	QQQ_T	. <u>F</u>	EXT:	ENDED TO NO	VEME	ER 16, 2020 Ess Income	ุ 2 7 ย ย ย Tax Return		OMB No 1545-0047	
FOI	<sup>™</sup> 990-‡	شر		and proxy tax un	ider se	ection 6033(e))	iain	•	0040	
		For cale	endar year 2019 or other tax			, and ending	19112	-	2019	
	artment of the Transum.		➤ Go to ww	w irs gov/Form990T for	instructi	ons and the latest inforr	nation.	_		
	artment of the Treasury rnal Revenue Service	<b></b>	Do not enter SSN numb	ers on this form as it m	ay be ma	ade public if your organi	zation is a 501(c)(3)	. 5	open to Public Inspection for 0 1(c)(3) Organizations Only	
A	Check box if address changed		Name of organization (	Check box if name	e changed	d and see instructions.)			yer identification number yees' trust, see itions )	
	Exempt under section	Print	TRILLIUM H	OUSING SERV	TCES			26	5-3812197	
	501(c <b>(03</b> _)	or		om or suite no. If a P.O. I				E Unrelat	ted business activity code structions)	
Ē	408(e) 220(e)	Type	•	CTOR STREET				(388 III	structions )	
ίĒ	408A 530(a)			ovince, country, and ZIF	-			1		
	529(a)		TACOMA, WA	98406				531390		
r E	look value of all assets t end of year		F Group exemption nur	mber (See instructions.)	<b>&gt;</b>					
	<u>5,667,4</u>			/pe 🕨 🗶 501(c) c	orporatio	n 501(c) trust	401(a)	trust (	Other trust	
	inter the number of the o	_					the only (or first) un			
						TATE . If only one				
d		•		ious sentence, complete	Parts I ar	nd II, complete a Schedul	e M for each additior	nal trade	or	
_	usiness, then complete								X No	
) L	Juring the tax year, was f "Yes," enter the name a		•		rent-subs	sidiary controlled group?	<b>&gt;</b> L	Yes	i LALINO	
1	The books are in care of					Telent	one number > 2	53-7	761-1190	
ĬΡ			le or Business Ir			(A) Income	(B) Expenses		(C) Net /	
_	Gross receipts or sale			Τ -						
	Less returns and allow			c Balance ▶	- 1c					
2	Cost of goods sold (S	chedule	A, line 7)	_	2					
3	Gross profit. Subtract	line 2 fro	om line 1c		3					
	Capital gain net incom		· ·		4a			_/		
ł	Net gain (loss) (Form	4797, Pa	art II, line 17) (attach For	rm 4797)	4b					
(	: Capital loss deduction				4c					
5			hip or an S corporation (	(attach statement)	5					
6	Rent income (Schedu				6					
7	Unrelated debt-finance		` ,		7				<del></del> · · · · · · · · · · · · · · · ·	
8	•			ed organization (Schedule I						
9	Exploited exempt active			organization (Schedule	G) 9, 10					
10 11	Advertising income (S	-	• •	_	11					
12	Other income (See ins		• •		12					
13	Total. Combine lines			1	13	0.				
				ere (See instructions		ations on deductions)				
	(Deductions	must b	e directly connected	with the unrelated but	sıness ır	ncome)				
14	Compensation of offi	cers, dır	ectors, and trustees (Sc	hedule K)				14		
15	Salaries and wages							15		
16	Repairs and mainten	ance						16		
17	Bad debts	10	Internal Reven					17	<del></del>	
18		ez)^(slut	e in Mactions d US E					18		
19	Taxes and licenses	/ 	335			1 1		19		
20	Depreciation (attach	rorm 45	Schedule Alandelsewil	05,00		20				
21 22						21a		21b		
22	Contributions to defe	rred cor	npensation plans Ogden					22		
23 24	Employee benefit pro	orame	nebgÖ mündingingingingingingingingingingingingingi	, στ				24		
2 <del>4</del> 25	Excess exempt exper	-	·					25		
26	Excess readership co							26		
27		e deductions (attach schedule)						27		
28	<i>1</i>							28	0.	
								29	0.	
29	30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018									
29 30								30	0.	
