |               |                  |
| 17   | List the states with which a copy of this Form 990 is required to be filed None                |                       |                    |         |            |            |               |                  |
| 18   | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if a             |                       | nd 990-T (S        | ection  | 501(c)     |            |               |                  |
|      | (3)s only) available for public inspection Indicate how you made these available Ch            |                       |                    |         |            |            |               |                  |
|      | Own website X Another's website Upon request Other (explain                                    | ın on Schedule O)     |                    |         |            |            |               |                  |
| 19   | Describe on Schedule O whether (and if so, how) the organization made its governing            | ng documents, co      | nflict of inter    | est po  | licy, and  |            |               |                  |
|      | financial statements available to the public during the tax year                               |                       |                    |         |            |            |               |                  |
| 20   | State the name, address, and telephone number of the person who possesses the o                | organization's boo    | ks and reco        | rds 🕨   |            |            |               |                  |
| S    | TEVE DAVIS 8830 TALLON LA  | NE NE                 |                    |         |            |            |               |                  |
| L    | ACEY   | W                     | A 9851             | _6      | 3          | 60-45      | <u>5-8</u>    | <u>064</u>       |
| DAA  |  | ·                     |                    |         |            | For        | m <b>99</b> 0 | (2019)           |

# 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. See instructions for the order in which to list the persons above

| Check this box if neither the orga |   | y rela                         | ated   |         |              | tion o                       | com    | <u> </u>   | <u> </u>  | <del></del>  |
|------------------------------------|---|--------------------------------|--|---------|--------------|------------------------------|--------|--|---|--|
| (A)<br>Name and title              | (B) Average hours per week (list any hours for    | bo<br>of                       | (C) Position (do not check more than one pox, unless person is both an officer and a director/trustee) |         |              |                              |        | (D)  Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC)  | (F) Estimated amount of other compensation from the organization and |
|                                    | related<br>organizations<br>below<br>dotted line) | Individual trustee or director | Institutional trustee  | Officer | Key employee | Highest compensated employee | Former | (0.2.000 m.c.)   | (** 2 *** 0 * | related organizations  |
| (1)DAN FAZIO                       |   |                                |  |         |              |                              |        |  |   | -  |
|                                    | 45.00   |                                |  |         |              | 1 1                          |        |  |   |  |
| CEO                                | 0.00  |                                |  | X       |              |                              |        | 168,750  | 0   | 0  |
| (2) STEVE DAVIS                    |   |                                |  |         |              |                              |        |  |   |  |
|                                    | 45.00   |                                |  |         |              |                              |        |  |   |  |
| CFO                                | 0.00  |                                |  | X       |              |                              |        | 168,500  |   | 0  |
| (3) KIMBERLY BRESLE                | 2   |                                |  |         |              |                              |        |  |   |  |
|                                    | 45.00   |                                |  |         |              |                              |        |  |   |  |
| coo                                | 0.00  |                                |  |         |              | X                            |        | 128,376  | 0   | 0  |
| (4) VARON BLACKBURN                |   |                                |  |         |              |                              |        |  |   |  |
|                                    | 1.00  |                                |  |         |              |                              |        |  |   |  |
| BOARD MEMBER                       | 0.00  | X                              |  |         |              |                              |        | 1,000  | 0   | 0  |
| (5) SHERRI BURRIS                  |   |                                |  |         |              |                              |        |  | -   |  |
|                                    | 1.00  |                                |  |         |              |                              |        |  |   |  |
| BOARD MEMBER                       | 0.00  | X                              |  |         |              |                              |        | 1,000  | 0   | 0  |
| (6) TIM CURTIS                     |   |                                |  |         |              |                              |        |  |   |  |
|                                    | 1.00  |                                |  |         |              |                              |        |  |   |  |
| TREASURER                          | 0.00  | X                              |  | X       |              |                              |        | 1,000  | 0   | 0  |
| (7) JEFF FAGG                      |   |                                |  |         |              |                              |        |  |   |  |
|                                    | 1.00  |                                |  |         |              |                              |        |  |   |  |
| VICE CHAIR                         | 0.00  | X                              |  | X       |              |                              |        | 1,000  | 0   | 0  |
| (8) STACY GILMORE                  |   |                                |  |         |              |                              |        |  |   |  |
| • •                                | 1.00  |                                |  |         |              |                              |        |  |   |  |
| BOARD CHAIRMAN                     | 0.00  | X                              |  | х       |              |                              |        | 1,000  | 0   | 0  |
| (9) ALLEN GODWIN                   |   |                                |  |         |              |                              |        |  |   |  |
|                                    | 1.00  |                                |  |         |              |                              |        |  |   |  |
| BOARD MEMBER                       | 0.00  | x                              |  |         |              |                              |        | 1,000  | 0   | 0  |
| (10) ORLIN KNUTSON                 |   | 1                              |  |         |              |                              |        |  |   |  |
|                                    | 0.00  |                                |  |         |              |                              |        |  |   |  |
| SECRETARY                          | 0.00  | x                              |  | x       |              |                              |        | ol   | 0   | 0  |
| (11)                               |   | 1                              | T  |         |              |                              |        |  |   | <u> </u>   |
| ` ′                                |   |                                |  |         |              |                              |        |  |   |  |
|                                    |   |                                |  |         |              |                              |        |  |   |  |

