EXTENDED TO NOV										
Form 990-T 33 Exempt Organization Bus			ax Retur	n	OMB No 1545-0687					
(and proxy tax und		2017								
For calendar year 2017 or other tax year beginning		ZU 11								
Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it may	n. F	Open to Public Inspection for 501(c)(3) Organizations Only								
Check how if Name of organization (Check how if name changed and one instructions)										
address changed	instru	oloyees' trust, see uctions)								
B Exempt under section Print PENINSULA SERVICES	Exempt under section Print PENINSULA SERVICES									
X 501(c)(3) Or Number, street, and room or suite no. If a P.O. bo	ox, see instr	uctions.			lated business activity codes instructions)					
408(e) 2220(e) Type PO BOX 5030										
408A 530(a) City or town, state or province, country, and ZIP of	or foreign p	ostal code								
529(a) BREMERTON, WA 98312				<u>453</u>	1000					
C Book value of all assets at end of year A 1 0 0 0 4 5	raprotion	F01/a) trust	401/	o) truot	Other trust					
3,419,845. G Check organization type ► X 501(c) cor H Describe the organization's primary unrelated business activity. ► NONE IN		501(c) trust		a) trust						
During the tax year, was the corporation a subsidiary in an affiliated group or a pare			LAIED FO	OTING Y						
If "Yes," enter the name and identifying number of the parent corporation.	siit-subsiuia	ny controlled group?		ш ''	ts (A) NO					
J The books are in care of THE ORGANIZATION		Telepho	one number 🕨	360	373-1446					
Part I Unrelated Trade or Business Income		(A) Income	(B) Expens		(C) Net					
1a Gross receipts or sales 0.			(
b Less returns and allowances c Balance	1c									
2 Cost of goods sold (Schedule A, line 7)	2									
3 Gross profit. Subtract line 2 from line 1c	3									
4a Capital gain net income (attach Schedule D)	4a									
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	-								
c Capital loss deduction for trusts	4c									
5 Income (loss) from partnerships and S corporations (attach statement)	5									
6 Rent income (Schedule C)	6	•								
7 Unrelated debt-financed income (Schedule E)	7									
Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8 9									
 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Exploited exempt activity income (Schedule I) 	10									
10 Exploited exempt activity income (Schedule I)11 Advertising income (Schedule J)	11	•								
12 Other income (See instructions; attach schedule)	12									
13 Total. Combine lines 3 through 12										
Part II Deductions Not Taken Elsewhere (See instructions for										
(Except for contributions, deductions must be directly connected	ed with the	runrelated business	s income)							
14 Compensation of officers, directors, and trustees (Schedule K)	VED	7(2)		14						
15 Salaries and wages		0SO-83		15						
15 Salaries and wages 16 Repairs and maintenance RD NOV 1 9	7018			16						
17 Bad debts		١٣		17						
18 Interest (attach schedule) OGDEN	N, UT	.		18						
19 Taxes and licenses				19						
Charitable contributions (See instructions for limitation rules)	•	امدا		20	1					
 Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return 		21 22a	· ·-							
Less depreciation claimed on Schedule A and elsewhere on returnDepletion		[228]		23						
24 Contributions to deferred compensation plans				24						
25 Employee benefit programs		ı		25						
26 Excess exempt expenses (Schedule I)				26						
27 Excess readership costs (Schedule J)		•		27						
28 Other deductions (attach schedule)				28						
29 Total deductions Add lines 14 through 28				29	0.					
30 Unrelated business taxable income before net operating loss deduction. Subtract	ict line 29 fr	om line 13		30	0.					
31 Net operating loss deduction (limited to the amount on line 30)			•	31						
32 Unrelated business taxable income before specific deduction. Subtract line 31 fe	from line 30	l		32	0.					
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions				33	1,000.					
34 Unrelated business taxable income Subtract line 33 from line 32. If line 33 is	greater tha	n line 32, enter the sm	aller of zero or							
line 32			<u>`</u>	34	0.					
723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions.					Form 990-T (2017)					

