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	· · ·	,	Exempt Organization Busing	229	Income Tax	Return		OMB No 1545-0687			
Form	990-T	•	(and proxy tax under s				\sim				
TOINIT C		C	06	2018							
	For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 00/30, 20 19.										
•	Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990T for instructions and the latest information. Open to Public Inspection for 501(c)(3). Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).										
	Check box if News of executation / Check box if name changed and socientifications are properly in the control of the control										
	ddress changed		es' trust, see instructions)								
	pt under section	Print or	9	91-0573117							
_	8(e) 220(e)	Unrelated	business activity code								
	8A 530(a)	Туре	105 NE SPRING ST City or town, state or province, country, and ZIP or	foreign	postal code		(See insti	ructions)			
	9(a)		531120								
	□ 529(a) PULLMAN, WA 99163 531120 C Book value of all assets at end of year at end of year at end of year place.										
at one	285,454	G Ch	neck organization type 🕨 🔽 501(c) corp	oratio	on 🔲 501(c) tri	ust 🔲 4	101(a) tru	ust			
H Ent	ter the number	of the o	organization's unrelated trades or business	ses. 🕨	1	Describe t	he only	(or first) unrelated			
tra	de or business	here ▶	DEBT FINANCED RENTAL INCOME	. If or	nly one, complete F	Parts I–V. If r	nore tha	n one, describe the			
		•	at the end of the previous sentence, com	plete	Parts I and II, con	nplete a Sch	nedule M	1 for each additiona			
			omplete Parts III-V.								
			e corporation a subsidiary in an affiliated grou			ontrolled gro	up?	► ☐ Yes ☑ No			
			and identifying number of the parent corp	oratio							
			▶ JOSH PAPARAZZO	1		ne number		(509) 332-3524			
			e or Business Income	1	(A) Income	(B) Expe	nses	(C) Net			
1a	Gross receipts						. " 12				
b	Less returns and			1c 2	0	7.5.4.	- A	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
2	_	•	Schedule A, line 7)	3	0	1	-	0			
3	•		t line 2 from line 1c	4a	0	-		0			
4a			ne (attach Schedule D)	4a 4b	0	0		0			
b		-	4797, Part II, line 17) (attach Form 4797)	46 4c	0			0			
c	•		n for trusts	5	0		^	0			
5		-	tnership or an S corporation (attach statement)	6	0	· · ·	0	0			
6			ule C)	7	5,108	4.3	377	731			
7			ced income (Schedule E)		5,108	4,5	0	731			
8			and rents from a controlled organization (Schedule F)	-	0		0	0			
9			ction 501(c)(7), (9), or (17) organization (Schedule G)	9 10	0		0	0			
10			civity income (Schedule I)	11	0		0	0			
11	_	-	Schedule J)	12	0	+		0			
12			tructions; attach schedule)			4 3	377	731			
Part	Doduction	ne Met	3 through 12	r limit	ations on deduction						
I GIL			be directly connected with the unrelate) (LACEL	101 00	intributions,			
14			cers, directors, and trustees (Schedule K)				14	0			
15	Salaries and w						15	0			
16	Repairs and m	•					16	0			
17	Bad debts						17	0			
18			dule) (see instructions)				18	0			
19							19	0			
20			ons (See instructions for limitation rules) .				20	0			
21			Form 4562)			0	24				
22			umed on Schedule A and elsewhere on re			0	22b	~ o			
23	•						23	0			
24	•						24	0			
25			ograms	CE	VED :		25	0			
26			nses (Schedule I)				26	0			
27			osts (Schedule J) E N()	V .0 6	3 2019 . 9		27	0			
28		-	osts (Schedule J)				28	0			
29			4.4 15 4.4 41 15.00	700	NE LIT .		29	0			
30	Unrelated bus	iness ta	exable income before net operating loss de	alletic	h Subtract line 29	from line 13	30	731			
31	Deduction for r	net oper	ating loss arising in tax years beginning on or	r after	January 1, 2018 (see	e instructions) 31	The state of the s			
32			axable income. Subtract line 31 from line 3					731			
			Notice, see instructions		Cat No. 11291.I			Form 990-T (2018)			

