28

29

( ( )	(S)						2939	3 1 5	5800927
کِ )	3m)		AMENDED RE	TURN - SEC	rion 5	12(A)(7)	REPEAL	_	
`	∽⊧⊶ 990-T		Exempt Orga	inization Bu	siness	Income 1	ax Returr	)	OMB No. 1545-0687
	•		•	and proxy tax und	der sectio	on 6033(e))	1017	ا ر	2010
	• 7	For ca	Jendar year 2018 or other tax y	· · ·		, and ending	1810	_	<b>ZU 10</b>
	Department of the Treasury Internal Revenue Service	<b> </b>	► Go to www Do not enter SSN number	v.irs.gov/Form990T for i ers on this form as it ma				. [	Open to Public Inspection for 01(c)(3) Organizations Only
	A Check box if address changed		Name of organization (	Check box if name	changed and	see instructions.)		Emple	yer identification number byees' trust, see ctions.)
	B Exempt under section	Print	SEATTLE JOBS INI	TIATIVE				47	-0900181
	x 501(c)(3)	or		m or suite no. If a P.O. bo	ox. see instruc	ctions.		E Unrela	ted business activity code structions.)
	408(e) 220(e)	Туре	1200 12TH AVE S,		,			(566 111	structions.)
	408A 530(a)		<del></del>	ovince, country, and ZIP	or foreign pos	stal code		1	
	529(a)		SEATTLE, WA 981	44					
	C Book value of all assets at end of year	•	F Group exemption num	nber (See instructions.)	<b></b>			•	
		,381.	G Check organization type	pe 🕨 🗶 501(c) co	rporation	501(c) trust	401(a)	trust	Other trust
Ħ	H Enter the number of the	organiza	ntion's unrelated trades or	businesses. >		Describe	the only (or first) un	related	
202	trade or business here	<b>&gt;</b>				. If only one,	complete Parts I-V.	If more	than one,
90	describe the first in the t	lank spa	ice at the end of the previo	ous sentence, complete P	arts I and II, o	complete a Scheduk	e M for each addition	al trade	OI .
9	business, then complete		<del></del>	<del> </del>					
بے	During the tax year, was	-	•	• • •	ent-subsidiary	controlled group?	<b>▶</b> ƙ	! Yes	s   X   No
ᆁ			tifying number of the pare	nt corporation.		<del></del>			
	J The books are in care of		sandy Brewster de or Business Inc	00000	<del></del>	(A) Income	one number 2  (B) Expenses		(C) Net
SCANNEU	1a Gross receipts or sal		ue or business in	Come	<del>,   .</del>	(A) income	(b) Expenses	<u>'</u>	(O) Het
z	b Less returns and allo		<del></del>	c Balance	1c				
₹	2 Cost of goods sold (		Δ line 7)	C Dalatice .	2		<u></u>		· · · · · · · · · · · · · · · · · · ·
ပ္က	3 Gross profit. Subtract		•	<i>f</i>	3				
01	4a Capital gain net incor		•		4a				<del></del>
		-	Part II, line 17) (attach Forr	m (4797)	4b				
	c Capital loss deductio		• •		4c		<del></del>		
	5 Income (loss) from a	partner	ship or an 3 corporation (a	attach statement)	5				
	6 Rent income (Schedi	ile C)			6				
	7 Unrelated debt-finance	ed incoi	me (Schedule E)		7				
	8 Interest, annuities, ro	yaltıes, e	and rents from a controlled	organization (Schedule F)	8				
	9 Investment income o	f a sectio	on 501(c)(7), (9), or (17) o	organization (Schedule G	) 9				
	10 Exploited exempt act	vity inco	me (Schedule I)		10				
	11 Advertising income (	Schedule	e J)		11				
	12 Other income (See in		•		12				
	13 Total. Combine lines		<del></del>	<del></del>	13	0.			
			ot Taken Elsewhe utions, deductions mus						
	14 Compensation of of	ficers, di	rectors, and trustees (Sch	edule K)		•		14	
2020	15 Salaries and wages			DEOUN	C'D			15	
	16 Repairs and mainter	ance		RECEIV				16	
0	17 Bad debts			O .	K			17	
JUN 0 1	18 Interest (attach scho	edule) (s	ee instructions)	APR 06 2	2020 13			18	
$\equiv$	<ul><li>19 Taxes and licenses</li><li>20 Charitable contribut</li></ul>	(C-			<u> </u>			19	
_	21 Depreciation (attach	-	e instructions for limitation	OGDEN	UT	121	•	20	
<b>D</b> .	•		n Schedule A and elsewhe		1	21 22a	· · · · · · · · · · · · · · · · · · ·	22b	
E.	23 Depletion	U	. Contours A and sistants	TO SIT TOTALEN		[220]	<del></del>	23	
Batching/	24 Contributions to def	erred co	mpensation plans				-	24	
<u>r</u> ;	25 Employee benefit pr							25	
Ş	26 Excess exempt expe		chedule I)	•	•	_	• •	26	
D.	27 Excess readership of	osts (Sc	hedule J)					27	

