				5 ,	4	2939	354006	0 O	0 0,0	\A
*	. <u> </u>	AMENDED RE	TURN - SECT	ON	512(A	-)(7) RI	EPEAL		, idi)'1
Form 990-T	E	xempt Orga	nization Bus	ines	ss Inc	ome Ta	ax Return	۱	OMB No 1545-0587	
	Forcal	(a) endar year 2017 or other tax ye	nd proxy tax under beginning OCT 1.				30, 201	8	つかれつ)
Department of the Treasury	\		irs gov/Form990T for in			· -		- L	20(1)	<u> </u>
nternal Revenue Service)▶	Do not enter SSN number					tion is a 501(c)(3)		Open to Public Inspecti 501(c)(3) Organizations	Only
Check box if address changed							D Employer identification number (Employees trust see instructions)			
Exempt under section							52-1961588 F Unrelated business activity codes			
X 501(C)(3) 408(e) 220(e)	Time							ned business activity of instructions)	odes	
408A530(a) - 529(a)		City or town, state or pro WASHINGTON,		r foreign	postal code	e 				
Book value of all assets at end of year		F Group exemption num								
I Dana la Mara a caracter	<u> </u>	G Check organization typ		oration	5	601(c) trust	401(a)	trust	Other tru	ust
		iry unrelated business acti oration a subsidiary in an		nt-euber	liani contro	lled group?		Ye	s No	
		ifying number of the parer		11-200210	nary control	ilea group			5 NU	
The books are in care of	▶ 0	JUDITH SANDA	LOW			Telepho	ne number 🕨 2	02-	467-4900	
***************************************		le or Business Inc	ome	,	(A) In	icome	(B) Expenses		(C) Net	
1 a Gross receipts or sale			. 0-1	.			***************************************		****	
b Less returns and allow2 Cost of goods sold (S		A line 7)	c Balance_	1c 2						—
3 Gross profit Subtract		•	\sim	3						
4a Capital gain net incom			F >	4a			w			
b Net gain (loss) (Form	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) –									
c Capital loss deduction	Capital loss deduction for trusts									
		ips and S corporations (at	ach statement)	5						
6 Rent income (Schedul		/C-L		6						
7 Unrelated debt finance		ne (Scriedule E) ind rents from controlled c	raanizatione (Seh. E)	8			-			
		on 501(c)(7) (9), or (17) a	* '	9						
10 Exploited exempt activ			rgamzadon (concado a)	10						
11 Advertising income (S	-			11						
12 Other income (See ins		•		12				~		
13 Total Combine lines		g		13		0.				
		ot Taken Elsewher utions, deductions mus					ncome)			
		rectors, and trustees (Sch	 	-	TO GITTOIGH	- Contract I		14		
15 Salaries and wages	icers, un	ectors, and trustees (Schi	TEOLIN !	r D				15		
16 Repairs and mainten	ance	1	RECEIV		70			16		
17 Bad debts			=	- 4.0	ا <u>ه</u> ا			17		
18 Interest (attach sche	dule)		SEP 10 2	2020	RS-OS			18		
t9 Taxes and licenses			l i		」			19		
		e instructions for limitation	rules) AGDEN.	רט.		اندا		20		
21 Depreciation (attach			TWO MENT	<u></u>		21		-		
·	umed or	i Schedule A and elsewher	e on return			22a		22b 23		—
DepletionContributions to defe	arrad co	mnoneation plane						24		—
24 Contributions to defe 25 Employee benefit pro		тропавион рівна						25		
26 Excess exempt expe	-	chedule I)						26		
27 Excess readership co		•						27		
28 Other deductions (at								28		
29 Total deductions A								29		0.
Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13						30		0.		
Net operating loss deduction (limited to the amount on line 30) Unrelated business taxable income before specific deduction. Subtract line 31 from line 30						31		0.		
		ncome before specific ded y \$1,000, but see fine 33 if			3 U			32	1,00	
		income Subtract line 33			than line 32.	, enter the sm	aller of zero or			<u></u>
	_							1 !		

34

line 32

723701 01 22 18 LHA For Paperwork Reduction Act Notice, see instructions

Form **990-T** (2017)

34

Part I	Tax Computation		
35	Organizations Taxable as Corporations See instructions for tax computation		<u> </u>
	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) \$ (2) \$ (3) \$	l i	
b	Enter organization's share of (1) Additional 5% tax (not more than \$11,750)	-	
	(2) Additional 3% tax (not more than \$100,000)	1	
С	Income tax on the amount on line 34	35c	0.
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	40	0.
Part I	V Tax and Payments		
41 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 41a		
b	Other credits (see instructions)		
c	General business credit Attach Form 3800 41c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
e	Total credits Add lines 41a through 41d	41e	
42	Subtract line 41e from line 40	42	0.
43	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	43	
44	Total tax Add lines 42 and 43	44	0.
45 a	Payments A 2016 overpayment credited to 2017	_	
b	2017 estimated lax payments 45b	」	
C	Tax deposited with Form 8868	_	
d	Foreign organizations Tax paid or withheld at source (see instructions) 45d	_	
e	Backup withholding (see instructions) 45e	_ I	
ſ	Credit for small employer health insurance premiums (Attach Form 8941) 45f	_	
g	Other credits and payments Form 2439		
	Form 4136 X Other 23,109. Total ► 45g 23,109.	<u>.</u>	
46	Total payments Add lines 45a through 45g SEE STATEMENT 1	46	23,109.
47	Estimated tax penalty (see instructions) Check if Form 2220 is attached	47	
48	Tax due If line 46 is less than the total of lines 44 and 47, enter amount owed	48	
49	Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49_	23,109.
50	Enter the amount of line 49 you want. Credited to 2018 estimated tax.	50	23,109.
Part \			
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 trust?		X
	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 ▶\$	ndae and b	
Sıgn	Under penalties of perjury I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowled correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	eage ana a	eller it is true
Here	1 1/2/20 NORTH DEDECTION I		discuss this return with
Here			shown below (see
		if PTII	V
Paid	Kay Thies, CPA 8-18-2020 self- employed		P01404047
Prepa	BIRTON C COMPANY CHARREDED		2-1186096
Use C	Only Firm's name FROBING & COMPANY, CHARLESED FILM'S EIN F		<u> </u>
		301-	56 <u>4</u> -36 <u>36</u>
	Tremo and one of Districtional Factor and Distriction in the second of t		Form 990-T (2017)

FORM 990-T	OTHER CREDITS AND PAYMENTS	STATEMENT 1
DESCRIPTION		TUUOMA
FRINGE BENEFIT TAX PAID		23,109.
TOTAL INCLUDED ON FORM	90-T, PAGE 2, PART IV, LINE 45G	23,109.