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Form	330

Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY ** 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.



AI	or th	e 2020 calendar year, or tax year beginning and o	ending	_	
B	Check if	le: C Name of organization		D Employer identific	ation number
	Addr	PORT ANGELES WATERFRONT CENTER			
	Nam Chan	ge Doing business as		81-30620	77
	Initia retur	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final retur	PO BOX 71		360-477-4	
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	8,524,406.
	Amer	PORT ANGELLES, WA 90302		H(a) Is this a group re	
	Appli tion pend	F Name and address of principal officer: O EANNE MARTIN		for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		xempt status: $X = 501(c)(3) = 501(c) () $ (insert no.) 4947(a)(1) c	or 527		list. See instructions
		ite: HTTPS://PAWATERFRONTCENTER.ORG/		H(c) Group exemption	
		f organization: X Corporation Trust Association Other ►	L Year	of formation: 2016 N	State of legal domicile: WA
Pa	art I	Summary			
¢	1	Briefly describe the organization's mission or most significant activities:			
anc		CENTER IS A HOME FOR ARTS AND EVENTS THAT			
Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos			
Ň	3			10	
ల ళ	l .	Number of independent voting members of the governing body (Part VI, line 1b)			10
Activities &	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		4	
iviti	6	Total number of volunteers (estimate if necessary)		0	
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
		Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		
				Prior Year 1,448,838.	<u>Current Year</u> 3,265,794.
ne	8	Contributions and grants (Part VIII, line 1h)		1,440,030.	<u> </u>
Revenue	9	Program service revenue (Part VIII, line 2g)		267,835.	141,410.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		16,034.	0.
	12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,732,707.	3,407,204.
	13	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	<u> </u>
	14	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	45	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		172,171.	168,850.
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
nec		Total fundraising expenses (Part IX, column (D), line 25) 109, 32			
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		151,559.	311,216.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		323,730.	480,066.
	19	Revenue less expenses. Subtract line 18 from line 12		1,408,977.	2,927,138.
or				ginning of Current Year	End of Year
Assets (1	Total assets (Part X, line 16)		27,278,310.	42,560,205.
Ass	3	Total liabilities (Part X, line 26)		1,085,376.	13,110,171.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		26,192,934.	29,450,034.
Pa	art II				

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date
Here	JEANNE MARTIN, TREASUR	ER	
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	Date Check PTIN
Paid	LONNIE RICH CPA		self-employed P00333655
Preparer	Firm's name 🕒 AIKEN & SANDERS	INC PS	Firm's EIN 🕨 91-0870697
Use Only	Firm's address 🖕 324 S MAIN ST UN	IIT A	
	Phone no. 360 - 533 - 3370		
May the IF	RS discuss this return with the preparer shown ab	ove? See instructions	X Yes No
032001 12-23	LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.	Form 990 (2020
Preparer Use Only May the IF	Firm's name AIKEN SANDERS Firm's address 324 S MAIN ST UN MONTESANO, WA 98 RS discuss this return with the preparer shown about	ITT A 563-4502 ove? See instructions	Firm's EIN 91-0870697 Phone no.360-533-3370 X

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2020) PORT ANGELES WATERFRONT CENTER 81-3062077 Page 2 t III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III
	THE PORT ANGELES WATERFRONT CENTER IS A HOME FOR ARTS AND EVENTS THAT
	BRINGS PEOPLE TOGETHER AND STRENGTHENS OUR COMMUNITY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 232,041. including grants of \$) (Revenue \$)
	DESIGN AND CONSTRUCT A PERFORMING AND FINE ARTS CENTER AND CONFERENCE
	FACILITY IN PORT ANGELES, WASHINGTON.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
+u	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 232,041.
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2 2020.03020 PORT ANGELES WATERFRONT C 16305__1

Form 990 (WATERFRONT	CENTER
Part IV	Che	cklist of Required	Schedules		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
F	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		х
6	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
-	Schedule D. Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	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	10	Х	
11	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
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	44.4	х	
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	л Х	
f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Tie	<u></u>	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D. Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
10	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	40		y
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		<u>x</u> x
		20a 20b		
21	It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes." <i>complete Schedule I. Parts I and II</i>	21		х
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3 2020.03020 PORT ANGELES WATERFRONT C 16305_1

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	·		Vee	NIa
00	Did the experimetion was at more than \$5,000 of monte or other assistance to an few demostic individuals an		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Der	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X 990	(2020)
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2020.03020 PORT ANGELES WATERFRONT C 16305__1

Form	990 (2020) PORT ANGELES WATERFRONT CENTER 81-3062	077	Р	age 5	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
			Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a 4				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)				
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 O	3b			
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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 Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X	
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit				
	any contributions that were not tax deductible as charitable contributions?	6a		X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X	
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 required				
	to file Form 8282?	7c		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X	
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12 10a	4			
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:				
а	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]	4			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>			
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans 13b				
c	Enter the amount of reserves on hand			V	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			- v	
	excess parachute payment(s) during the year?	15		X	
	If "Yes," see instructions and file Form 4720, Schedule N.	- 10		v	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X	
	If "Yes," complete Form 4720, Schedule O.	_	000	(2020)	

