										Ī	OMB No 1545-0687	•
Form	90-T		Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))								2018	
-	ent of the Treasury Revenue Service		For calendar year 2018 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).								n to Public Inspection (c)(3) Organizations (	
A	Check box if address changed		Name of organization ( Check box if name changed and see instructions )  D Employer identification number									
	npt under section		<b>.</b> _						(Employees)	trust, see	instructions)	
X	501( C)( <u>3</u> )	Print	Work Oppo	rtunit	ies						44.0	
Н	408(e) 220(e)	or	Number, street, and room o			ns				7544		
H	408A 530(a)	Type	6515 202nd	_		•		_	E Unrelated to (See instruc		activity code	
	529(a)		City or town, state or provi	nce, country, ar	nd ZIP or foreign pos	al code WA S	20024	•	5610		1	
	value of all assets	- 0	Lynnwood	/0 :+	austrana \ N	WA S	20030	<u> </u>	3610	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
at en	5,356,982		roup exemption number heck organization type		501(c) corpor	otion	П.	01/a) tauat	401(a) tru	ıct T	Other trust	
H Ente	<del></del>		ition's unrelated trades					01(c) trust	elated trade or			
		•	eping servi			Describe	s uie oii	y (Or mist) unit	elated trade of		ily one, complete	
			nbe the first in the blar			mevious s	entence	complete Par	rts I and II con	_	ly one, complete	
			ade or business, then	•	•	ic vious c	, criterioc	, complete i ai	13 1 4114 11, 6611	picto		
			poration a subsidiary in			ent-subsi	diary co	ntrolled aroup?	)		► Yes X	No
			itifying number of the p			Citt Guboi	ulary oo	naonea group			, , , , , ,	
	books are in care of	<u> </u>	<u> Prin Jamies</u>					Telep	hone number	<b>▶</b> 4:	<u>25-778-21</u>	<u>56</u>
<u>l Part</u>	I Unrelated	Trade	e or Business In	come			(A)	Income	(B) Expense	:8	(C) Net	
1a G	cross receipts or sales	•		4								
b Le	ess retums and allow	ances		<b>c</b> Balan	ce 🕨	1c						
	ost of goods sold (Sc		•			2					-	
	Fross profit Subtract II					3						
	apital gain net income	•	•			4a						
	• , ,,		line 17) (attach Form 479)	7)		4b						
_	apital loss deduction					4c			<del></del>		<del></del>	
	come (loss) from partnership	-	oration (attach statement)			5			<del></del>			
	lent income (Schedule		· (0.4 4.4. E)			6						
	Inrelated debt-financed		•	(O-L)	.d. 5\	7						
			nts from controlled organia			8						
			(c)(7), (9), or (17) organiz	auon (Schedu	lie G)	9	,-					—
	exploited exempt activity	•	` '			11						
	dvertising income (So other income (See ins		•	See S	tmt 1	12		21,612	<del></del>	-	21,6	51.2
	otal. Combine lines 3		•	566 5	Canc I	13		21,612			21,6	
Part			Taken Elsewhe	re (See in	netructions fo		tions o		ns ) (Excent	for co		
Liait	deductions	s must	be directly conne	ected with	the unrelate	d busi	ness ir	icome)	ilo / (Except	. 101 00	31 (113 d (13) 13,	
14 C	compensation of office	rs, direc	tors, and trustees (Scl	nedule K)	•					14		
<b>15</b> S	alanes and wages								•	15	17,7	/11
<b>16</b> R	tepairs and maintenar	nce								16		
<b>17</b> B	ad debts									17		
<b>18</b> in	nterest (attach schedu	le) (see	instructions)							18		
19 . Ta	axes and licenses		RECEIVE							19	1,7	<i>!</i> 71
			ctions for Cimitation rules).	) [				1 1		20		
<b>21</b> D	epreciation (attach Fo	orth 4562	2)	721				21		- <del></del> -		_
22 L	ess deprégiation claim	edron S	schedlije Zago elsewt	iere on fetui	m			22a		22b		
<b>23</b> D	epletion	1 _	_	16)	•					23	•	
	contributions to deferre		ensation plans UGDEN, UT	<u> </u>			, <b>-</b>			24		
	mployee benefit prog	19HP	-		-		. 1 "	, ,,	A 4	25	() / 1	177
	xcess exempt expens								•	26	<del>,</del>	<u>-</u>
	xcess readership cos						000	Chatan	nn+ 2	27		100