Part I	T	tal Unrelated Business Taxable	e Income					
33		unrelated business taxable income		des or businesses (see	T			
	instruct		· · · · · · · · · · · · · · · · · · ·		33		731	
		s paid for disallowed fringes			34			
		on for net operating loss arising			T - 1			
		ions)			35		0	
		unrelated business taxable income b						
36			,		36		731	
		37		731				
	Specific			731				
	Unrelat	38		0				
		e smaller of zero or line 36			30		U	
		x Computation zations Taxable as Corporations. M	Authority Inc. 20 hy 010/ (0.21)	. <u>. </u>	39			
		Taxable at Trust Rates. See					-	
		ount on line 38 from: Tax rate scho			40			
		ax. See instructions			41			
	-	ax. See instructions			42		-	<u> </u>
		, , , , , , , , , , , , , , , , , , , ,			43			
43 44		Noncompliant Facility Income. See add lines 41, 42, and 43 to line 39 or			44		- 0	
Part		ax and Payments	40, Willelievel applies	· · · · · · · · · · · · · · · · · · ·	<u> </u>		٠,	
		tax credit (corporations attach Form 11	18: trusts attach Form 1116)	45a				
		redits (see instructions)		45b	7			l
C		business credit. Attach Form 3800 (45c	1 1			l
		or prior year minimum tax (attach For		45d	7			l
		redits. Add lines 45a through 45d .			45e		0	l
46		t line 45e from line 44			46		0	
47		tes. Check if from Form 4255 Form			47		0	
48		ix. Add lines 46 and 47 (see instruction			48		0	
49		et 965 tax liability paid from Form 965			49			
		nts. A 2017 overpayment credited to		50a 0	1			
		stimated tax payments		50b 0	┦			l
C		posited with Form 8868		50c	7			
d		organizations. Tax paid or withheld a		50d	7			
e				50e	7 1			
f	•	or small employer health insurance p		50f	7			
g		redits, adjustments, and payments:			7		İ	
_	Form			50g 0			ı	
51		ayments. Add lines 50a through 50g			51		0	
52		ed tax penalty (see instructions) Che		▶□	52			
53		e. If line 51 is less than the total of lin			53		0	
54		yment. If line 51 is larger than the to			54		0	
55	Enter the	amount of line 54 you want. Credited to	2019 estimated tax ▶	0 Refunded ▶	55		0	
Part \	/I St	atements Regarding Certain Ad	ctivities and Other Informati	on (see instructions)				
56		ime during the 2018 calendar year, o				"IOIILY F	Yes	No
		inancial account (bank, securities, or						i
	FinCEN	Form 114, Report of Foreign Bank a	and Financial Accounts. If "Yes,"	enter the name of the f	oreign c	ountry		
	here 🕨							~
57	During tl	ne tax year, did the organization receive a	a distribution from, or was it the gran	itor of, or transferor to, a fo	reign tru:	st?. [~
	-	" see instructions for other forms the	-					
58	Enter th	e amount of tax-exempt interest rece	eived or accrued during the tax y	ear ▶ \$		0		لبيا
O:	Under	penalties of perjury, I declare that I have examined prect, and complete Declaration of preparer (other	this return, including accompanying schedul than taxpayer) is based on all information of v	lies and statements, and to the b which preparer has anv knowledg	est of my l	knowledge a	ind bel	iet, it is
Sign		halla Am 11/	1456-14-	······	May the	e IRS discus		
Here		my / W // yw	013110 CHAIR			e preparer s tructions)? [
	Signatu	re of officer	Date Title		<u> </u>			
Paid	Ì	Print/Type preparer's name	Preparer's signature		heck 🔲		N	
Prepa	arer			·	elf-employ			
Use (I	Firm's name ▶		ırm's EIN ▶	<u> </u>			
		Firm's address ►		P	hone no		00 T	10000
						Form 99	7 U-1	(2016)