Form **990** (2020)

032005 12-23-20

Form 990 (2020)

PORT ANGELES WATERFRONT CENTER

81-3062077 Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		x
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
6	Did the organization have members or stockholders?			6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or ap			<u> </u>		
74				7a		x
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or					
U				7b		x
~				70		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		ŀ	0-	Х	
	The governing body?			8a 0h	X	
-	Each committee with authority to act on behalf of the governing body?		·····	8b	Δ	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			•		
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)				
_			ſ		Yes	N
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	• • •				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		[10b		
1 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ before filing the fo	orm?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?		12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "Y	'es," describe				
	in Schedule O how this was done			12c	Х	
3	Did the organization have a written whistleblower policy?			13	Х	
4	Did the organization have a written document retention and destruction policy?			14	Х	
5	Did the process for determining compensation of the following persons include a review and approva	l by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		X
	Other officers or key employees of the organization		r	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a				
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			100		
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	exempt status with respect to such arrangements?			16b	-	
ec	tion C. Disclosure			100		
7	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright WA					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990-T (Section 5	01(c)(3)s	only)	availa	hle
U	for public inspection. Indicate how you made these available. Check all that apply.		01(0)(0)0	only)	avana	
0		on Schedule O)	liou and	financ		
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	mict of interest po	icy, and	mano	iai	
~	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and records	•			
	THE ORGANIZATION $-360-477-4679$					
	PO BOX 71, PORT ANGELES, WA 98362			-	000	10.5
3200F	3 12-23-20			Form	990	(20)

Form 990 (2020)	PORT ANGELES	WATERFRONT	CENTER	81-3062077	Page 7			
Part VII Compense	ation of Officers, Directo	ors, Trustees, Key	/ Employees, H	lighest Compensated				
Employees, and Independent Contractors								
Check if Sch	edule O contains a response or	note to any line in this	Part VII					
Section A. Officers, Di	rectors, Trustees, Key Employ	ees, and Highest Co	npensated Employ	yees				
1a Complete this table for	or all persons required to be liste	ed. Report compensati	on for the calendar	year ending with or within the organization's	tax year.			
 List all of the organ 	ization's current officers, direct	ors, trustees (whether	individuals or organ	nizations), regardless of amount of compensations	ation.			

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 organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C) Position						(D)	(E)	(F)
Name and title	Average hours per week	box offi	(do not check more than one box, unless person is both an officer and a director/trustee)				an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CHRISTOPHER FIDLER EXECUTIVE DIRECTOR	40.00			x				73,152.	0.	9,734.
(2) S. BROOKE TAYLOR	8.00			- 23				, 5, 152.		5,7510
PRESIDENT		х		x				0.	0.	0.
(3) JUDITH MORRIS	8.00									
VICE PRESIDENT		х		x				0.	Ο.	0.
(4) CHRISTOPHER THOMSEN	8.00									
SECRETARY		х		x				0.	Ο.	0.
(5) JEANNE MARTIN	8.00									
TREASURER		Х		Х				0.	0.	0.
(6) CASI FORS	8.00									
DIRECTOR		Х						0.	0.	0.
(7) DEBORAH FRAZIER	8.00									
DIRECTOR		Х						0.	0.	0.
(8) GAIL RALSTON	8.00								•	
DIRECTOR		X						0.	0.	0.
(9) PILI MEYER	8.00	37							0	0
DIRECTOR (10) NATHAN WEST	8.00	Х						0.	0.	0.
DIRECTOR	0.00	x						0.	0.	0.
(11) SCOTT SCHERER	8.00	л						0.	0.	0.
DIRECTOR	0.00	х						0.	0.	0.

032007 12-23-20

Form 990 (2020)

09040406 790549 16305

2020.03020 PORT ANGELES WATERFRONT C 16305__1

Form 990 (2020) PORT ANGELES WATERFRONT CENTER 81-306									0620)77	Р	age 8		
Par	t VII Section A. Officers, Directors, Trus		ploye	ees,			ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box, offic	not cl unles	ss per	ition more rson is	than c s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensatic from related	on d	an	(F) stimate nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fr org and	pensa om th anizat d relat anizati	e ion ed
	Subtotal								73,152.		0.		9,7	34.
									0.73,152.		0.		9,7	0. 34.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	e			0
3	Did the organization list any former officer,	director, truste	e, k	ey e	emple	oye	e, or	hig	hest compensated emp	loyee on	[Yes	No
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su											3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a											4		X
Sec	rendered to the organization? <i>If</i> "Yes." <i>com</i> tion B. Independent Contractors	plete Schedule	e J fo	or sl	ich r	bers	on .				<u></u> [5		X
1	Complete this table for your five highest con the organization. Report compensation for t	-									pensat	ion fro	om	
	(A) Name and business								(B) Description of s	ervices	С	(C ompe		n
SUI	MORTENSON COMPANY, 102 TE 300, KIRKLAND, WA 9		01	NT	SI	DR	'		CONSTRUCTION		16	,93	4,8	54.
801	I ARCHITECTS 2ND AVE, STE 501, SEA				10	4		_	ARCHITECTURA	L		90	7,5	12.
SAC	NIR, 4540 DUCKHORN DR, CRAMENTO, CA 95834 AZAN & ASSOCIATES	SOTLE 3	00	'					CONSTRUCTION MANAGEMENT			28	5,3	14.
	W DAKOTA AVE, CLOVIS,	CA 936	12						CONSTRUCTION			12	1,0	24.
2	Total number of independent contractors (ir	•	ot lin	nitec	d to t			ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	zation 🗩				4						Form	990 (2020)

