	. •	AMENDED	RET	rurn -	SECTIO		2(A)(7 ENDED	-			293932	201	700746 (
	Form	990-T	E	Exemp	t Organ					ome T	ax Returr	1	OMB No 1545-0687
				•					ction 603			_	2040
		₽	For cal		or other tax yea					ending	181	6	ZU 10
		ment of the Treasury Il Revenue Service	<ul> <li>▶ Go to www.irs gov/Form990T for instructions and the latest information</li> <li>▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3</li> </ul>								Open to Public Inspection for 501(c)(3) Organizations Only		
	A [	Check box if address changed		Name of organization (							D Employer identification number (Employees' trust, see instructions ) 23-7421892		
	B Ex	empt under section	Print										
	X	501(c)(3)	Or Number, street, and room or suite no. If a P.O. box, see instructions.							E Unrelated business activity code (See instructions )			
	_	408(e) 220(e)	1,700	<del></del>	1501 N 45TH ST							-	
	<u> </u>	408A 530(a) City or town, state or province, country, and ZIP or foreign postal code											
	529(a) SEATTLE, WA 98103-6708  C Book value of all assets F Group exemption number (See instructions.) ▶						<u> </u>	<del></del>					
		nd of year		<del></del>	anization type			rporatio	n 5	01(c) trust	401(a)	) trust	Other trust
	H Ent	ter the number of the	organiza	<del></del>					<del></del>		the only (or first) ur		1
	trac	de or business here	IR	512(	A)(7) I	FRING	E TAX			_	complete Parts I-V.		
	des	scribe the first in the b	lank spa	ce at the end	of the previou	s sentenc	e, complete P	Parts I ar	nd II, complet	e a Schedule	M for each addition	nal trad	le or
		siness, then complete											
		ring the tax year, was	•		-	-		ent-subs	sidiary contro	lled group?	<b>▶</b> l	Y	es L No
		Yes," enter the name a e books are in care of								Telenho	one number 🕨 2	06-	694-6814
	Pai	<del> ,</del>					RISH		(A) In		(B) Expense		(C) Net
		Gross receipts or sale							· · ·				
		Less returns and allow				c Balanc	e <b>&gt;</b>	1c					
	2	Cost of goods sold (S	Schedule	A, line 7)			$\cap$	2					
		Gross profit. Subtract						3					
		Capital gain net incon	-		<u>-</u> "		4	4a					<del></del>
		Net gain (loss) (Form		-	(attach Form	4/9/)		4b 4c					<del> </del>
		Capital loss deduction for trusts Income (loss) from a partnership or an S corporation (attach statement)						5				-	<del></del>
		Rent income (Schedule C)						6			-		
		Unrelated debt-financed income (Schedule E)											
	8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)						8					
		Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G											<u> </u>
		Exploited exempt activity income (Schedule I)						10					
		Advertising income (Schedule J)  Other income (See instructions; attach schedule)  11  12						-		<del>-</del> -			
		Total. Combine lines 3 through 12						13		0.			
		rt II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income)											
		(Except for	contrib	utions, dedu	ictions must	be direc	tly connecte	ed with	the unrelat	ed busines:	s income )	-	
	14	Compensation of off	ficers, di	irectors, and t	rustees (Sche	dule K)						14	
	15	Salaries and wages										15	, , , , , , , , , , , , , , , , , , , ,
	16 17	Bad debts	s and maintenance RE					CEIVED				17	
S	18	Interest (attach sche	edule) (s	ee instruction	ıs)	ြက္ခ		17171	၂႘			18	
SCANNED	19	Taxes and licenses	/ ( -		-,	D055	MAR 3	B 0 2020   S				19	
$ \mathbf{z} $	20	Charitable contributi	censes MAR 3 0 2020 ontributions (See instructions for limitation rules)									20	
Щ	21	Depreciation (attach	Depreciation (attach Form 4562) OGDEN						N. UT 21				İ
	22	Less depreciation claimed on Schedule A and elsewhere on return  Depletion						22a				22b	
A	23 24 25											23	
<u> </u>	25	Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I)										24	<del> </del>
2	26										26	<del>                                     </del>	
	227	Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions Add lines 14 through 28											
ויי	227 228												
	29									29	0.		
	30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13									30	0.	
	31	Deduction for net of		-			or after Janu	uary 1, 2	2018 (see inst	tructions)		31	<del></del>
	32	Unrelated business							<del></del>			32	O . Form <b>990-T</b> (2018)
	62370	01 01-09-19 LHA F	urape	I WOIK NEGUCI	IUII ACT NOTICE	:, see insi	HUÇUONS.						FULLE 330" [ (20   8)