| Pa      | rt VII Section A. Officers  | , Directors, Tru   | stee                           | s, K                  | ey E                             | mpl          | oyee                            | s, a        | and Highest Compensated                           | Employees (continued)                                  |  |                  |          |
|---------|---|--|--------------------------------|-----------------------|----------------------------------|--------------|---------------------------------|-------------|---|--|--|------------------|----------|
|         | (A)<br>Name and title   | (B) Average hours per week (list any                           | bo<br>off                      | x, unle<br>icer a     | Pos<br>check<br>ess pe<br>nd a d | erson        | than cost both                  | an<br>ee)   | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated a of othe compensa from th | er<br>ation<br>e |          |
|         |   | hours for<br>related<br>organizations<br>below<br>dotted line) | Individual trustee or director | Institutional trustee | Officer                          | Key employee | Highest compensated<br>employee | Former      | (W-2/1099-MISC)                                   | (W-2/1099-MISC)  | organizatio<br>related organ             |                  |          |
|         |   |  |                                |                       |                                  |              |                                 |             |   |  |  |                  |          |
|         |   |  |                                |                       |                                  |              |                                 |             |   |  |  |                  |          |
|         |   |  |                                |                       |                                  |              |                                 |             |   |  |  |                  |          |
|         |   |  |                                |                       |                                  |              |                                 |             |   |  |  |                  |          |
|         |   |  |                                |                       |                                  |              |                                 |             |   |  |  |                  |          |
|         |   |  |                                |                       |                                  |              |                                 |             |   |  |  |                  |          |
|         |   |  |                                |                       |                                  |              |                                 |             |   | :  |  |                  |          |
|         |   |  |                                |                       |                                  |              |                                 |             |   |  |  |                  |          |
| 1b<br>c | Subtotal  Total from continuation shee  | ets to Part VII. S   | Secti                          | on A                  | 4                                |              |                                 | <b>&gt;</b> | 471,626   |  |  |                  |          |
| d       | Total (add lines 1b and 1c)   |  |                                |                       |                                  |              |                                 | <u> </u>    | 471,626   |  |  |                  |          |
| 2       | Total number of individuals (increportable compensation from                      |  |                                |                       | thos                             | e lıs        | ted a                           | bov         | re) who received more than                        | \$100,000 of   |  |                  |          |
| 3       | Did the organization list any fo<br>employee on line 1a? If "Yes,"                | complete Sched   | dule :                         | J for                 | suci                             | h ind        | lividu                          | al          |   |  | 3  | Yes No           | ••••     |
| 4       | For any individual listed on line<br>organization and related organ<br>individual |  |                                |                       |                                  |              |                                 |             |   |  | 4  | x                |          |
| 5       | Did any person listed on line 1stor services rendered to the org                  |  |                                |                       |                                  |              |                                 |             |   | ındıvıdual   | 5  | x                | ····     |
| Sect    | tion B. Independent Contractor  |  | <del>0</del> 3,                | COIII                 | piete                            | - 501        | ieuu                            | IG 3        | TOI SUCII PEISOII                                 |  |  | <u> </u>         | <u>-</u> |
| 1       | Complete this table for your five compensation from the organization              |  |                                |                       |                                  |              |                                 |             |   |  | ear                                      |                  |          |
|         | Name and  | (A)<br>business address  |                                |                       |                                  |              |                                 | _           | Description                                       | (B)<br>tion of services                                | Com                                      | (C)<br>pensation |          |
|         |   |  |                                |                       |                                  |              |                                 |             |   |  |  |                  |          |
|         |   |  |                                |                       |                                  |              |                                 |             |   |  |  | _                |          |
|         |   |  |                                |                       |                                  |              |                                 |             |   |  |  |                  |          |
|         |   |  | ·                              |                       |                                  |              |                                 |             |   |  |  |                  |          |
|         |   |  |                                |                       |                                  |              |                                 |             |   |  |  |                  |          |
| 2       | Total number of independent of received more than \$100,000 (                     | contractors (inclu   | iding                          | but                   | not l                            | imite        | ed to                           | tho<br>▶    | se listed above) who                              |  |  |                  | ****     |

