IRS NOTICE 2018-100

Form	990-T	E	Exempt Orga				Tax Retur	n	OMB No 1545-0687
-	•	l	•	nd proxy tax und			20 2010 [9	800	2017
		For ca	lendar year 2017 or other tax ye	irs.gov/Form990T for ir			UN 30, 2018	-	2017
	lment of the Treasury Il Revenue Service	▶	Do not enter SSN number	-					Open to Public Inspection for 501(c)(3) Organizations Only
A L	Check box if address changed		Name of organization (L		_	and see instructions.)	(Emp	loyer identification number ployees' trust, see uctions)
B E	cempt under section	Print	COUNTY		••			2	7-0627714
] 501(c <u>1</u> 3)	or	Number, street, and roon	n or suite no. If a P.O. box	k. see ir	structions.			lated business activity codes
	408(e) 220(e)	Туре	1509 CALIFORNIA		•			(366	instructions)
	408A530(a)		City or town, state or pro		r foreig	n postal code			
C Bo	529(a) ok value of all assets		F Group exemption num			-			
ate	ng of year	323.	G Check organization typ		oration	501(c) trus	st 401(a	a) trust	Other trust
H De		' 	ary unrelated business act			ATEMENT 1		,	
			oration a subsidiary in an		nt-subs	diary controlled group	0?		es X No
			tifying number of the parer						
	e books are in care of						phone number 🕨 🗸		
Pa			de or Business Ind	ome		(A) Income	(B) Expensi	es	(C) Net
	Gross receipts or sale								
	Less returns and allov			c Balance	1c				
_	Cost of goods sold (S			Ά	2	<u>.</u>			
3	Gross profit. Subtract			r	3				
	Capital gain net incom	•	•	4707	4a				
			art II, line 17) (attach Form	1 4/9/)	4b				
	Capital loss deduction			b . d . t	4c				
			ips and S corporations (at	iach statement)	5				
	Rent income (Schedu	•	(Cabadula E)		6				-
	Unrelated debt-financ		, ,		7				
			ind rents from controlled o		8				
			on 501(c)(7), (9), or (17) o	rganization (Schedule 6)		·			
	Exploited exempt activ	-	,		10				
	Advertising income (S		•	STATEMENT 2	11 12	4,58	7		4,587.
	Other income (See ins Total. Combine lines		•	STATEMENT Z	13	4,58			4,587.
Pa			ot Taken Elsewhei	re (See instructions fo					4,307.
			utions, deductions mus						
14	Compensation of off	icers, di	rectors, and trustees (Sche	edule K)				14	
15	Salaries and wages							15	
16	Repairs and mainten	ance						16	
17	Bad debts							17	<u> </u>
18	Interest (attach sche	dule)						18	
19	Taxes and licenses							19	
20			instructions for limitation	rules)		A CONTRACTOR OF THE PARTY OF TH		20	
21	Depreciation (attach	Form 45	562)	المساور المساور		21		┦	
22	Less depreciation cla	aimed or	Schedule A and elsewher	e on return)	. ,,,,	ري \ [22a]		22b	
23	Depletion			leval.		" <i>181</i>		23	
24	Contributions to defe		mpensation plans	MAY 2	2 ZU	19 C.S.		24	
25	Employee benefit pro							25	
26	Excess exempt exper	,	•	A STATE OF THE PARTY OF THE PAR	N.	ETII		26	_
27	Excess readership co	•	•	Tangu!	. 111	The state of the s		27	
28	Other deductions (at			ART STEEL STEEL				28	
29	Total deductions, Ad			a loop dodustion. Colletin	t line Of) from line 12		29	0. 4,587.
30			come before net operating		time 25	9 HUIH IINE 13		30	4,307.
31 32			(limited to the amount on scome before specific dedu		om lina	30		32	4,587.
33			s \$1,000, but see line 33 in			00		33	1,000.
34			income. Subtract line 33 f			than line 32 enter the	smaller of zero or	00	1,000.
	line 32	-474610			,. outor	02, 01101 1110	3	34_	3,587.
		- Danas	work Paduation Act Nation	!				400	Form QQO-T (2017)