	TENTED DELICION							
Part II					- 1			
35 ີ	Organizations Taxable as Corporations. See instruction							
	Controlled group members (sections 1561 and 1563) of							
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000		order):					
	(1) \$ (2) \$	(3) [\$						
b	Enter organization's share of: (1) Additional 5% tax (no							
	(2) Additional 3% tax (not more than \$100,000)	\$						
C	Income tax on the amount on line 34			•	35c			0.
36	<u>Trusts Taxable at Trust Rates</u> . See instructions for tax	computation. Income tax on the amo	unt on line 34	4 from:				
	Tax rate schedule or Schedule D (Form 1	041)		•	36			
37	Proxy tax. See instructions			•	37			
38	Alternative minimum tax				38			
39	Tax on Non-Compliant Facility Income. See instruction	ns			39			
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whiche	ever applies			40			0.
Part I	V Tax and Payments							
41a	Foreign tax credit (corporations attach Form 1118; trus	ts attach Form 1116)	41a		_			
b	Other credits (see instructions)		41b					
C	General business credit. Attach Form 3800		41c					
d	Credit for prior year minimum tax (attach Form 8801 or	8827)	41d		_			
е	Total credits Add lines 41a through 41d				41e			
42	Subtract line 41e from line 40				42			0.
43	Other taxes. Check if from: Form 4255 Form	m 8611 🔲 Form 8697 🔲 Form	n 8866 🔲	Other (attach schedule)	43			
44	Total tax Add lines 42 and 43				44			0.
45 a	Payments: A 2016 overpayment credited to 2017		45a					
b	2017 estimated tax payments		45b	28,500	<u>.</u>]			
C	Tax deposited with Form 8868		45c					
d	Foreign organizations, Tax paid or withheld at source (s	see instructions)	45d					
е	Backup withholding (see instructions)		45e					
f	Credit for small employer health insurance premiums (A	Attach Form 8941)	45f					
g	Other credits and payments:	2439		-	\neg			
Ū	Form 4136 Other	Total	► 45g					
46	Total payments. Add lines 45a through 45g				46	28	8,5	00.
47	Estimated tax penalty (see instructions). Check if Form	2220 is attached			47			
48	Tax due. If line 46 is less than the total of lines 44 and 4	47, enter amount owed		>	48			
49	Overpayment. If line 46 is larger than the total of lines	44 and 47, enter amount overpaid		` ▶	49	2	8,5	00.
50	Enter the amount of line 49 you want: Credited to 2018			Refunded	50	28	<u>8,5</u>	00.
Part V	Statements Regarding Certain Ac	tivities and Other Inform	ation (see	instructions)				
51	At any time during the 2017 calendar year, did the orga	inization have an interest in or a signa	ture or other	authority			Yes	No
	over a financial account (bank, securities, or other) in a	foreign country? If YES, the organiza	ition may hav	e to file				l
	FinCEN Form 114, Report of Foreign Bank and Financia	Accounts. If YES, enter the name of	the foreign c	ountry				l
	here >							X
52	During the tax year, did the organization receive a distri	bution from, or was it the grantor of,	or transferor	to, a foreign trust?				X
	If YES, see instructions for other forms the organization	n may have to file.						l
53	Enter the amount of tax-exempt interest received or acc	crued during the tax year 📂 💲						<u> </u>
	Under penalties of perjury, I declare that Have examined this correct, and complete Declaration of preparer (other than tax	return, including accompanying schedules a	and statements	, and to the best of my ki	nowledge and	belief, it is t	true,	
Sign	ion talins		ropu a nas uny	F	May the IRS o	_	_	with
Here	al Port	11715 18 CEO			the preparer s			_
	Signature of officer	Daté Title			instructions)?	X Ye	s	No
	Print type preparer's name Pro	eparer's signature	Date	Check	ıf PTIN			
Paid		ma 2 - D.A		self- employe	d			
Prepa	rer MIKE LIND, CPA /	I'MI OFFI CT. TT	11/14/	18		<u> 1339'</u>		
Use C		PA GROUP P.S.		Firm's EIN	<u>91</u>	<u>-139'</u>	708	3
	4312 KITSAP	WAY, SUITE 102						
	Firm's address ► BREMERTON, W	VA 98312		Phone no.	<u> 360-4</u>	<u> 79 – 4</u> (<u> 511</u>	