Form 990-	(2018) SOLID GROUND WASHINGTON 23	-7421892	Page 2
Part I			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0.
34 `	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
	lines 33 and 34	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	38 37	1,000.
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,		
	enter the smaller of zero or line 36	38	0.
Part I	· · · · · · · · · · · · · · · · · · ·	<del></del>	
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)	▶ 39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	]	
	Tax rate schedule or Schedule D (Form 1041)	40	<del>- ,</del>
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	<del></del>
43 ` 44	Tax on Noncompliant Facility Income See instructions  Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	48	0.
Part \		- 49	<u> </u>
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  45a		
b	Other credits (see instructions) 45b		
C	General business credit. Attach Form 3800 45c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach s	schedule) 47	
48	Total tax Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50 a	Payments: A 2017 overpayment credited to 2018		
	2018 estimated tax payments		
	Tax deposited with Form 8868	ŧ	
	Foreign organizations: Tax paid or withheld at source (see instructions) . 50d	<del> </del> .	
	Backup withholding (see instructions)**  50e		
f	Credit for small employer health insurance premiums (attach Form 8941)		
9	Other credits, adjustments, and payments: Form 2439 Form 4136 X Other 15, 149. Total 50g 15,	149.	
51	Total payments. Add lines 50a through 50g SEE STATEMENT 2	511	15,149.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	13,143.
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	<b>▶</b> 53	
54		SS ► 54	15,149.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax		15,149.
Part '	VI Statements Regarding Certain Activities and Other Information (see instructions	)	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No_
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here >		
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign to	rust?	
	If "Yes," see instructions for other forms the organization may have to file.		
58_	Enter the amount of tax exempt interest received or accrued during the tax year >\$		100
Sign	Under penalties of perjury, i declare that I have examined this return, including accompanying schedules and statements, and to the best correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	ot my knowledge and be	nes, it is true,
Here	A CALLAND BIRDON BINANCE DIRECTION		cuss this return with
	Signature of Officer Date FINANCE DIRECTOR	the preparer showing transfer the preparer showing	
	Print/Type preparer's name Preparer's signature Date Check		C 100 [ 100 ]
Detal		employed	
Paid	TIONARD DOMETH CDA TIONARD DOMETH CDA 02/16/20		147726
Prepa	TAGORGON TARVITO O GO PATO		2011386
Use (	200 FIRST AVE WEST, SUITE 200	<u> </u>	
	le	ne no. (206) -	628-8990
823711 0			orm <b>990-T</b> (2018)

•	FOOTNOTES	STATEMENT 1
•		
FORM 990-T, PART III, LINE 34 SECTION 512(A)(7) REPEAL FRINGE AND FRINGE BENEFITS NOT TAXABLE	TAX	73,138.
FORM 990-T, PART V, LINE 51 SECTION 512(A)(7) REPEAL FRINGE RETROACTIVELY AND TAXPAYER REQUI FULL REFUND OF TAX PAID	1	15,149.

FORM 990-T OTHER CREDITS AND PAYMENT	STATEMENT 2
DESCRIPTION	AMOUNT
TAX PAYMENTS ,	15,149.
TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART V, LINE	50G 15,149.