032008 12-23-20

					GELES	WATERFRON	T CENTER		81-3062	077 _{Page} 9
Pa	rt V	/111								
			Check if Schedule O	contains a	a response	e or note to any line	((5)	(C)	
							(A) Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
ູ່	1	а	Federated campaigns		1a					
ant	•	b								
D B			Fundraising events							
ifts, r A			Related organizations							
, G			Government grants (contr		1e	2,571,065.				
ons Sir			All other contributions, gifts,							
her		•	similar amounts not included		1f	694,729.				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in		1g \$	4,874.				
Cor		-	Total. Add lines 1a-1f				3,265,794.			
<u> </u>						Business Code	, ,			
Ð	2	а								
vic		b								
Ser		с								
Program Service Revenue		d								
Be		e								
Pro		f	All other program service	revenue						
			Total. Add lines 2a-2f							
	3		Investment income (includ	ding divide	ends, inter	est, and				
			other similar amounts)				181,441.			181,441.
	4		Income from investment of							
	5		Royalties		-	·				
					(i) Real	(ii) Personal				
	6	а	Gross rents	6a						
		b	Less: rental expenses	6b						
		с	Rental income or (loss)	6c						
			Net rental income or (loss))						
	7		Gross amount from sales of		Securities	(ii) Other				
			assets other than inventory	7a ⁵ ,	077,171					
		b	Less: cost or other basis							
е			and sales expenses	7b 5,	117,202	.				
evenue		с	Gain or (loss)	7c	-40,031					
Ĕ			Net gain or (loss)				-40,031.			-40,031.
Other	8		Gross income from fundraisi							
Oth			including \$		of					
			contributions reported on							
			Part IV, line 18			a				
		b	Less: direct expenses			b				
		с	Net income or (loss) from	fundraisin	ng event <u>s</u>	►				
	9	а	Gross income from gamin							
			Part IV, line 19			a				
			Less: direct expenses			b				
			Net income or (loss) from							
	10	а	Gross sales of inventory, I							
			and allowances							
			Less: cost of goods sold			ь				
		с	Net income or (loss) from	sales of ir	nventory	🕨 🗎				
s						Business Code				
∋ou	11	а				ļļ				
scellaneo Revenue		b				ļļ				
tev		С								
Miscellaneous Revenue		d	All other revenue							
_		е	Total. Add lines 11a-11d		<u></u>	►				
	12		Total revenue. See instruction	ons		►	3,407,204.	0.	٥.	141,410.
03200	9 12	-23-	20							Form 990 (2020)

9

PORT ANGELES WATERFRONT CENTER Part IX Statement of Functional Expenses

	tif Schedule O contains a response			(C)	<u>X</u>
o not include amoui b, 8b, 9b, and 10b c	nts reported on lines 6b, f Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1 Grants and other a	ssistance to domestic organizations				
and domestic gove	ernments. See Part IV, line 21 🛛 🔄				
2 Grants and othe	r assistance to domestic				
individuals. See	Part IV, line 22				
3 Grants and othe	r assistance to foreign				
organizations, fo	preign governments, and foreign				
individuals. See	Part IV, lines 15 and 16				
4 Benefits paid to	or for members				
5 Compensation of	of current officers, directors,				
trustees, and ke	y employees	82,886.	52,165.	6,337.	24,384
6 Compensation not	included above to disqualified				
persons (as define	d under section 4958(f)(1)) and				
persons described	in section 4958(c)(3)(B)				
7 Other salaries a	nd wages	63,976.	40,264.	4,891.	18,821
	uals and contributions (include	T			
section 401(k) and	1 403(b) employer contributions)	1,935. 8,185.	1,217. 5,150.	148. 627.	570 2,408 3,492
9 Other employee	benefits	8,185.	5,150.	627.	2,408
		11,868.	7,469.	907.	3,492
	s (nonemployees):				
a Management					
c Accounting		15,344.		15,344.	
	aising services. See Part IV, line 17				
f Investment man	agement fees				
	amount exceeds 10% of line 25,				
column (A) amour	nt, list line 11g expenses on Sch O.)	90,937.		90,937.	
	promotion	90,937. 16,222.			16,222
		17,534.		10,237.	7,297
	inology				
		34,051.	21,991.	2,487.	9,573
7 Travel	Γ	27,144.		<u>2,487.</u> 2,361.	<u>9,573</u> 24,783
	vel or entertainment expenses				-
•	state, or local public officials				
	nventions, and meetings				
		100,000.	100,000.		
	liates				
	pletion, and amortization				
		6,014.	3,785.	459.	1,770
	emize expenses not covered				
above (List miscel	laneous expenses on line 24e. If				
amount list line 24	ceeds 10% of line 25, column (A) 4e expenses on Schedule O.)				
a LICENSES		3,970.		3,970.	
				. ,	
d					
e All other expens					
	xpenses. Add lines 1 through 24e	480,066.	232,041.	138,705.	109,320
	lete this line only if the organization	100,000	222,0110		105,520
	n (B) joint costs from a combined				
Check here	tign and fundraising solicitation. \Box if following SOP 98-2 (ASC 958-720)				