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| Pa   | ert V |                                      |            | f Revenue        | ains a   | a respor  | se or note    | to any line in thi                      | s Part VIII                            |   |  |
|--|-------|--------------------------------------|------------|------------------|----------|-----------|---------------|---|--|---|--|
|  |       | Onook II                             |            |                  |          |           | 100 01 11010  | (A) Total revenue                       | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business revenue        | (D) Revenue excluded from tax under sections 512-514 |
| ats Its  | 1a    | Federated camp                       | aigns      |                  | 1a       |           |               | ````                                    | ****                                   | * V.  | (000.0)  |
| irar   | ь     | Membership due                       |            |                  | 1b       |           | 72,175        |   |  |   |  |
| A, G   | С     | Fundraising eve                      | nts        |                  | 1c       |           |               | <b>***</b> ,                            | , , , , , , , , , , ,                  | <b>~</b>                                    | ``\```   |
| Contributions, Gifts, Grants and Other Similar Amounts | d     | Related organization                 |            |                  | 1d       |           |               | , "",                                   | ,                                      |   | <b>‡</b>   |
| S, E   | е     | Government grants (co                |            | ns)              | 1e       |           | 31,390        | ` `                                     | `                                      |   |  |
| ÖS   | f     | All other contributions,             | gifts, gra | ints,            |          |           |               |   |  |   |  |
| t E  |       | and similar amounts no               | ot include | od above         | 11       |           |               | Contract.                               |  | 2° - (1111                                  | 9 200006   |
| 2 d  | g     | Noncash contributions                | ıncluded   | in lines 1a-1f   | 1g       | \$        |               | , , , ,                                 | "                                      | ``  | <b>*</b> ^^~   |
| <u>3 6</u>   | h     | Total. Add lines                     | 1a-11      | F                |          |           | <b>&gt;</b>   | 103,565                                 |  | `   | `.   |
|  |       |                                      |            |                  |          |           | Business Code |   | `                                      |   |  |
| ė  | 2a    | GUEST WORK                           | ER VI      | SA PROGRAM       |          |           |               | 3,197,093                               |  |   | 3,197,093  |
| Program Service<br>Revenue                             | b     | FARMWORKER                           | HOUS       | BING             |          |           |               | 269,762                                 |  |   | 269,762  |
| Sca  | С     | CONFERENCE                           | S, T       | RAINING & SV     | CS       |           |               | 181,213                                 |  |   | 181,213  |
| ev ev  | d     | HR PRODUCT                           | s          |                  |          |           |               | 11,638                                  |  |   | 11,638   |
| ē.   | е     | COMMISSION                           | s          |                  |          |           | 900099        |   |  | 5,600                                       |  |
| ш.   | f     | All other program                    | n serv     | rice revenue     |          |           |               | 4,156                                   |  |   | 4,156  |
|  | g     | Total. Add lines                     | 2a-21      | <del>-</del>     |          |           | <b>&gt;</b>   | 3,669,462                               | ginne "",                              | wains · · · · · · · · · · · · · · · · · · · | CECEREE'S  |
|  | 3     | Investment inco                      | me (ın     | cluding dividen  | ds, inte | rest, and |               | :                                       |  |   |  |
|  | į     | other similar am                     | ounts      | )                |          |           | •             | 25,574                                  | 25,574                                 |   |  |
|  | 4     | Income from inv                      | estme      | ent of tax-exemp | t bond   | proceeds  | •             |   |  |   |  |
|  | 5     | Royalties                            |            |                  |          |           | <u> </u>      |   |  |   |  |
|  |       |                                      |            | (I) Keal         | _        | (n) f     | Jei 30119     | anna cham                               | *                                      |   |  |
|  | 6a    | Gross rents                          | 6a         |                  |          |           |               |   |  |   | ` ~``  |
|  | b     | Less rental expenses                 | 6b         |                  |          |           |               | ì                                       |  |   |  |
|  | С     | Rental inc or (loss)                 | 6c         |                  |          |           |               | /****                                   | <i></i>                                |   | `  |
|  | _d    | Net rental incom                     | e or (     | oss)             |          |           |               | ······                                  |  |   |  |
|  | 7a    | Gross amount from<br>sales of assets |            | (ı) Securitie    | s        | (11)      | Other         | ; iim                                   | A1201041A                              |   |  |
|  |       | other than inventory                 | 7a         |                  |          | ļ         |               | , , ; ""                                | , , , , , , , , , , , , , , , , , , ,  |   | to the second second                                 |
| e  | ь     | Less cost or other                   |            |                  |          |           |               | `                                       |  | , , ,                                       |  |
| ther Revenue   |       | basis and sales exps                 | 7b         |                  |          |           |               |   |  |   |  |
| Ş.   | С     | Gain or (loss)                       | 7c         |                  |          |           |               | `                                       | ^^                                     | <i>***</i> ***                              | ~  |
| Ē  | d     | Net gain or (loss                    | s)         |                  |          |           | <u> </u>      |   |  |   |  |
| ĕ  | 8a    | Gross income from                    | n fundra   | aising events    |          | l         |               | , <u>"</u>                              | ~~~                                    | `   |  |
|  |       | (not including \$                    |            |                  |          | İ         |               | , , , , , , , , , , , , , , , , , , ,   | ,,                                     | 47-C  | ~ ~ ~ .  |
|  |       | of contributions rep                 | oorted o   | on line 1c)      |          |           |               |   |  |   |  |
|  |       | See Part IV, line 18                 | В          |                  | 8a       |           |               |   | Acres 1 miles                          |   | (  |
|  | b     | Less direct exp                      | enses      |                  | 8b_      |           |               |   |  |   |  |
|  | С     | Net income or (I                     | oss) fi    | rom fundraising  | events   |           | <u> </u>      |   |  |   |  |
|  | 9a    | Gross income from                    | n gamir    | ig activities    |          | }         |               | t anne vinne<br>process                 |  |   | S 200 Name Au  |
|  |       | See Part IV, line 19                 | 9          |                  | 9a       |           |               | ,                                       | ` ""                                   | W / 8.111                                   | , ,,,,,,,,   |
|  | b     | Less direct exp                      | enses      |                  | 9b       |           |               |   |  |   | <u></u>  |
|  | С     | Net income or (I                     | oss) fi    | rom gaming act   | vities   |           |               | *************************************** |  |   |  |
|  | 10a   | Gross sales of it                    | nvento     | ory, less        |          |           |               |   | ` / ****                               | ~~~   | <b>~</b>   |
|  |       | returns and allow                    | wance      | s                | 10a      |           |               |   | ······                                 | · /   |  |
|  | Ь     | Less cost of go                      | ods so     | old              | 10b      |           |               |   | VV                                     | `   | ~  |
|  | С     | Net income or (I                     | oss) fi    | om sales of inv  | entory   |           | <u> </u>      |   |  |   |  |
| 2  |       |                                      |            |                  |          |           | Business Code | `                                       |  |   |  |
| Miscellaneous<br>Revenue                               | 11a   | LITIGATION                           | SETT       | rlemenť          |          |           |               | 18,303                                  |  |   | 18,303   |
| lan.   | b     |                                      |            |                  |          |           |               |   |  |   |  |
| cel  | С     |                                      |            |                  |          |           |               |   |  |   |  |
| Sie  | d     | All other revenue                    | е          |                  |          |           |               |   | ·                                      |   | <u> </u>   |
|  | е     | Total. Add lines                     | 11a-       | 11d              |          |           | <b>&gt;</b>   | 18,303                                  |  | "copy " combine "                           | m/,"" !!! 6m   |
|  | 12    | Total revenue.                       | See in     | structions       |          |           | <b>•</b>      | 3,816,904                               | 25,574                                 | 5,600                                       | 3,682,165  |

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## Part IX Statement of Functional Expenses