	(see instructions)									
30 31			come. Subtract line 30 f					31	0 . Form <b>990-T</b> (2019)	

		FRILLIUM HOUSING SERVICES		26	-3812	<u> 197</u>	Page 2
		Total Unrelated Business Taxable Income			·		
32	Total	of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		32			0.
33	Amou	nts paid for disallowed fringes		33			
34	Charit	able contributions (see instructions for limitation rules)		34			0.
35	Total	inrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of	lines 32 and 3	3 35			
36	Deduc	tion for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		36			
37	Total	of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	_	37			
38	Specif	c deduction (Generally \$1,000, but see line 38 instructions for exceptions)	$\mathcal{L}$	_38		1,0	00.
39	Unrel	ited business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	O				
	ent <u>er</u>	he smaller of zero or line 37		_39	_		0.
Par	t IV	Tax Computation					
40	Organ	izations Taxable as Corporations Multiply line 39 by 21% (0.21)		▶ 40			0.
41	Trusts	Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 39 from:					
		ax rate schedule or Schedule D (Form 1041)	•	▶ 41			
42	Proxv	tax. See instructions		<b>42</b>			
43		ative minimum tax (trusts only)		43			
44		Noncompliant Facility Income. See instructions		44			
45		Add lines 42, 43, and 44 to line 40 or 41, whichever applies		45			_ 0.
Par		Tax and Payments	· · · ·	1			
$\overline{}$		n tax credit (corporations attach Form 1118; trusts attach Form 1116)  46a		$\neg$			
		credits (see instructions)  46b		$\neg$			
C		al business credit. Attach Form 3800		$\dashv$			
		for prior year minimum tax (attach Form 8801 or 8827)					
		eredits. Add lines 46a through 46d		46e			
47	-	ct line 46e from line 45		47	<u> </u>		0.
48			attach schedule				<u> </u>
49		ax Add lines 47 and 48 (see instructions)	andon donodan	49			0.
50		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3		50	<u> </u>		0.
		nts: A 2018 overpayment credited to 2019 51a		30			
	-	stimated tax payments 51b		$\dashv$			
		posited with Form 8868 51c			i		
		n organizations: Tax paid or withheld at source (see instructions)  51d	-				
		o withholding (see instructions)  51e					
		for small employer health insurance premiums (attach Form 8941)  51f					
		predits, adjustments, and payments: Form 2439					
y	_	orm 4136 Other Total > 51g					
52		ayments. Add lines 51a through 51g		52			
53		ted tax penalty (see instructions). Check if Form 2220 is attached					
54		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed		53	——		
55		lyment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		55	<del></del>		
56	•	to the second se					
Part		Statements Regarding Certain Activities and Other Information (see instruc	unded <b>•</b>	56			
			,tions)			<u> </u>	
57		time during the 2019 calendar year, did the organization have an interest in or a signature or other authority			}	Yes	No
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country			Ī	ļ	
		rount 114, Report of roleigh bank and rinancial Accounts in res, either the hame of the foreign country					v
	here	the toy year did the arganization receive a distribution from arrives it the avector of a transfer to form	- 410				X
58		the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	in trust?		-		
E0		see instructions for other forms the organization may have to file.			ļ	ļ	ı
59		ne amount of tax-exempt interest received or accrued during the tax year  \$					
Sign	6	nder penaltips of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to to prect and complete. Declarations prepare (giber fran taxpayer) is based on all information of which preparer has any knowled	ge	nowledge a	na beller, it is u	rue,	
Here	مر ا		ſ		S discuss this i	_	vith
		Signature of officer Date PRESIDENT Title			r shown below	·	I
					s)? X Yes		No
			Check	if PTI	N		
Paid			self- employe		00004		
•	oarer	CPA COMPANY DC			000311		
Use	Only	Firm's name ► RETTIG FLYTE COMPANY PS	Firm's EIN I	<b>-</b> 0	<u>3-0471</u>	. / /	<u> </u>
		PO BOX 65710	Dhone ::	252	E C A A A		
	04.05.0	Firm's address ► UNIVERSITY PLACE, WA 98464	Phone no.	<u> </u>			
923711	01-27-20				Form <b>99</b> 6	U- I (	2019)