Unrelated business taxable income. Subtract line 31 from line 30 823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

Form **990-T** (2018)

29

Other deductions (attach schedule)

Total deductions. Add lines 14 through 28

Part	II Total Unrelated Business Taxable Income				
33	Total of uhrelated business taxable income computed from all unrelated trades or businesses (see	e instruc	ttons)	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 instru	uctions)		35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the $\epsilon$	um of			
	lines 33 and 34			36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			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	V Tax Computation				
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		<b>&gt;</b>	39	Λ.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	on line 3	8 from:		
	Tax rate schedule or Schedule D (Form 1041)	-	. •	40	· · · · · · · · · · · · · · · · · · ·
41	Proxy tax. See instructions .		. •	41	
42	Afternative minimum tax (trusts only)			42	
43	Tax on Noncompliant Facility Income. See Instructions			43	
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	0.
Part \				· · · · · · · · · · · · · · · · · · ·	
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a		_	
	Other credits (see instructions)	45b		-	
C	General business credit. Attach Form 3800	45c		<b>↓</b>	
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d		4	
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 88	66 📖	Other (attach schedule)	$\vdash$	
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.
	Payments: A 2017 overpayment credited to 2018	50a		4	
	2018 estimated tax payments	50b	1,386		
	Tax deposited with Form 8868	50c		4 1	
	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	····	4 1	
	Backup withholding (see instructions)	50e		-	
	Credit for small employer health insurance premiums (attach Form 8941)	50f		4 1	
9	Other credits, adjustments, and payments: Form 2439	1.1			
	Form 4136	50g	2,259	<del>-</del>	
51	Total payments. Add lines 50a through 50g See Statem	ent 1		51	3,645.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	-	_	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	-	<b>.</b>	53	2.645
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid			54	3,645.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax		Refunded >	55 ]	3,645.
Part \	<del></del>		<del> </del>		Tv. In-
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature		-		Yes No
	over a financial account (bank, securibes, or other) in a foreign country? If "Yes," the organization	-			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	toreign o	country		
	here >				X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor	to, a foreign trust?		х
50	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 \$\infty\$\$  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and s	et et oen on be	and to the best of my kn	oudodas and b	Need at us trains
Sign	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare	rer has any	knowledge.	Owieuge and b	alei, it is due,
Here	Sarel Sunst 12/31 bas DIRECTOR OF		Į,	-	cuss this return with
	Signature of Officer Date Title			the preparer sho nstructions)?	
					X 169 [ ] NU
	Print/Type preparer's name Preparer's signature Dai	ıe		ıf PTIN ₊	
Paid	Foren I Dunn	102/20	self- employed		22897
Prepa	Feel Company & GUADY MYDDD DG	02/20			92887
Use (	Pirm's name CLARK NUBER, PS		Firm's EIN	- 31-1	194016
	10900 NE 4TH STREET, SUITE 1400		Dhora no	425_AEA 4	919
000744 51	Firm's address BELLEVUE, WA 98004		Phone no.		
823711 01	*U=* 10			F	orm <b>990-T</b> (2018)