Schedule A - Cost of Good	ls Sold. Enter	method of inver	ntory v	valuation N/A		· · · · · · · · · · · · · · · · · · ·			
1 Inventory at beginning of year	1	6 Inventory at end of yea			r		6		
2 Purchases	2		7 Cost of goods sold. Subtract line 6						
3 Cost of labor	3			from line 5. Enter here	and in I	Part I,			
4a Additional section 263A costs			line 2						
(attach schedule)	4a		8 Do the rules of section 263A (with respect to					Yes	s No
b Other costs (attach schedule)	4b			property produced or a	acquired	for resale) apply to			
5 Total Add lines 1 through 4b	5			the organization?		•			
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	peri	ty) 	
1. Description of property									
(1)									
(2)									
(3)		•							
(4)					•				
	2 Rent receiv	red or accrued		•		04-15-1-1-1			
(a) From personal property (if the property for personal property is monomore than 50% but not more than 50%.	re than	of rent for	persona	sonal property (if the percental I property exceeds 50% or if sed on profit or income)	age	3(a) Deductions directl columns 2(a) a	y conne ind 2(b)	ected with the income (attach schedule)	ė in
(1)									
(2)					•				
(3)	•								
(4)									
Total	0.	Total			0.				
(c) Total income Add totals of columns here and on page 1, Part I, line 6, columns	ın (A)				0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (8)	>		0.
Schedule E - Unrelated De	bt-Financed	income (see	ınstru	ictions)	1				
			2	2 Gross income from or allocable to debt-	(.)	3. Deductions directly co- to debt-finan		perty	
1. Description of debt-	financed property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule	
(1)			1						
(2)	•								
(3)									
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fina	e adjusted basis allocable to inced property h schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8 Allocable dedu (column 6 x total of a 3(a) and 3(b)	columns
(1)				%					
(2)				%					
(3)				%				•	
(4)				%					
					l	nter here and on page 1, Part I, line 7, column (A)		Enter here and on pa Part I, line 7, colum	•
Totals				•		0			0.
Total dividends-received deductions	ncluded in columi	า 8				<u> </u>	•		0.

•			`	Exempt C	Controlled O	rganızatı	ons		-		
1 Name of controlled organizati	on	2 Emp identific , numi	cation	3 Net unre (loss) (see	elated income instructions)	4 Tota paym	al of specified nents made	ınclud	rt of column 4 led in the cont ation's gross	trolling	6. Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organiz	ations				-· ··						
7. Taxable Income		nrelated incom ee instructions		9 Total o	of specified payi made	nents	10 Part of colu in the controll gross	mn 9 tha ing orga s income	nization's	11. Do	eductions directly connected th income in column 10
(1)											
(2)			_			ĺ					
(3)						ĺ					
(4)	,							+			
							Add colun Enter here and line 8, 6		e 1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
otals									0.		0.
Schedule G - Investme (see instr		ne of a	Section	501(c)(7), (9), or	(17) Or	ganization)			
1 Descr	iption of inco	me			2 Amount of	income	3 Deduction directly connections (attach schedule)	cted	4 Set-	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)	•										
(2)				_		ŀ					
(3)						ĺ					
(4)											
					Enter here and Part I, line 9, co						Enter here and on page 1 Part I, line 9, column (B)
otals				>		0.			_		0.
Schedule I - Exploited (see instru	-	Activity	Incom	e, Other	r Than Ad	lvertisi	ng Income	•	e		
1. Description of exploited activity	2. G unrelated incom- trade or t	business e from	directly of uni	penses connected oduction related is income	4 Net incomfrom unrelated business (cominus colum gain, computing	I trade or slumn 2 n 3) If a e cols 5	5. Gross inco from activity to is not unrelate business inco	that ted	attribut	penses table to mn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(A)				3 11001110	through	7					3000000
(1)	Í										
(2)										* ,	
(3)				-	-						
(4)	Enter her page 1. line 10,	Part I,	page 1	re and on I, Part I, col (B)		[Enter here and on page 1, Part II, line 26
Totals ► Schedule J - Advertisir		0.		0.							0.
Part I Income From F					solidated	Basis					
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	4 Advert or (loss) (co col 3) If a ga cols 5 th		5 Circulat		6 Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2) • • •											1
(3)					_						1
(4)					_		<u> </u>		<u> </u>		<u> </u>
Intale (carry to Part II line (5))			,	n							0.

Part II	Income From Periodicals Reported on a Separate Basis	(For each periodical listed in Part II, fill in
	columns 2 through 7 on a line-by-line basis.)	

Name of periodical		2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I	▶	0.	0.				0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2. Title	 Percent of time devoted to business 	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2017)