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Part I	II' Tax Computation			
35	Organizations Taxable as Corporations. See instructions for tax computation.			
	Controlled group members (sections 1561 and 1563) check here See instructions and.			
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		1 1	
	(1) \$ (2) \$ (3) \$		'	
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$			
	(2) Additional 3% tax (not more than \$100,000) \$			
С	Income tax on the amount on line 34 SEE STATEMENT 3		35c	644.
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:	·		
	Tax rate schedule or Schedule D (Form 1041)		36	
37	Proxy tax. See instructions	•	37	
38	Alternative minimum tax		38	
39	Tax on Non-Compliant Facility Income. See instructions		39	
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	Щ	40	644.
Part I				
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		-,	
	Other credits (see instructions) 41b			
С	General business credit. Attach Form 3800			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			
	Total credits. Add lines 41a through 41d		41e	
42	Subtract line 41e from line 40		42	644.
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach sch	edute)	43	
44	Total tax. Add lines 42 and 43	y8	44	644.
45 a	Payments: A 2016 overpayment credited to 2017 45a		- 1	
	2017 estimated tax payments			
F F	Tax deposited with Form 8868			
	Foreign organizations: Tax paid or withheld at source (see instructions) 45d			
	Backup withholding (see instructions) 45e		l . I	
	Credit for small employer health insurance premiums (Attach Form 8941)		,	
	Other credits and payments: Form 2439		'	
3	☐ Form 4136 ☐ Other ☐ Total ► 45g		٠ '	
46	Total payments. Add lines 45a through 45g		46	
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached		47	
48		ا ⊾ ا	48	644.
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		49	
50	Enter the amount of line 49 you want: Credited to 2018 estimated tax		50	·
Part \			<u> </u>	
51	At any time during the 2017 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 ▶			X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trus	t?		х
	If YES, see instructions for other forms the organization may have to file.			
53	Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$			<u>-</u>
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	my know	vledge an	d belief, it is true,
Sign	PRESIDENT, CHIEF EXECUTIVE	Ma	v the IRS	discuss this return with
Here	5/14/2019 OFFICER		•	shown below (see
	Signature of officer Date Title	ıns	tructions	7 X Yes No
	Print/Type preparer's name Preparer's signature Date Check	lf	PTIN	
Paid	self- em	oloyed		
Prepa	rer SARA ELIZABETH J. HYRE SARA ELIZABETH J. HYRE 05/14/19		P0	0235495
Use C	I Francis was as A CLADY ATIDED DO	EIN 🕨	91	-1194016
	10900 NE 4TH STREET, SUITE 1400			
	Firm's address ► BELLEVUE, WA 98004 Phone	10. 42	5-454	-4919
				Form 990-T (2017)

Page 3

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory v	valuation N/A					-
1 Inventory at beginning of year	1		T	Inventory at end of year	ır		6		_
2 Purchases	2] 7	Cost of goods sold. Su	ubtract	ine 6			
3 Cost of labor	3			from line 5. Enter here	and in I	Part I,			
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes No	J
b Other costs (attach schedule)	4b		╛	property produced or a	acquire	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	per	ty) 	
1. Description of property									
(1)									
(2)									
(3)									
(4)									
		ed or accrued				3/a) Deductions direct	v conne	ected with the income in	
(a) From personal property (if the per rent for personal property is mor 10% but not more than 509	e than	of rent for	persona	sonal property (if the percental property exceeds 50% or if sed on profit or income)	age	columns 2(a) a	nd 2(b)	(attach schedule)	
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, colum		iter -			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	0).
Schedule E - Unrelated De	bt-Financed	Income (see	ınstru	ictions)		•			
	-		:	Gross income from or allocable to debt-	/2\	3. Deductions directly co to debt-finan		pperty	
1. Description of debt-f	inanced property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)			1				1		_
(2)			1						_
(3)			1						
(4)									
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a	adjusted basis allocable to inced property in schedule)		5. Column 4 divided by column 5	-	7. Gross income reportable (column 2 x column 6)		8, Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)	1		1	%					_
(2)			T	%		_			
(3)				%					
(4)				%_					
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)	
Totals				•			٥.	0	١.
Total dividends-received deductions in	ncluded in columi	n 8					-		١.

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0.

0.

Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)				Enter here end on page 1, Part II, line 26
Totals -	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. 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 (carry to Part II, line (5))	0.	0,			<u> </u>	0.

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27-0627714

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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)

1. 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	3. Percent of time devoted to business	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)

FORM 990-T

DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED
BUSINESS ACTIVITY

STATEMENT

QUALIFIED TRANSPORTATION FRINGE BENEFITS: THERE IS NO TRADE OR BUSINESS. THE PURPOSE OF FILING IS TO REPORT SUCH BENEFITS PER CODE SECTION 512(A)(7).

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER INCOME		STATEMENT	2
DESCRIPTION		,	AMOUNT	
QUALIFIED TRANSPORTATION B	ENEFITS		4,5	87.
TOTAL TO FORM 990-T, PAGE	1, LINE 12		4,5	87.

FORM	990-T LINE 35C TAX COMPUTATION		STATEMENT 3
1.	TAXABLE INCOME	. 3,587	
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT	3,587	
3.	LINE 1 LESS LINE 2	. 0	
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT	. 0	
5.	LINE 3 LESS LINE 4	. 0	
6.	INCOME SUBJECT TO 34% TAX RATE	. 0	
7.	INCOME SUBJECT TO 35% TAX RATE	. 0	
8.	15 PERCENT OF LINE 2	538	
9.	25 PERCENT OF LINE 4	. 0	
10.	34 PERCENT OF LINE 6	. 0	
11.	35 PERCENT OF LINE 7	. 0	
12.	ADDITIONAL 5% SURTAX	. 0	
13.	ADDITIONAL 3% SURTAX	. 0	
14.	TOTAL INCOME TAX	_	538
		_	
15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/2017	753	
	DAYS		
16. 17.	TAX PRORATED FOR NUMBER OF DAYS IN 2017 184 TAX PRORATED FOR NUMBER OF DAYS IN 2018 181	271 373	
18.	TOTAL TAX PRORATED 365		644