Page 3

Schedule A - Cost of Good	s Sold. Enter	method of inve	entory v	valuation > N/A				- <del></del>	
1 Inventory at beginning of year	1		- Y	inventory at end of year	ar		6		
2 Purchases .	2		7	Cost of goods sold. S	ubtract l	ine 6			
3 Cost of labor	3			from line 5. Enter here	and in F	Part I,	ŀ	1	
4a Additional section 263A costs			7	line 2 .			7	1	
(attach schedule)	4a		8	Do the rules of section	263A (1	with respect to		Yes	No
b Other costs (attach schedule)	4b			property produced or a	acquirec	i for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?		· · · · · · · · · · · · · · · · · · ·			<u> </u>
Schedule C Rent Income (see instructions)	(From Real	Property an	nd Pe	rsonal Property	Leas	ed With Real Pro	hei	ly) 	
1. Description of property									
(1)	· · · · · · · · · · · · · · · · · · ·	· · · · · ·	· ·	<del></del>					
(2)								······································	
(3)		<del></del>	<del></del>						
(4)									
	2. Rent receiv	ed or accrued				0/0\0			
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	`of rent for	persona	sonal property (if the percent I property exceeds 50% or if sed on profit or income)	age	3(a) Deductions directly columns 2(a) a	y conno nd 2(b)	acted with the income ii (attach schedule)	י
(1)									
(2)									
(3)									
(4)				· <u>-</u>		l			
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>		0.
Schedule E - Unrelated Del	bt-Financed	Income (see	e instru	ictions)					
				2. Gross income from		3. Deductions directly cor to debt-finance		perty	
1. Description of debt-fi	inanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction: (attach schedule)	3
(1)							1		
(2)			1	• • • • • • • • • • • • • • • • • • • •					
(3)			1				1		
(4)									
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a debt-fina	adjusted basis dilocable to nced property schedule)		Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deductr (column 6 x total of col 3(a) and 3(b))	
(1)				%			$\perp$		
(2)				%					
(3)				%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A).		Enter here and on page Part I, line 7, column (I	
Totals				<b>•</b>			<u>.</u>		0.
Total dividends-received deductions in	ncluded in column	8		· · · · · · · · · · · · · · · · · · ·		<i>,</i>	•		0.
								Form 990-T	(2018)

•			Exempt	Controlled O	rganizatı	ons				
1." Name of controlled organization	ation	2. Employe identificatio number	gr 3. Net un n (loss) (sei	related income e instructions)	4. Tota payn	al of specified nents made	5. Part of included in organization		olling	6. Deductions directly connected with income in column 5
(1)			<del></del>			<del></del>	<u> </u>			<del></del>
(2)										
(3)		•						***********		
(4)										
Nonexempt Controlled Organ	nizations									
7. Taxable Income		ated income (lo	9. Total	of specified payr made	nents	10. Part of colur in the controlli gross			11. De with	ductions directly connected in moome in column 10
(1)		• •					···			· · · · · · · · · · · · · · · · · · ·
(2)	1									
(3)										
(4)										
						Enter here and	nns 5 and 10 on page 1, i			id columns 6 and 11. ere and on page 1, Part I, line 8, column (B).
Totals			· · · · · · · · · · · · · · · · · · ·		<b>&gt;</b>			0.		0
Schedule G - Investme (see inst	ent Incomo tructions)	of a Se	ction 501(c)(	(7), (9), or	(17) On	ganization	1			
1. Des	cription of income	•		2. Amount of	income	3. Deduction directly connect (attach scheduction)	cted	4. Set-a (attach so		5. Total deductions and set-asides (col. 3 plus col. 4)
(1)		****								
(2)	•									
(3)										
(4)					$\neg \neg$					
				Enter here and o Part I, line 9, co	lumn (A).		•	•		Enter here and on page 1 Part I, line 9, column (B).
Totals .				<u> </u>	0.			<del></del>	···	0.
Schedule I - Exploited (see instr	-	ctivity In	come, Othe	r Than Ad	vertisi	ng Income	)			
Description of exploited activity	2. Gros unrelated bus income for trade or bus	siness	3. Expenses irectly connected with production of unrelated pusiness income	4. Net incomfrom unrelated business (cominus columingain, compute through	trade or lumn 2 n 3), If a e cols. 5	5. Gross inco from activity t is not unrelat business inco	hat edi	6. Expe attributa colum	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										1
(4)										
Totals	Enter here at page 1, Pa line 10, col	rt I,	nter here and on page 1, Part I, line 10, col. (B).				<u> </u>			Enter here and on page 1, Part II, line 26.
Schedule J - Advertis	ing Income			·	<del></del>			<del></del>		
Part I Income From	Periodical	s Report	ed on a Con	solidated	Basis					
1. Name of periodical	ad	. Gross vertising ncome	3. Direct advertising costs	4. Advert or (loss) (co col. 3). If a ga cols 5 th	d 2 minus un, compute	5. Circulati	ion	6. Reader costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						1				
(2)										
(3)										
(4)								***		
Totals (carry to Part II, line (5))	. •	0.		0.						0.
										Form <b>990-T</b> (2018

