

2017

Open to Public Inspection for 501(c)(3) Organizations Only

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2017 or other tax year beginning and ending Go to www.irs.gov/Form990T for instructions and the latest information

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Form 990-T Department of the Treasury Internal Revenue Service

A Check box if address changed B Exempt under section 501(c)(3) 408(e) 220(e) 408A 530(a) 529(a)

Name of organization Project Feast Number, street, and room or suite no. 202 W Gowe St, Ste L City or town, state or province, country, and ZIP or foreign postal code Kent WA 98032

D Employer identification number 46-2005131

C Book value of all assets at end of year 75,612

F Group exemption number G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

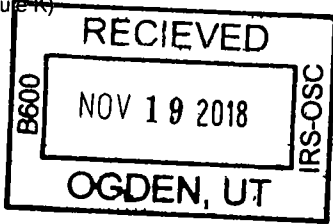
H Describe the organization's primary unrelated business activity

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

J The books are in care of Greg Parry Telephone number 206-283-7397

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Less returns and allowances, Cost of goods sold, etc.

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, directors, and trustees, Salaries and wages, Repairs and maintenance, etc.



Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and	
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order) (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)	\$ _____ \$ _____
c Income tax on the amount on line 34	▶ 35c
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> 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	40

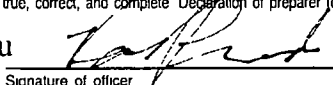
Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	41a	
b Other credits (see instructions)	41b	
c General business credit. Attach Form 3800 (see instructions)	41c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	41d	
e Total credits. Add lines 41a through 41d		41e
42 Subtract line 41e from line 40		42
43 Other taxes. Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (all sch)		43
44 Total tax. Add lines 42 and 43		44 0
45a Payments. A 2016 overpayment credited to 2017	45a	
b 2017 estimated tax payments	45b	
c Tax deposited with Form 8868	45c	
d Foreign organizations. Tax paid or withheld at source (see instructions)	45d	
e Backup withholding (see instructions)	45e	
f Credit for small employer health insurance premiums (Attach Form 8941)	45f	
g Other credits and payments <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total u	45g	
46 Total payments. Add lines 45a through 45g		46
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached	u <input type="checkbox"/>	47
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	u	48
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	u	49
50 Enter the amount of line 49 you want credited to 2018 estimated tax u	Refunded u	50

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority 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 u	Yes	No
		X
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file		X
53 Enter the amount of tax-exempt interest received or accrued during the tax year u \$		

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here u 	Date	11/14/2018	u	Executive Director
Signature of officer	Date		Title	
Paid Pnn/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Amanda O'Rourke, CPA	Amanda O'Rourke, CPA	11/14/18	self-employed	P01539825
Preparer Use Only Firm's name	GREENWOOD, OHLUND & CO. LLP		Firm's EIN	91-0873571
Firm's address	4241 21ST AVE W # 400 SEATTLE, WA 98199		Phone no	206-782-1767

May the IRS discuss this return with the preparer shown below (see instructions)?
 Yes No