	· (== · ·)									-9
Sche	dule A-Cost of Good	s Sold. Er	nter method of in	ventory va	luation >					
1	Inventory at beginning of	f year	1 0	6	Inventory a	at end of year .		6	0	
2	Purchases	[2 0	7	Cost of	goods sold. S	ubtract			
3	Cost of labor	[3 0			ı line 5. Enter he		7		
4a	Additional section 263/	A costs			in Part I, Iır	ne 2		7	0	
	(attach schedule)	· · L	4a 0	8		es of section 20			Yes	No
b	Other costs (attach sche	dule)	4b 0			roduced or acqu			4	
5	Total. Add lines 1 through		5 0	<u> </u>		inization?			<u></u>	
Sche	dule C-Rent Income	(From Re	al Property and	Personal	Property I	Leased With R	eal Pro	perty)		
(see	e instructions)									
1. Desc	ription of property						_			
(1)										
(2)	··									
(3)										
(4)				ı						_
		2. Rent receiv	red or accrued							
	om personal property (if the perce personal property is more than 10 more than 50%)		(b) From real an percentage of rent f 50% or if the rent i	or personal pr	perty exceeds			connected with th I 2(b) (attach sched)
(1)									•	
(2)										-
(3)								•		
(4)										
Total		0	Total			0 (b) Tatal dadu	-tions			
(c) Tot	tal income. Add totals of colu	umns 2(a) an	d 2(b) Enter			(b) Total dedu Enter here and		1.		
	nd on page 1, Part I, line 6, co		>			Part I, line 6, co				0
Sche	dule E-Unrelated De	bt-Financ	ed Income (see	instructions)					
	4 December of delta	. 6		2. Gross income from or allocable to debt-financed property		 Deductions directly connected with or allocable to debt-financed property 				
	1. Description of debt	-ilinanceo prop	berty			(a) Straight line depreciation (b) Other deduc (attach schedule) (attach schedule)				
(1) CO	MMERCIAL LEASE - BASEM	MENT OFFIC	E		5,950		1,598		3	,501
(2)										
(3)										
(4)										
	4. Amount of average acquisition debt on or illocable to debt-financed property (attach schedule)	of or debt-fin	e adjusted basis allocable to anced property ch schedule)	4 dı	olumn vided lumn 5	7. Gross income re (column 2 × column		8. Allocable d (column 6 × tota 3(a) and	al of colur	
(1)	199,852		232,797		85 85 %		5,108		4	,377
(2)					%					
(3)		·			%					
(4)					%					
						Enter here and on Part I, line 7, colu		Enter here and Part I, line 7, o		
Totals			_				5,108		4	,377
	dividends-received deduction	ons included	ın column 8				▶			0

Schedule F-Interest, Ann	uities, Royalties,			Controlled Org	anizations (se	e instruc	tions)	
Name of controlled organization	2. Employer Identification number	3. Net unrela (loss) (see ii	ated income	T .	5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1)								
(2)								
(3)								
(4)							İ	
Nonexempt Controlled Organi	zations				,		T	
7. Taxable Income	8. Net unrelated in (loss) (see instruct			otal of specified yments made	10. Part of column included in the coorganization's gro	controlling		eductions directly cted with income in column 10
(1)								
(2)					<u> </u>		ļ	
(3)								
(4)	<u></u>							
					Add columns 5 Enter here and c Part I, line 8, co	n page 1,	Enter h	columns 6 and 11 here and on page 1, line 8, column (B)
Totals		<u> </u>			<u> </u>	0		0
Schedule G-Investment	Income of a Sect	ion 501(d		or (17) Organi				atal doductions
1. Description of income	2. Amount o	f income	dire	ctly connected ach schedule)	4. Set-aside (attach schedi		5. Total deductions and set-asides (col 3 plus col 4)	
(1)			ļ					
(2)								
(3)								
(4)			2 ME 3481.9	Control What they are added to the	Live the transfer of the	136 A 166 E		
Totals	Enter here and Part I, line 9, o		3. 4. 7					re and on page 1, ne 9, column (B) 0
Schedule I-Exploited Ex	empt Activity Inc	ome, Oth				ructions)		
Description of exploited activ	2. Gross unrelated	me product	xpenses rectly eacted with fluction of related ess 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. Expe attributa colun	enses able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)								
(2)								
(3)								
(4)				Transport 1 Mary 2 May 13 and 30 Are been	No. of the Active Control Inc.	1100.200 900	- Maria di di	5
Totals	Enter here and page 1, Part lino 10, col. (I, page	nere and on a 1, Part I, 0, col (B) 0					Enter here and on page 1, Part II, line 26 0
Schedule J-Advertising								1
Part I Income From F	Periodicals Repor	ted on a	Consoli			1		T _
1. Name of periodical	2. Gross advertising income		Direct tising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Read	•	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				AND LEADING				
(2)								
(3)								
(4)						<u> </u>		
Totals (carry to Part II, line (5))	. ▶	0	0	0				0
	····						F	orm 990-T (2018)

(4)

Total. Enter here and on page 1, Part II, line 14

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis.) 4. Advertising 7. Excess readership gaın or (loss) (col 2. Gross costs (column 6 3. Direct 5. Circulation 6. Readership advertising 2 minus col 3) If minus column 5, but 1. Name of periodical advertising costs ıncome a gain, compute not more than income column 4). cols 5 through 7 (1) (2) (3) (4) 0 Totals from Part I Enter here and on Enter here and Enter here and on on page 1, Part II, line 27 page I, Pari I, page I, Part I, line 11, col (A) line 11, col (B). Totals, Part II (lines 1-5) Schedule K-Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to business 4. Compensation attributable to 2. Title 1. Name unrelated business (1) % (2) % % (3)

Form **990-T** (2018)

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