	Other deductions (attach						<b>&gt;ee</b>	Stateme	#11C Z	28	2,0	
	otal deductions. Add		•		lundian Dubling -	luna 20 1		10		29	21,7	133
	_		ome before net operati	_						30		.33
		_	s ansing in tax years bome. Subtract line 31 f			y i,∠U18	, (see in	suuciiONS)		31		133
32U	mieiaueu ousiness tax	avie inco	ome Subtract line 31 t	ioni ine 30						j 34		

	1/15/2019 8 04 PM	91-07544	19		Page 2
Pa	art III Total Unrelated Business Taxable income		-		^
33	Total of unrelated business taxable income computed from all unrelated trades or busin	esses (see		ТП	27
	instructions)			33	
34	Amounts paid for disallowed finges			34	
35	Deductions for net operating loss ansing in tax years beginning before January 1, 2018	(see			
	instructions)			35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 fr	om the sum			
	of lines 33 and 34			36	0
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
Pa	rt IV   Tax Computation		<del>-</del>		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)			39	
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on		•		
	the amount on line 38 from Tax rate schedule or Schedule D (Form	1041)	•	40	
41	Proxy tax. See instructions		•	41	•
42	Alternative 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	
	int V   Tax and Payments	-	<u>_</u>		•
45a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a		T	
b	Other credits (see instructions)	45b		1	
c	General business credit Attach Form 3800 (see instructions)	45c		1	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d ·		1	•
e	Total credits. Add lines 45a through 45d		· ·	45e	
46	Subtract line 45e from line 44			46	
47	Other taxes	t ech \		47	
48	Total tax. Add lines 46 and 47 (see instructions)	. 3011 /		48	0
	·			49	
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 2			49	
50a	Payments A 2017 overpayment credited to 2018	50a		-l	
b	2018 estimated tax payments	50b		1 1	
C	Tax deposited with Form 8868	50c		┥ ┃	
d	Foreign organizations Tax paid or withheld at source (see instructions)	50d		-{	
e	Backup withholding (see instructions)	50e		-l	
T	Credit for small employer health insurance premiums (attach Form 8941)	50f		1 l	
g	Other credits, adjustments, and payments Form 2439			1 1	
	Form 4136 Other Total ▶			<del> </del>	
51	Total payments. Add lines 50a through 50g		. 🗀	51	<del></del>
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached		<b>~</b> [	52	0
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		<b>•</b>	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount over			54	
55	Enter the amount of line 54 you want. Credited to 2019 estimated tax		funded 🕨	55	<del></del>
	nt VI   Statements Regarding Certain Activities and Other Inform				
56	At any time during the 2018 calendar year, did the organization have an interest in or a over a financial account (bank, securities, or other) in a foreign country? If "YES," the or	signature or other autho	nty file		Yes No
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "YES," enter the i				<u></u>
	here ▶				<u> </u>
57	During the tax year, did the organization receive a distribution from, or was it the granton	of, or transferor to, a fo	reign trust?		X
58	If "YES," see instructions for other forms the organization may have to file  Enter the amount of tax-exempt interest received or accrued during the tax year	œ.			
<u> </u>		<u> </u>			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme trye, porrect, and complete Declaration of preparer (other than taxpayer) is based on all information of which prepare	nts, and to the best of my knowl	edge and belief,	it us	
Sig	n  /	er ries erly knowledge			May the IRS discuss this return with the preparer shown below
Her	e Larre Marly 18/19 Executive I	Director			(see instructions)?