10

PORT ANGELES WATERFRONT CENTER

Form 990	(2020) PORT ANGELES WATERFRONT CENTER		81-	3062077 Page 11
Turtx	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	30,020.	1	5,154,221.
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net	273,086.	3	205,145.
4	Accounts receivable, net	2,383.	4	39,500.
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			
_	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ω 7	Notes and loans receivable, net		7	
Assets	Inventories for sale or use		8	
Asi 9	Prepaid expenses and deferred charges	16,903.	9	3,977.
	Land, buildings, and equipment: cost or other		-	
	basis. Complete Part VI of Schedule D 10a 1,766,324.			
b	Less: accumulated depreciation 10b	1,766,324.	10c	1,766,324.
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11	3,025,067.	12	3,384,654.
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	22,164,527.	15	32,006,384.
16	Total assets. Add lines 1 through 15 (must equal line 33)	27,278,310.	16	42,560,205.
17	Accounts payable and accrued expenses	857,166.	17	2,830,323.
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
00	Loans and other payables to any current or former officer, director,			
Liabilities	trustee, key employee, creator or founder, substantial contributor, or 35%			
lide	controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	228,210.	25	10,279,848.
26	Total liabilities. Add lines 17 through 25	1,085,376.	26	13,110,171.
	Organizations that follow FASB ASC 958, check here 🕨 🗴			
ses	and complete lines 27, 28, 32, and 33.			
UB 27	Net assets without donor restrictions	8,282,588.	27	25,858,687.
8 28	Net assets with donor restrictions	17,910,346.	28	3,591,347.
P	Organizations that do not follow FASB ASC 958, check here 🕨 📃			
R	and complete lines 29 through 33.			
b 29	Capital stock or trust principal, or current funds		29	
5 St	Paid-in or capital surplus, or land, building, or equipment fund		30	
∛ ∛ 31	Retained earnings, endowment, accumulated income, or other funds		31	
<u>부</u> 32		26,192,934.	32	29,450,034.
33	Total liabilities and net assets/fund balances	27,278,310.	33	42,560,205.
S2 Vet	Total net assets or fund balances		32	

Form 990 (2020)

Form	990 (2020) PORT ANGELES WATERFRONT CENTER	81-	<u>-3062</u>	077	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	,40		
2	Total expenses (must equal Part IX, column (A), line 25)	2				66.
3	Revenue less expenses. Subtract line 2 from line 1	3		,92		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	26	,192	2,9	34.
5	Net unrealized gains (losses) on investments	5		329	9,9	62.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	29	,450),0	34.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X 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	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule C	<i>!_</i>			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Auc	lit			1
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red aud	it			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<u></u>	3b		
					mm	(0000)

Form **990** (2020)

SCHEE	OULE A
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(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