| Secti | on 501(c)(3) and 501(c)(4) organizations must c   |                       |  | mplete column (A)                     |  |
|-------|---|-----------------------|--|---------------------------------------|--|
|       | Check if Schedule O contains a resp   |                       |  | (C)                                   | (D)  |
|       | ot include amounts reported on lines 6b,  | (A)<br>Total expenses | <b>(B)</b><br>Program service          | Management and                        | (D)<br>Fundraising                               |
|       | b, 9b, and 10b of Part VIII.  | -                     | expenses                               | general expenses                      | expenses   |
| 1     | Grants and other assistance to domestic organizations   |                       |  |                                       |  |
| 2     | and domestic governments See Part IV, line 21 Grants and other assistance to domestic   |                       |  |                                       |  |
| 2     | individuals See Part IV, line 22  |                       |  | ,                                     | 1  |
| 3     | 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   |                       |  | <del></del>                           | ***************************************          |
| 5     | Compensation of current officers, directors,  |                       |  | · · · · · · · · · · · · · · · · · · · |  |
| _     | trustees, and key employees   | 343,250               |  |                                       |  |
| 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     | Other salaries and wages  | 1,314,792             |  |                                       |  |
| 8     | Pension plan accruals and contributions (include  |                       |  |                                       |  |
|       | section 401(k) and 403(b) employer contributions)   | 11,667                |  |                                       |  |
| 9     | Other employee benefits   | 129,052               |  |                                       |  |
| 10    | Payroll taxes   | 131,747               |  |                                       |  |
| 11    | Fees for services (nonemployees)  |                       |  |                                       |  |
| а     | Management  |                       |  | <del> </del>                          |  |
| b     | Legal   | 346,067               |  |                                       |  |
| С     | Accounting  | 11,567                |  |                                       |  |
| d     | Lobbying  | 17,035                | ······································ | <u> </u>                              |  |
| e     | Professional fundraising services See Part IV, line 17  |                       | ······································ | ` `                                   |  |
| f     | Investment management fees  |                       | ······································ |                                       |  |
| g     | Other (If line 11g amount exceeds 10% of line 25, column  | 47 715                |  |                                       |  |
| 12    | (A) amount, list line 11g expenses on Schedule 0 )  Advertising and promotion   | 47,715<br>65,938      |  |                                       |  |
| 13    | Office expenses   | 126,763               |  |                                       |  |
| 14    | Information technology  | 47,878                |  |                                       |  |
| 15    | Royalties   | 2.70.0                |  |                                       |  |
| 16    | Occupancy   | 200,784               |  |                                       |  |
| 17    | Travel  | 143,354               |  |                                       |  |
| 18    | Payments of travel or entertainment expenses  |                       |  |                                       |  |
|       | for any federal, state, or local public officials   |                       |  |                                       |  |
| 19    | Conferences, conventions, and meetings  | 27,008                |  |                                       |  |
| 20    | Interest  | 34,036                |  |                                       |  |
| 21    | Payments to affiliates  |                       | - / -                                  |                                       |  |
| 22    | Depreciation, depletion, and amortization   | 142,330               |  |                                       |  |
| 23    | Insurance   | 58,233                | · · · · · · · · · · · · · · · · · · ·  | 1 11 111111111                        |  |
| 24    | Other expenses Itemize expenses not covered   |                       |  |                                       |  |
|       | above (List miscellaneous expenses on line 24e If   | ,                     | ` .                                    | \$ 000 mm                             | W  |
|       | line 24e amount exceeds 10% of line 25, column  |                       | 5 mm 5 2                               | ~~                                    |  |
| _     | (A) amount, list line 24e expenses on Schedule O) TERMINATED HOUSING PROJEC   | 133,225               |  |                                       | [  |
| a     | REPAIRS & MAINTENANCE   | 126,283               |  |                                       |  |
| b     | TAXES & LICENSES  | 63,872                |  |                                       |  |
| d     | LEGISLATIVE & LOBBYING  | 59,382                |  |                                       | <del>                                     </del> |
| e     | All other expenses  | 60,775                |  |                                       |  |
| 25    | Total functional expenses. Add lines 1 through 24e  | 3,642,753             | 0                                      | 0                                     | 0  |
| 26    | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here   [Incomplete this line only if the organization reported in column [B] joint costs from a combined educational campaign and fundraising solicitation Check here  [Incomplete this line only if the organization column [B] joint costs from a combined educational campaign and fundraising solicitation Check here  [Incomplete this line only if the organization column [B] joint costs from a combined educational campaign and fundraising solicitation check here  [Incomplete this line only if the organization reported in column [B] joint costs from a combined educational campaign and fundraising solicitation check here  [Incomplete this line only if the organization reported in column [B] joint costs from a combined educational campaign and fundraising solicitation check here  [Incomplete this line only if the organization check here] in the organization check here  [Incomplete this line only if the organization check here] in the organization check here  [Incomplete this line only if the organization check here] in the organization check here  [Incomplete this line only if the organization check here] in the organization check here  [Incomplete this line only if the organization check here] in the organization check here  [Incomplete this line only if the organization check here] in the organization check here  [Incomplete this line only if the organization check here] in the organization check here  [Incomplete this line only if the organization check here] in the organization check here  [Incomplete this line only if the organization check here] in the organization check here  [Incomplete this line only if the organization check here] in the organization check here  [Incomplete this line only if the organization check here] in the organization check here  [Incomplete this line only if the organization check here] in the organization check here  [Incom | -,                    | J                                      |                                       |  |

| P                           | art ) | ( Balance Sheet   |                   |       |   |
|-----------------------------|-------|---|-------------------|-------|---|
|                             | •     | Check if Schedule O contains a response or note to any line in this Part X  |                   |       |   |
|                             |       |   | (A)               |       | (B)                                     |
|                             |       |   | Beginning of year |       | End of year                             |
|                             | 1     | Cash—non-interest-bearing   | 1,559,685         | 1     | 1,345,323                               |
|                             | 2     | Savings and temporary cash investments                                      | <u>697,401</u>    | 2     | 559,231                                 |
|                             | 3     | Pledges and grants receivable, net  |                   | 3     |   |
|                             | 4     | Accounts receivable, net  | 715,521           | 4     | 433,372                                 |
|                             | 5     | Loans and other receivables from any current or former officer, director,   |                   |       |   |
|                             |       | trustee, key employee, creator or founder, substantial contributor, or 35%  |                   |       |   |
|                             | 1     | controlled entity or family member of any of these persons                  |                   | 5     |   |
|                             | 6     | Loans and other receivables from other disqualified persons (as defined     | `,                |       |   |
| şţs                         |       | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)   |                   | 6     |   |
| Assets                      | 7     | Notes and loans receivable, net   | 250,100           | 7     | 250,000                                 |
| ⋖                           | 8     | Inventories for sale or use   |                   | 8     |   |
|                             | 9     | Prepaid expenses and deferred charges                                       | 30,597            | 9     | 58,227                                  |
|                             | 10a   | Land, buildings, and equipment cost or other                                | ` '               |       |   |
|                             |       | basis Complete Part VI of Schedule D 10a 7,784,594                          |                   |       |   |
|                             | b     | Less accumulated depreciation 10b 926,030                                   | 3,430,239         | 10c   | 6,858,564                               |
|                             | 11    | Investments—publicly traded securities                                      | 3,739,531         | 11    | 618,592                                 |
|                             | 12    | Investments—other securities. See Part IV, line 11                          |                   | 12    |   |
|                             | 13    | Investments—program-related See Part IV, line 11                            |                   | 13    |   |
|                             | 14    | Intangible assets   | 60,560            | 14    | 59,000                                  |
|                             | 15    | Other assets See Part IV, line 11   |                   | 15    |   |
|                             | 16    | Total assets. Add lines 1 through 15 (must equal line 33)                   | 10,483,634        | 16    | 10,182,309                              |
|                             | 17    | Accounts payable and accrued expenses                                       | 838,463           | 17    | 307,738                                 |
|                             | 18    | Grants payable  |                   | _18   |   |
|                             | 19    | Deferred revenue  | 29,584            | 19    | 103,205                                 |
|                             | 20    | Tax-exempt bond liabilities   |                   | 20    |   |
|                             | 21    | Escrow or custodial account liability Complete Part IV of Schedule D        |                   | 21    | em ramonum ammunian a                   |
| es                          | 22    | Loans and other payables to any current or former officer, director,        |                   | Ĭ     | * |
| Ħ                           | i     | trustee, key employee, creator or founder, substantial contributor, or 35%  |                   |       |   |
| Liabilities                 |       | controlled entity or family member of any of these persons                  |                   | 22    |   |
| _                           | 23    | Secured mortgages and notes payable to unrelated third parties              | 3,085,885         | 23    | 2,952,391                               |
|                             | 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 | 184 000           |       |   |
|                             |       | of Schedule D   | 174,066           |       | 90,006                                  |
|                             | 26    | Total liabilities. Add lines 17 through 25                                  | 4,127,998         | 26    | 3,453,340                               |
| w                           |       | Organizations that follow FASB ASC 958, check here ▶ X                      | ` ` `             |       |   |
| Se                          | l     | and complete lines 27, 28, 32, and 33.                                      | ` ` `             |       | 6 700 060                               |
| alar                        | 27    | Net assets without donor restrictions                                       | 6,355,636         |       | 6,728,969                               |
| Ä                           | 28    | Net assets with donor restrictions  |                   | 28    |   |
| Ĕ                           |       | Organizations that do not follow FASB ASC 958, check here ▶ □               | ` .               |       |   |
| F                           |       | and complete lines 29 through 33.   | •                 | · _ ] |   |
| ts c                        | 29    | Capital stock or trust principal, or current funds                          |                   | 29    | ·                                       |
| SSe                         | 30    | Paid-in or capital surplus, or land, building, or equipment fund            |                   | 30    |   |
| Net Assets or Fund Balances | 31    | Retained earnings, endowment, accumulated income, or other funds            | 6 355 636         | 31    | 6 720 060                               |
| Ž                           | 32    | Total net assets or fund balances   | 6,355,636         | 32    | 6,728,969                               |
|                             | 33    | Total liabilities and net assets/fund balances                              | 10,483,634        | 33    | 10,182,309                              |