823731 01-09-19

## Form 990-T (2018) SEATTLE JOBS INITIATIVE 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)						<u>"-</u>
(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.
Sahadula K Campanastia	n of Officer	Directors on	Tructone /con in	admination a)		

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		<b>•</b>	0.

Form 990-T (2018)

Form 990-To	Other Credits and Payments	Statement	1
Description		Amount	
REPEALED SECTION 5:	12(A)(7) ORIGINAL TAX DUE WITH RETURN	2,	259.
Total included on I	Form 990-T, Page 2, Part V, line 50g	2,	259.

## ' SEATTLE JOBS INITIATIVE

EIN: 47-0900181

**TAX YEAR ENDED DECEMBER 31, 2018** 

## AMENDED RETURN STATEMENT

FORM 990-T IS AMENDED DUE TO THE REPEAL OF CODE SEC. 512(A)(7). THE FOLLOWING LINES OF FORM 990-T CHANGED:

	ORIGINAL	AMENDED
PART I, LINE 12, OTHER INCOME	\$17,935	\$0
PART II, LINE 30, UNRELATED TAXABLE INCOME	\$17,935	\$0
BEFORE NOL		
PART II, LINE 32, UNRELATED TAXABLE INCOME	\$17,935	\$0
PART III, LINE 33, UNRELATED BUSINESS TAXABLE	\$17,935	\$0
INCOME FROM ALL UNRELATED TRADES OR		
BUSINESSES		
PART III, LINE 36, UNRELATED BUSINESS TAXABLE	\$17,935	\$0
INCOME BEFORE SPECIFIC DEDUCTION		
PART III, LINE 38, UNRELATED BUSINESS TAXABLE	\$16,935	\$0
INCOME		
PART IV, LINE 39, ORGANIZATIONS TAXABLE AS	\$3,556	\$0
CORPORATIONS		
PART IV, LINE 44, TOTAL TAX	\$3,556	\$0
PART IV, LINE 46, SUBTACT LINE 45E FROM LINE 44	\$3,556	\$0
PART IV, LINE 48, TOTAL TAX	\$3,556	\$0
PART V, LINESOG, OTHER CREDITS, ADJUSTMENTS,	\$0	\$2,259
AND PAYMENTS		
PART V, LINE 51, TOTAL PAYMENTS	\$1,386	\$3,645
PART V, LINE 52, ESTIMATED TAX PENALTY	\$89	\$0
PART V, LINE 53, TAX DUE	\$2,259	\$0
PART V, LINE 54, OVERPAYMENT	\$0	\$3,645
PART V, LINE 55, REFUND OF OVERPAYMENT	\$0	\$3,645