	OMB No. 1545-0047
	2020
	Open to Public Inspection
er	identification number

L

Internal Reve	inue Service			Attach to Form 990 or F v/Form990 for instruction			formation		Inspection
Name of	the organizati		- GO to www.ii s.go			ie ialest ii		olover	identification number
itume er	and of gamzat		ANGELES W	ATERFRONT CEI	ᠬᡣᢑᠦ				1-3062077
Part I	Beason			(All organizations must c		his nart) S	ee instructions		1 3002077
				For lines 1 through 12, c					
1				on of churches described			1)(A)(i)		
2				Attach Schedule E (Forn			•,\~,\')•		
3				anization described in s			;;)		
4	•	•		njunction with a hospital			•	Enter	the hospital's name
- L	city, and stat	-		njunotion with a noopital	accombod		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Linton	the neopital e hame,
5	•	-	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental unit de	escribe	ed in
•			Complete Part II.)		. e. eperat				
6				nental unit described in	section 17	70(h)(1)(A)	(v)		
7 X			-	ntial part of its support fi				neral r	oublic described in
• []	-		omplete Part II.)		on a gore	onninentai	and of normality go	norar r	
8	-			(1)(A)(vi). (Complete Par	+ II)				
9	-			in section 170(b)(1)(A)(ed in coniı	unction with a land-	-arant	college
	•			ulture (see instructions).				•	•
	university:		,			··, -·· ,	,		
10		on that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membership fee	es, and	d gross receipts from
				t to certain exceptions; a					
				(less section 511 tax) fro			-	-	-
	See section	509(a)(2). (Co	mplete Part III.)			-			
11 🗌	An organizati	on organized a	and operated exclusi	ively to test for public sa	fety. See	section 50	09(a)(4).		
12	An organizati	on organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to carry ou	ut the	purposes of one or
	more publicly	supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509(a	ı)(3). (Check the box in
	lines 12a thro	ough 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and 12g.		
a	Type I. A s	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), typical	lly by	giving
	the suppor	ted organizatio	on(s) the power to req	gularly appoint or elect a	majority c	of the direc	tors or trustees of	the su	upporting
	organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b	Type II. A s	supporting org	anization supervised	l or controlled in connect	tion with it	s supporte	ed organization(s), t	by hav	/ing
	control or r	nanagement o	f the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manage the	e supp	ported
	organizatio	n(s). You mus	t complete Part IV,	Sections A and C.					
с 🗌	Type III fur	nctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functionally inte	egrate	ed with,
	its support	ed organizatio	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.		
d	_ Type III no	n-functionally	v integrated. A supp	porting organization oper	ated in co	nnection v	vith its supported o	organiz	zation(s)
	that is not	functionally int	egrated. The organiz	zation generally must sat	isfy a distr	ibution red	quirement and an a	attentiv	veness
	requiremer	nt (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V .		
e	_ Check this	box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Typ	pe III	
	functionally	/ integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.			
	er the number		•						
			about the supporte		(iv) is the ora:	anization listed			
	 (i) Name of supp organizatior 		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ing document?	(v) Amount of mone support (see instruct	•	(vi) Amount of other support (see instructions)
	organization	•		above (see instructions))	Yes	No			

<u>Total</u> LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 13

Schedule A (Form 990 or 990-EZ) 2020 PORT ANGELES WATERFRONT CENTER

81-3062077 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	10982169.	1019091.	12905576.	1448838.	3265794.	29621468.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	10982169.	1019091.	12905576.	1448838.	3265794.	29621468.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
	Public support. Subtract line 5 from line 4.						29621468.		
	tion B. Total Support	<u>т </u>				[1		
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
-	Amounts from line 4	10982169.	1019091.	12905576.	1448838.	3265/94.	29621468.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,		00 001	202 170	206 020	101 441	000 001		
_	and income from similar sources		28,831.	283,179.	306,830.	181,441.	800,281.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital		20,870.	20,716.	16,034.		57 620		
	assets (Explain in Part VI.)		20,070.	20,710.	10,034.		<u>57,620.</u> 30479369.		
	Total support. Add lines 7 through 10					12	<u> </u>		
	Gross receipts from related activities			fourth or fifth tox y					
13	First 5 years. If the Form 990 is for the organization, check this box and sto	-		-			X		
Sec	tion C. Computation of Publ						<u> </u>		
	Public support percentage for 2020 (-	column (f))		14	%		
	Public support percentage from 2019		•	.,,		15	<u> </u>		
	33 1/3% support test - 2020. If the								
	stop here. The organization qualifies								
b	33 1/3% support test - 2019. If the		U U						
	and stop here. The organization qua								
17a	10% -facts-and-circumstances test		•••••						
	and if the organization meets the fact								
	meets the facts-and-circumstances te				•				
b	10% -facts-and-circumstances test		•		•				
	more, and if the organization meets t	-							
	organization meets the facts-and-circ	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation			
18	Private foundation. If the organization	on did not check a l	<u>oox on line 13, 16</u>	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s ►		
					Sche	edule A (Form 990) or 990-EZ) 2020		

Schedule A (Form 990 or 990-EZ) 2020 PORT ANGELES WATERFRONT CENTER Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4							
-	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disgualified persons						
t	 Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizatio	on,
_	check this box and stop here		•				>
	ction C. Computation of Publi						
15	Public support percentage for 2020 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves		•				
17	Investment income percentage for 20					17	%
18	Investment income percentage from					18	%
19 a	33 1/3% support tests - 2020. If the						7 is not
	more than 33 1/3%, check this box a						▶∟
b	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che						▶∐
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t			▶∟_
0320	23 01-25-21		. –		Sch	edule A (Form 990) or 990-EZ) 2020
			15)			

2020.03020 PORT ANGELES WATERFRONT C 16305_1

Schedule A (Form 990 or 990-EZ) 2020 PORT ANGELES WATERFRONT CENTER

81-3062077 Page 4

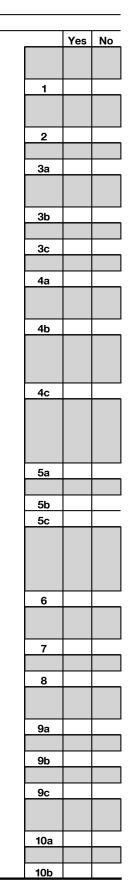
Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