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| orm | 1 990 (2019) WAFLA 26 - 0611911   |    |     | Pa       | ge <b>12</b> |
|-----|---|----|-----|----------|--------------|
| 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_ | 3,8 | 16,      | 904          |
| 2   | Total expenses (must equal Part IX, column (A), line 25)  | 2  | 3,6 | 42,      | 753          |
| 3   | Revenue less expenses. Subtract line 2 from line 1  | 3  |     |          | 151          |
| 4   | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                       | 4  | 6,3 | 55,      | 636          |
| 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  | 1   | 99,      | 182          |
| 9   | Other changes in net assets or fund balances (explain on Schedule O)  | 9  |     |          |              |
| 10  | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line                  |    | ·   |          |              |
|     | 32, column (B))   | 10 | 6,7 | 28,      | 969          |
| Pa  | rt XII Financial Statements and Reporting   |    |     |          |              |
|     | 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   |    |     |          |              |
|     | If the organization changed its method of accounting from a prior year or checked "Other," explain in           |    |     | ŧ        | 100          |
|     | Schedule O  |    |     | •        | 1            |
| 2a  | Were the organization's financial statements compiled or reviewed by an independent accountant?                 |    | 2a  | <u> </u> | X            |
|     | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or          |    |     |          |              |
|     | reviewed on a separate basis, consolidated basis, or both   |    |     | ŧ        |              |
|     | Separate basis Consolidated basis Both consolidated and separate basis  |    |     | •        |              |
| b   | Were the organization's financial statements audited by an independent accountant?                              |    | 2b  | X        | ļ            |
|     | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a         |    |     | Ī        |              |
|     | separate basis, consolidated basis, or both   |    |     | ŧ        |              |
|     | 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 of  |    |     |          |              |
|     | the audit, review, or compilation of its financial statements and selection of an independent accountant?       |    | 2c  | ļ        | X            |
|     | If the organization changed either its oversight process or selection process during the tax year, explain on   |    |     |          |              |
|     | Schedule O  |    | ``  | •        |              |
| 3a  | 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  | <u> </u> | X            |
| 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 on Schedule O and describe any steps taken to undergo such audits         |    | 3b  |          |              |

Form **990** (2019)

#### **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

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 Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year 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 (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat 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 Total number of conservation easements 2a 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 tax year 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 Yes No 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. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under FASB 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 FASB 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 \$ 2 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 FASB ASC 958 relating to these items a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