032024 01-25-21



Schedule A (Form 990 or 990-EZ) 2020

2020.03020 PORT ANGELES WATERFRONT C 16305_1

16

Schedule A (Form 990 or 990-EZ) 2020 PORT ANGELES WATERFRONT CENTER

Pa	art IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of more supported organizations have the power to regularly appoint or elect at least a majority of the organization's or directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one sup organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amore than the power officers.	officers,) oported		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<i>ig iiie</i> 1		
2				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes." explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		

- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization and a close and continuous working relationship with the supported organization(s).
 2 Decrement the subported in the support of the subport of the support of the support
- **3** By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If* "Yes," *describe in* **Part VI** *the role the organization's*

supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c [The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions	s).
------------	--	---------------------------------------------------	-------------------------------------------------------------------------------	-----

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2020

2

3

2a

2b

3a

3b

Yes No

17

	dule A (Form 990 or 990-EZ) 2020 PORT ANGELES WATERFRONT			31-3062077 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying the second se			Part VI) See instructions
•	All other Type III non-functionally integrated supporting organizations must c			
Sect	ion A - Adjusted Net Income	ompiot	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount	_		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ted Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

instructions).

Schedule A (Form 990 or 990-EZ) 2020 PORT ANGELES WATERFRONT CENTER

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continue	d)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.	. .		8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2020		Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Schedule A	(Form 990 or 990-EZ) 2020 POR	ANGELES	WATERFRONT	CENTER	81-3062077	Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, 2, 3b, 3 line 1; Part IV, Section D, lines 2 au	c, 4b, 4c, 5a, 6, 9 nd 3; Part IV, Sect	a, 9b, 9c, 11a, 11b, ar ion E, lines 1c, 2a, 2b	nd 11c; Part IV, Section , 3a, and 3b; Part V, lir	n B, lines 1 and 2; Part IV, Section ne 1; Part V, Section B, line 1e; Par	C, rt V,
	Section D, lines 5, 6, and 8; and P. (See instructions.)	art V, Section E, li	nes 2, 5, and 6. Also (complete this part for a	any additional information.	
032028 01-25-2	1		20		Schedule A (Form 990 or 990-I	E Z) 2020

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

5			
PORT	ANGELES	WATERFRONT	CENTER
Organization type (check one):			

81-3062077

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots b \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

81-3062077

PORT ANGELES WATERFRONT CENTER

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1	, , , , , , , , , , , , , , , , ,	\$2,541,909.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2		\$70,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll On Complete Part II for noncash contributions.)	

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

09040406 790549 16305

Schedule B	(Form	990,	990-EZ,	or 990-PF)	(2020)
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Name of organization

Page 3

Employer identification number

PORT ANGELES WATERFRONT CENTER

81-3062077

Part II	Noncash Property (see instructions). Use duplicate copies of Part	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		—	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
— I			

23

Name of o	rganization		Employer identification number					
PORT 7	ANGELES WATERFRONT CENT	EB	81-3062077					
Part III	Exclusively religious, charitable, etc., contribut	tions to organizations described in sec	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year					
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or le	9. For organizations pass for the year. (Enter this info. once.) \$					
(a) No.	Use duplicate copies of Part III if additional	space is needed.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
<u> </u>								
-		(a) Transfer of sift						
	(e) Transfer of gift							
_	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee					
		[
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
-								
	(e) Transfer of gift							
	Transferee's name, address, a	ind 7I P + 4	Relationship of transferor to transferee					
Ī								
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
	T							
-	Transferee's name, address, a		Relationship of transferor to transferee					
		[
(a) No.		1						
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
ŀ	(e) Transfer of gift							
ŀ	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
023454 11-25	5-20		Schedule B (Form 990, 990-EZ, or 990-PF) (2020)					

09040406 790549 16305

24 2020.03020 PORT ANGELES WATERFRONT C 16305_1

SCHEDULE D)
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Department of the Treasury

Internal Revenue Service

(Form	990)
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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.

• • • • • • • • • • • • • • • • • •	·····/F ······ 000 f ····	instructions and	Aller and a set of the	the factor of the second
GO TO WWW.IPS.	dov/Form990 tor	Instructions and	the latest	information.



Name of the organization

PORT ANGELES WATERFRONT CENTER

Employer identification number 81 3062077

Par	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Other Similar Funds or Advised Funds or Other Similar Funds or Other Similar Funds or Other Funds or Other Similar Funds or Other Funds or Other Similar Funds or Other Funds o	
Fai		Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	(h) Funda and other appoints
		b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fund	
-	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used of	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferm	°
Par	impermissible private benefit? t II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV,	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	and a state of the
		prically important land area
	Protection of natural habitat Preservation of a certi	fied historic structure
•	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a con	
-	day of the tax year.	Held at the End of the Tax Year
	Total number of conservation easements	
	Total acreage restricted by conservation easements	2b 2c
	Number of conservation easements on a certified historic structure included in (a)	
a	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
2	listed in the National Register	2d
3	year	zation during the tax
4		
4 5	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	
5		Yes No
6	violations, and enforcement of the conservation easements it holds?	
0		a sements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation eas	sements during the year
•	S	Serverite during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)	(I)
•	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statem	
-	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	
	organization's accounting for conservation easements.	
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	imilar Assets.
	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 bala	ance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherar	nce 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	e 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, p	provide
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	▶ \$
	Assets included in Form 990, Part X	▶ \$
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2020
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Sche		GELES WATER					62077		age 2
Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	easures, or Oth	er Simila	r Assets	s (continu	ed)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that make	significant	use of its		,	
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further t	ne organization's ex	empt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of								
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's co	ellection?			Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	on answered "Yes" o	on Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contribution	s or other assets no	t included				
	on Form 990, Part X?		-				Yes		No
b	If "Yes," explain the arrangement in Part XIII								
			0				Amount		
с	Beginning balance				1c	[
	Additions during the year								
	Distributions during the year					[
f	Ending balance					[
2a	Did the organization include an amount on F						Yes		No
	If "Yes," explain the arrangement in Part XIII.				• • • • • • • •		_		j
Par		f the organization and	swered "Yes" on Fo	orm 990, Part IV, line	e 10.				<u> </u>
	·	(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Four y	ears t	back
1a	Beginning of year balance	3,025,067.	2,589,180.			<u>,</u>	(- <i>/</i> ····/		
b	Contributions		2,524.	1,979,944	. 8	396,631.			
c	Net investment earnings, gains, and losses	405,633.	559,940.	-259,522		27,837.			
d	Grants or scholarships	,		,					
e	Other expenditures for facilities								
Ū	and programs	28,575.	109,904.	13,219		42,491.			
f	Administrative expenses	17,471.	16,673.	· · · · ·					
g	End of year balance	3,384,654.	3,025,067.		. 8	881,977.			
2	Provide the estimated percentage of the curr								
-	Board designated or quasi-endowment	ent year end balance	%						
b	Permanent endowment 100.00	%							
		% %							
U	The percentages on lines 2a, 2b, and 2c sho	· -							
20	Are there endowment funds not in the posse		tion that are hold a	nd administored for	the organiz	ation			
Ja		SSION OF THE OFGALIZA	lion that are new a		the organiza	1000		/es	No
	by: (i) Unrelated organizations						3a(i)		X
							3a(ii)	-	X
h	(ii) Related organizations								
U A							30		
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere		Part IV line 11a	See Form 990 Part	(line 10				
	Description of property				Accumulate				
	Description of property	(a) Cost or of basis (investm	.,		lepreciation		(d) Book	value	,
4	Land		· ·	6,324.	-opi colation		1,766	20	21
	Land		,,,,	, 544.			1 ,700	, 52	14.
	Buildings								
	Leasehold improvements					<u> </u>			
	Equipment					-+			
_	Other					-+	1 760	2.0	2 1
Tota	. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part)	<u>K. column (B), line 1</u>	<u>0c.)</u>			1,766		
						Schedule	D (Form	990)	2020

	ule D (Form 990) 2020		S WATERFRONT	CENTER	81	<u>1-3062077 _{Рас}</u>	_{ae} 3
Part	VII Investments - 0	Other Securities.					
	Complete if the orga	anization answered "Yes"	on Form 990, Part IV, line	11b. See Form 99	0, Part X, line 12.		
(a) De	escription of security or categ		(b) Book value			nd-of-year market value	
(1) Fin	ancial derivatives						
• •	osely held equity interests						
(3) Otl							
(A)	ENDOWMENT		3,384,654.	END-OF-	YEAR MARKET	' VALUE	
(B)							
(C)							
(D)							
(E)							
(E)(F)							
(G)							
<u>(G)</u> (H)							
	Col. (b) must squal Form 000	Dort V. col. (D) line 10.)	3,384,654.				
Part	Col. (b) must equal Form 990	<u>, Part X, col. (B) line 12.) P</u>	5,504,054.				
Turt		-					
	Complete if the orga (a) Description of		on Form 990, Part IV, line (b) Book value			nd-of-year market value	
						iu-oryear market value	
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	Col. (b) must equal Form 990	, Part X, col. (B) line 13.) 🕨					
Part							
	Complete if the orga		on Form 990, Part IV, line	11d. See Form 99	0, Part X, line 15.		
		(a)	Description			(b) Book value	<u> </u>
(1)	INVESTMENTS					4,054,56	
(2)	CONSTRUCTION	IN PROCESS				27,951,81	8.
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	(Column (b) must equal Fo		<u>e 15.)</u>		🕨	32,006,38	4.
Part	X Other Liabilities	s.					
			on Form 990, Part IV, line	11e or 11f. See Fo	orm 990, Part X, line 2		
1.	(a) De	escription of liability				(b) Book value	
(1)	Federal income taxes						
(2)	LEASE DEPOSIT					228,21	
(3)	DOROTHY FIELD) LOAN				10,051,63	8.
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	(Column (b) must equal Fo	rm 990 Part X col (R) lin	e 25.)		b	10,279,84	8.
			e the text of the footnote to				