| Sche  | edule D (Form 990) 2019 <b>WAFLA</b>   |                             |                          |                 | 26-06             | 11911               | Page <b>2</b>         |
|-------|--|-----------------------------|--------------------------|-----------------|-------------------|---------------------|-----------------------|
| Pa    | art III Organizations Maintaini  | ng Collections of           | f Art, Historical        | Treasures,      | or Other S        | Similar Asse        |                       |
| 3     | Using the organization's acquisition, acce collection items (check all that apply) | ssion, and other record     | ds, check any of the fo  | ollowing that m | iake significa    | ant use of its      |                       |
| а     | Public exhibition  | d 🗌                         | Loan or exchange pr      | ogram           |                   |                     |                       |
| b     | Scholarly research   | e 🗌                         | Other                    |                 |                   |                     |                       |
| С     | Preservation for future generations  | _                           |                          |                 |                   |                     |                       |
| 4     | Provide a description of the organization's XIII                                   | collections and explai      | n how they further the   | e organization' | s exempt pui      | rpose in Part       |                       |
| 5     | During the year, did the organization solic  | it or receive donations     | of art, historical treas | ures, or other  | sımılar           |                     |                       |
|       | assets to be sold to raise funds rather tha  | n to be maintained as j     | part of the organization | n's collection? | •                 |                     | Yes No                |
| Pa    | art IV Escrow and Custodial A  | rrangements.                |                          |                 |                   |                     |                       |
|       | Complete if the organizati 990, Part X, line 21.                                   | on answered "Yes            | " on Form 990, P         | art IV, line 9  | ), or report      | ted an amou         | nt on Form            |
| 1a    | Is the organization an agent, trustee, cust  | odian or other intermed     | diary for contributions  | or other asset  | s not             |                     |                       |
|       | included on Form 990, Part X?  |                             |                          |                 |                   |                     | Yes No                |
| b     | If "Yes," explain the arrangement in Part X  | (III and complete the fo    | ollowing table           |                 |                   |                     |                       |
|       |  |                             |                          |                 |                   |                     | Amount                |
| С     | Beginning balance  |                             |                          |                 |                   | 1c                  |                       |
| d     | Additions during the year  |                             |                          |                 |                   | 1d                  |                       |
| е     | Distributions during the year  |                             |                          |                 |                   | 1e                  |                       |
| f     | Ending balance   |                             |                          |                 |                   | 1f                  |                       |
| 2a    | Did the organization include an amount or  | n Form 990, Part X, line    | e 21, for escrow or cu   | stodial accour  | it liability?     |                     | Yes No                |
| b     | If "Yes," explain the arrangement in Part X  | (III Check here if the e    | xplanation has been      | provided on Pa  | art XIII          |                     |                       |
| Pa    | art V Endowment Funds.   |                             |                          |                 |                   | -                   |                       |
|       | Complete if the organizati   | on answered "Yes            | " on Form 990, P         | art IV, line 1  | 0                 |                     |                       |
|       |  | (a) Current year            | (b) Prior year           | (c) Two yea     | rs back           | (d) Three years bac | k (e) Four years back |
| 1a    | Beginning of year balance  |                             |                          |                 |                   |                     |                       |
| ь     | Contributions  |                             |                          |                 |                   |                     |                       |
| С     | Net investment earnings, gains, and  |                             |                          |                 |                   |                     |                       |
|       | losses   |                             |                          |                 |                   |                     |                       |
| d     | Grants or scholarships   |                             |                          |                 |                   | -                   |                       |
| е     | Other expenditures for facilities and  |                             |                          |                 |                   |                     |                       |
|       | programs   |                             |                          |                 |                   |                     |                       |
| f     | Administrative expenses  |                             |                          |                 |                   |                     |                       |
| g     | End of year balance  |                             |                          |                 |                   |                     |                       |
| 2     | Provide the estimated percentage of the c  | urrent year end balanc      | e (line 1g, column (a)   | ) held as.      |                   |                     |                       |
| а     | Board designated or quasi-endowment ▶  | %                           |                          |                 |                   |                     |                       |
| b     | Permanent endowment ▶ %  | 6                           |                          |                 |                   |                     |                       |
| C     | Term endowment ▶ %   |                             |                          |                 |                   |                     |                       |
|       | The percentages on lines 2a, 2b, and 2c s  | should equal 100%           |                          |                 |                   |                     |                       |
| 3a    | Are there endowment funds not in the pos   | session of the organization | ation that are held and  | d administered  | for the           |                     |                       |
|       | organization by:   |                             |                          |                 |                   |                     | Yes No                |
|       | (i) Unrelated organizations  |                             |                          |                 |                   |                     | 3a(i)                 |
|       | (ii) Related organizations   |                             |                          |                 |                   |                     | 3a(ii)                |
| b     | If "Yes" on line 3a(ii), are the related organ                                     | nizations listed as requ    | red on Schedule R?       |                 |                   |                     | 3b                    |
| 4     | Describe in Part XIII the intended uses of   |                             | owment funds             |                 |                   |                     |                       |
| ∵ Pa  | art VI Land, Buildings, and Eq   |                             |                          |                 |                   |                     |                       |
|       | Complete if the organizati   | <u>on answered "Yes</u>     | <u>" on Form 990, P</u>  | art IV, line 1  | <u> 1a. See F</u> | <u>orm 990, Pa</u>  | rt X, line 10.        |
|       | Description of property  | (a) Cost or other           | ''                       | other basis     | (c) Accu          | ımulated            | (d) Book value        |
|       |  | (investment)                | `                        | her)            | depre             | ciation             |                       |
| 1a    | Land   |                             |                          | 12,635          |                   |                     | 612,635               |
| b     | Buildings  |                             | 6,9                      | 06,624          | 7                 | 94,048              | 6,112,576             |
| С     | Leasehold improvements   |                             |                          |                 | ·                 |                     |                       |
| đ     | Equipment  |                             | 2                        | 18,069          |                   | 95,471              | <u>122,598</u>        |
|       | Other  |                             |                          | 47,266          |                   | 36,511              | 10,755                |
| Total | I. Add lines 1a through 1e (Column (d) mus   | st equal Form 990, Par      | t X, column (B), line 1  | 0c)             |                   |                     | 6,858,564             |
|       |  |                             |                          |                 |                   |                     |                       |

| Part VII   | Investments – Other Securities. Complete if the organization answered "Yes"   | on Form 990 Part IV Jin          | e 11h See Form 990 P                             | art X line 12    |
|--|---|----------------------------------|--|------------------|
|  | (a) Description of security or category   | (b) Book value                   | (c) Method of                                    |                  |
|  | (including name of security)  | (4) 55511 14105                  | Cost or end-of-yea                               |                  |
| (1) Financial of                                 | derivatives   |                                  |  |                  |
| • •  | eld equity interests  |                                  |  |                  |
| (3) Other  | ad equity interests   |                                  | <del> </del>                                     | <del></del>      |
| •  |   |                                  | <del>                                     </del> |                  |
| (A)  |   |                                  | <del>                                     </del> |                  |
| (B)  |   |                                  |  |                  |
| (C)  |   |                                  | ļ  |                  |
| (D)  |   |                                  |  |                  |
| (E)  |   |                                  |  |                  |
| (F)  |   |                                  |  |                  |
| (G)  |   |                                  |  |                  |
| (H)  |   |                                  | <del>                                     </del> |                  |
|  | n (b) must equal Form 990, Part X, col (B) line 12)   | <u> </u>                         |  |                  |
| Part VIII  | Investments – Program Related.  | E 000 B (N/)                     |  |                  |
|  | Complete if the organization answered "Yes"   |                                  |  |                  |
|  | (a) Description of investment   | (b) Book value                   | (c) Method of                                    |                  |
|  |   |                                  | Cost or end-of-year                              | r market value   |
| _(1)   |   |                                  |  |                  |
| _(2)   |   |                                  |  | <u>.</u>         |
| _(3)   |   |                                  |  |                  |
| (4)  |   | _ \                              | <u> </u>   |                  |
| (5)  |   |                                  | <u> </u>   |                  |
| (6)  |   |                                  |  |                  |
| _(7)   |   |                                  | <u>                                     </u>     |                  |
| (8)  |   |                                  |  |                  |
| (9)  |   |                                  |  |                  |
| Part IX  | on (b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.  Complete if the organization answered "Yes" of | on Form 990, Part IV, lin        | e 11d. See Form 990, P                           |                  |
|  | (a) Description   |                                  |  | (b) Book value   |
| (1)  |   |                                  |  |                  |
| (2)  |   |                                  |  |                  |
| <u>(3)</u>                                       |   |                                  |  |                  |
| (4)  |   |                                  |  |                  |
| (5)  |   |                                  |  |                  |
| (6)  | ·   |                                  |  |                  |
| _(7)   | <u> </u>  |                                  |  |                  |
| (8)  |   |                                  |  |                  |
| (9)  |   | ···                              |  |                  |
| THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. | n (b) must equal Form 990, Part X, col. (B) line 15)  |                                  | <u>▶</u> ]                                       |                  |
| Part X   | Other Liabilities.  |                                  |  |                  |
|  | Complete if the organization answered "Yes" of line 25.   | on Form 990, Part IV, lin        | e 11e or 11f. See Form 9                         | 990, Part X,<br> |
| 1  | (a) Description of liability  |                                  |  | (b) Book value   |
|  | income taxes  |                                  |  | <del></del>      |
|  | RUCTION RETAINAGE PAYABLE   | <del></del>                      |  | 78,014           |
| (3) DEPOS  | SITS PAYABLE  |                                  |  | 11,992           |
| (4)  |   |                                  |  |                  |
| (5)  |   |                                  |  |                  |
| (6)  |   |                                  |  |                  |
| (7)  |   |                                  |  |                  |
| (8)  |   |                                  |  |                  |
| (9)  |   |                                  |  |                  |
|  | n (b) must equal Form 990, Part X, col (B) line 25)   |                                  | <b>•</b>   | 90,006           |
|  | uncertain tax positions. In Part XIII, provide the text of the  | footnote to the organization's f | inancial statements that report                  |                  |