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 🛄 🔀

Schedule D (Form 990) 2020

032053 12-01-20

Sche	edule D (Form 990) 2020 PORT ANGELES WATERFRONT CE	-			3062077 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per F	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ı.			
1	Total revenue, gains, and other support per audited financial statements			1	3,737,166.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	329,962	•	
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			2e	329,962.
3	Subtract line 2e from line 1			3	3,407,204.
4	Amounts included on Form 990, Part VIII, line 12, 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			
	Add lines 4a and 4b			4c	0.
С					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)				3,407,204.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ents With		-	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per	Retur	n.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ents With	Expenses per	Retur	
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With	Expenses per	Retur	n.
5 Pa 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ents With	Expenses per	Retur	n.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With	Expenses per	Retur	n.
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents With	Expenses per	Retur	n.
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	Expenses per	Retur	n.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	Expenses per	Retur	n. <u>480,066.</u> 0.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per		n. 480,066.
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	Expenses per	Return	n. <u>480,066.</u> 0.
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	Expenses per	Return	n. <u>480,066.</u> 0.
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 	Expenses per	Return	n. <u>480,066.</u> 0.
5 Pa 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	Expenses per	Return	n. <u>480,066.</u> 0. <u>480,066.</u> 0.
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	Expenses per	Return	n. <u>480,066.</u> 0. <u>480,066.</u>

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.

PART V, LINE 4:

FOR THE CONSTRUCTION OF A PERFORMING ARTS AND CONFERENCE CENTER, HAS ALSO

RECEIVED FUNDS TO SUPPORT THE OPERATION OF THE FACILITY ONCE BUILT AND TO

HELP DEFRAY THE COSTS FOR THE USE OF THE FACILITY BY LOCAL PERFORMING AND

FINE ARTS GROUPS.

PART X, LINE 2:

THE CENTER FILES INCOME TAX RETURNS IN THE U.S. FEDERAL JURISDICTION. THE

28

CENTER IS SUBJECT TO INCOME TAX EXAMINATION FOR TAX RETURNS FOR THE 2020,

2019, AND 2018 YEARS. CURRENTLY, THERE IS NO EXAMINATION OR PENDING

EXAMINATION WITH THE INTERNAL REVENUE SERVICE (IRS).

032054 12-01-20

Schedule D (Form 990) 2020 PORT ANGELES WATERFRONT CENTER Part XIII Supplemental Information (continued)	81-306207	7 Page 5
AS OF DECEMBER 31, 2020, THERE ARE NO TAX POSITIONS FOR WHIC	H THE	
DEDUCTIBILITY IS CERTAIN BUT FOR WHICH THERE IS UNCERTAINTY	REGARDING	THE
TIMING OF SUCH DEDUCTIBILITY.		

Schedule D (Form 990) 2020

032055 12-01-20

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.



Department of the Treasury Internal Revenue Service Name of the organization

PORT ANGELES WATERFRONT CENTER

Employer identification number 81-3062077

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

STRENGTHENS OUR COMMUNITY.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION'S INDEPENDENT ACCOUNTANT PREPARES THE FORM 990 AND

PROVIDES TO THE ORGANIZATION. ALL BOARD MEMBERS ARE GIVEN THE OPPORTUNITY

TO REVIEW AND APPROVE FORM 990 BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

DIRECTORS, OFFICERS, AND KEY EMPLOYEES ARE REQUIRED ANNUALLY TO SIGN A STATEMENT THAT AFFIRMS EACH HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, HAS READ AND UNDERSTANDS IT, HAS AGREED TO COMPLY WITH IT, AND HAS DISCLOSED AND, WHEN APPROPRIATE, RECUSED HIM/HERSELF FROM ANY DECISIONS THAT INVOLVE A CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC UPON A WRITTEN

OR IN PERSON REQUEST TO ITS OFFICE IN PORT ANGELES, WA.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON A WRITTEN OR

30

IN PERSON REQUEST TO ITS OFFICE IN PORT ANGELES, WA.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER:

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

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020 Iame of the organization PORT ANGELES WATERFRONT CENTER	Pag Employer identification numb 81-3062077
ROGRAM SERVICE EXPENSES	0.
IANAGEMENT AND GENERAL EXPENSES	90,937.
UNDRAISING EXPENSES	0.
TOTAL EXPENSES	90,937.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	90,937.
FORM 990, PART XII, LINE 2C	
NO CHANGE IN OVERSIGHT PROCESS FROM THE PRIOR YEAR.	