organization's liability for uncertain tax positions under FASB ASC 740 Check here if the text of the footnote has been provided in Part XIII

| SCHE | dule D (Form 990) 2019 WAP DA  | <u> </u>               | <u> </u>   | Page <b>4</b> |
|------|--|------------------------|------------|---------------|
| Pŧ   | art XI Reconciliation of Revenue per Audited Financial Staten                  | nents With Revenue per | Return.    |               |
|      | Complete if the organization answered "Yes" on Form 990,                       | Part IV, line 12a.     |            |               |
| 1    | Total revenue, gains, and other support per audited financial statements       |                        | 1          | 3,816,904     |
| 2    | Amounts included on line 1 but not on Form 990, Part VIII, line 12             |                        |            |               |
| а    | Net unrealized gains (losses) on investments                                   | 2a                     |            |               |
| b    | Donated services and use of facilities   | 2b                     |            |               |
| С    | Recoveries of prior year grants  | 2c                     |            |               |
| d    | Other (Describe in Part XIII )   | 2d                     |            |               |
| е    | Add lines 2a through 2d  |                        |            |               |
| 3    | Subtract line 2e from line 1   |                        | 3          | 3,816,904     |
| 4    | Amounts included on Form 990, Part VIII, line 12, but not on line 1:           | 1 1                    |            |               |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b               | 4a                     |            |               |
| b    | Other (Describe in Part XIII )   | 4b                     | 7          |               |
| С    | Add lines 4a and 4b  |                        | 4c         |               |
| 5    | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  |                        | 5          | 3,816,904     |
| Pa   | At XII Reconciliation of Expenses per Audited Financial State                  | ments With Expenses pe | er Return. |               |
|      | Complete if the organization answered "Yes" on Form 990,                       | Part IV, line 12a.     |            |               |
| 1    | Total expenses and losses per audited financial statements                     |                        | 1          | 3,642,753     |
| 2    | Amounts included on line 1 but not on Form 990, Part IX, line 25               |                        |            |               |
| а    | Donated services and use of facilities   | 2a                     |            |               |
| b    | Prior year adjustments   | 2b                     | XX         |               |
| С    | Other losses   | 2c                     |            |               |
| d    | Other (Describe in Part XIII )   | 2d                     |            |               |
| е    | Add lines 2a through 2d  |                        | 2e         |               |
| 3    | Subtract line 2e from line 1   |                        | 3          | 3,642,753     |
| 4    | Amounts included on Form 990, Part IX, line 25, but not on line 1              |                        |            |               |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b               | 4a                     |            |               |
| b    | Other (Describe in Part XIII )   | 4b                     | _          |               |
| С    | Add lines 4a and 4b  |                        | 4c         |               |
| 5    | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) |                        | 5          | 3.642.753     |

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information.

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Part XIII Supplemental Information (continued)

### SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

## **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

WAFLA

LA Employer identification number 26 – 0611911

| Pa | rt Questions Regarding Compensation   |            |   |             |
|----|---|------------|---|-------------|
|    |   |            | Yes                                     | No          |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form   | ,          |   | ,           |
|    | 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items   |            | `                                       |             |
|    | First-class or charter travel Housing allowance or residence for personal use   |            |   |             |
|    | Travel for companions Payments for business use of personal residence   |            |   |             |
|    | Tax indemnification and gross-up payments  Health or social club dues or initiation fees  |            |   | ٠.          |
|    | Discretionary spending account  Personal services (such as maid, chauffeur, chef)   | , ,        |   |             |
|    | Discretionary spending account Tresonal services (such as maid, chauneur, citer)  |            |   |             |
| _  | If any of the house on line to are absolved did the assessment of follows a written relieve assessment as most  | ,          |   |             |
| D  | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment  |            | Ī                                       |             |
|    | or reimbursement or provision of all of the expenses described above? If "No," complete Part III to   | ۱          |   |             |
|    | explain   | 1b         | · · · · · · · · · · · · · · · · · · ·   |             |
|    |   |            |   |             |
| 2  | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all   |            |   |             |
|    | directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line  | İ          |   |             |
|    | 1a?   | 2          |   |             |
|    |   |            |   |             |
| 3  | Indicate which, if any, of the following the organization used to establish the compensation of the   | `.         |   |             |
|    | organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a   |            |   |             |
|    | related organization to establish compensation of the CEO/Executive Director, but explain in Part III   |            |   |             |
|    | Compensation committee Written employment contract  |            |   |             |
|    | Independent compensation consultant Compensation survey or study  |            |   |             |
|    | Form 990 of other organizations  Approval by the board or compensation committee  | <b>.</b> ` |   |             |
|    |   | ` '        | `                                       | ,           |
| 4  | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing  |            | `                                       |             |
| 7  | organization or a related organization  |            |   |             |
| _  | · ·   |            | f i                                     | v           |
|    | Receive a severance payment or change-of-control payment?   | 4a         |   | X           |
|    | Participate in, or receive payment from, a supplemental nonqualified retirement plan?   | 4b         |   | X           |
| С  | Participate in, or receive payment from, an equity-based compensation arrangement?  | 4c         |   |             |
|    | If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.   |            |   |             |
|    | 0   11   104/ 1/0   104/ 1/0   104/ 1/00   1/11   1/ |            |   |             |
| _  | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.  |            |   |             |
| 5  | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any  |            |   |             |
|    | compensation contingent on the revenues of:   |            |   |             |
| а  | The organization?   | 5a         |   |             |
| b  | Any related organization?   | 5b         | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | *******     |
|    | If "Yes" on line 5a or 5b, describe in Part III   |            |   |             |
|    |   |            |   |             |
| 6  | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any  |            |   | ,           |
|    | compensation contingent on the net earnings of  | `          | `                                       |             |
| а  | The organization?   | 6a         |   |             |
| b  | Any related organization?   | 6b         |   |             |
|    | If "Yes" on line 6a or 6b, describe in Part III   |            |   |             |
|    |   |            |   |             |
| 7  | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed   |            |   | -           |
| ٠  | payments not described on lines 5 and 6º If "Yes," describe in Part III   | 7          |   |             |
| 8  | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject  |            |   | <del></del> |
| Ü  |   |            |   |             |
|    | to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe  |            |   |             |
|    | ın Part III   | 8          |   |             |
| _  |   |            |   |             |
| 9  | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in  |            |   |             |
|    | Regulations section 53.4958-6(c)?   | 9          |   |             |

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WAFLA Schedule J (Form 990) 2019

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the Part II

instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

|                    | (B) Breakdown of         | (B) Breakdown of W-2 and/or 1099-MISC compensation | C compensation                            | (C) Retirement and             | (D) Nontaxable | (E) Total of columns | (F) Compensation                                    |
|--------------------|--------------------------|--|---|--------------------------------|----------------|----------------------|---|
| (A) Name and Title | (ı) Base<br>compensation | (ii) Bonus & incentive compensation                | (III) Other<br>reportable<br>compensation | other deferred<br>compensation | benefits       | (a)(ı)(a)            | in column (B) reported as deferred on pnor Form 990 |
| FAZIO              | (148,750                 | 20,000   | 0   | 0                              | 0              | 168,750              | 0   |
| 1 CEO              | (11)                     | 0  | 0   | 0                              | 0              | 0                    |   |
| TE DAVIS           | (1) 118,500              | 50,000   | 0   | 0                              | 0              | 168,500              | 0   |
| 2 CFO              | (11)                     | 0  | 0   | • 0                            | 0              | . 0                  |   |
|                    | (0)                      |  |   |                                |                |                      |   |
| 3                  | (n)                      |  |   |                                |                |                      |   |
|                    | (E)                      |  |   |                                |                |                      |   |
| 4                  | (n)                      |  |   |                                |                |                      |   |
|                    | (1)                      |  |   |                                |                |                      |   |
| )                  | (n)                      |  |   |                                |                |                      |   |
|                    | (0)                      |  |   |                                |                |                      |   |
| 9                  | (11)                     |  |   |                                |                |                      |   |
|                    | (0)                      |  |   |                                |                |                      |   |
| 7                  | (n)                      |  |   |                                |                |                      |   |
|                    | (0)                      |  |   |                                |                |                      |   |
| 8                  | (n)                      |  |   |                                |                |                      |   |
|                    | (0)                      |  |   |                                |                |                      |   |
| 6                  | (II)                     |  |   |                                | !              |                      |   |
|                    | € 3                      |  | •   |                                |                |                      |   |
| )                  |                          |  |   |                                |                |                      |   |
| -                  | <b>3</b> (3)             |  |   |                                |                |                      |   |
|                    | (0)                      |  |   |                                |                |                      |   |
| 12                 | (11)                     |  |   |                                |                |                      |   |
|                    | (C)                      |  |   |                                |                |                      |   |
| 13                 | î.                       |  |   |                                |                |                      |   |
| 14                 | (E)                      |  |   |                                |                |                      |   |
|                    | (1)                      |  |   |                                |                |                      |   |
|                    |                          |  |   |                                |                |                      |   |
| 9-                 | · (E)                    |  |   |                                |                |                      |   |
|                    |                          |  |   |                                |                |                      |   |

Schedule J (Form 990) 2019

WAFLA 11/14/2020 4 31 PM

Supplemental Information Schedule J (Form 990) 2019 WAFLA
Part III Supplemental Inform

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2019

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.

2019

Employer identification number

Open to Public

OMB No 1545-0047

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

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

Name of the organization

WAFLA 26-0611911

Form 990 - Organization's Mission or Most Significant Activities
WAFLA'S MISSION IS MAKING LABOR STABILITY A REALITY FOR ALL AGRICULTURAL
EMPLOYERS. WE SERVE OUR MEMBERSHIP THROUGH GUESTWORKER VISA AND WORK FORCE
SUPPORT SERVICES; HR PRODUCTS, SERVICES AND TRAINING, AND LEGISLATIVE,
REGULATORY AND PUBLIC PERCEPTION ADVOCACY.

Form 990 - Organization's Mission

WAFLA'S MISSION: MAKING LABOR STABILITY A REALITY FOR ALL AGRICULTURAL EMPLOYERS.

THIS IS ACCOMPLISHED FOR OUR MEMBERS THROUGH OUR GUESTWORKER VISA AND WORKFORCE SUPPORT SERVICES; HR PRODUCTS, SERVICES AND TRAINING, LEGISLATIVE, REGULATORY, AND PUBLIC PERCEPTION ADVOCACY.

Form 990, Part III, Line 4d - All Other Accomplishments

ADVOCACY - WAFLA PROVIDES EDUCATIONAL OUTREACH TO THE PUBLIC AND GOVERNMENT

AGENCIES ON BEHALF OF OUR AGRICULTURAL EMPLOYER MEMBERS.

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

Name of the organization

Employer identification number

WAFLA

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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. SALARY

RANGES HAVE BEEN ESTABLISHED FOR ALL JOB DESCRIPTIONS BY AN INDEPENDENT

COMPENSATION CONSULTING FIRM.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation UPON REQUEST AND AVAILABLE THROUGH WASHINGTON STATE SECRETARY OF STATE'S OFFICE.