	Signature of officer Date Title				X Yes No
-	Print/Type preparer's name Preparer's signature		Date	Check	if PTIN
Paid	Sharon M Andreason Sharon M Andreason		11/15/19	self-empl	loyed
Prep				EIN.	
	Only 6100 219th St SW Suite 480	· · · · · · · · · · · · · · · · · · ·			***
	Firm's address Mountlake Terrace, WA 98043		Phone	no :	206-399-4017
					Form 990-T (2018
					<u> </u>
DAA					ទីទី

Form 990-T (2018) <b>Work</b>		Page	3							
Schedule A – Cost of Go			ntory valua			754419		Tage	Ť	
1 Inventory at beginning of ye				y at end of ye	ear		6		_	
2 Purchases	2			goods sold.		ct			_	
3 Cost of labor	3			om line 5 Ent			1 1			
4a Additional sec 263A costs	<b> </b>		ın Part I		iei neie	anu	7			
(attach schedule)	4.			•	- 2624	Guidh research to			_	
<b>b</b> Other costs	4a					(with respect to		Yes N	<u> </u>	
(attach schedule)	4b	<del></del>		•	acquire	d for resale) apply		<del></del>	_	
5 Total. Add lines 1 through				rganization?		With Deal Draws		<u>LL_</u>	_	
Schedule C – Rent Incon (see instructions)	ne (From Real Pro	perty and Po	ersonai Pro	орепу се	asea v	vitn Real Prope	rty)			
Description of property		-							_	
1) N/A										
								<del></del>		
3)			_						_	
<u>-</u> / 4)			·						_	
<u> </u>	2. Rent received of	or accrued							_	
(a) From according to the control of				manati 64 tha	-	atal Caduatina	dunath, annon-t-			
(a) From personal property (if the percentage of rent for personal property is more than 10% but not			(b) From real and personal property (if the percentage of rent for personal property exceeds				3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			
more than 50%)	an 1070 But 1101	50% or if the rent is based on profit or income)					.(0) 0.10 2(0) (0.10			
		<del></del>	,	· • •					_	
<u>'/</u>	-	<u>-</u>				<u> </u>			_	
<u>2)                                    </u>				<del></del>				-	_	
<u>∽,                                    </u>					-				_	
<u>)                                   </u>	<del>-</del>	 Гotal							_	
						(b) Total deduction				
c) Total income. Add totals of concern and on page 1, Part I, line 6,	` ,	nter	_			Enter here and on pa Part I, line 6, column				
Schedule E – Unrelated		come (see ins	tructions)			T dit i, into o, column	(0) -	<del></del>	_	
Schedule L - Officialed	Debt-i ilianceu int	Joine (see iiis	il uctions)			Deduction direction		0	_	
		2	Gross income from	n or		3 Deductions directly of debt-fine	connected with o	r allocable to		
1 Description of debt-f	inanced property	allo	ocable to debt-fina	nœd			<del></del>		_	
			property		(a) S	Straight line depreciation (attach schedule)		Other deductions attach schedule)		
n) N/A	<del></del>					(attach screedile)	- '	attach screenie)	_	
1) N/A		<del></del>	<u> </u>				<del></del>		_	
<u>2)                                    </u>		<del></del> -					<del></del>	<del>-</del>	_	
3)		<del></del>	<del></del>			<del>-</del>	<del></del>		_	
4 Amount of average	5. Average adjusted basi						<del></del>	<del></del> -	_	
acquisition debt on or	of or allocable to	5	6 Column 4 divided		7 0	Gross income reportable		illocable deductions in 6 x total of columns		
allocable to debt-financed property (attach schedule)	debt-financed property (attach schedule)	İ	by column 5		(4	column 2 x column 6)	(widin	3(a) and 3(b))		
property (attach schedule)	(attach schedule)					_ <del>.</del>			_	
1)	<del></del>			%			+		_	
2)	_ <del></del>			<u>%</u>					_	
3)		<del></del>	7,		3 /	<u></u>	4		_	
4)				%			<del> </del>		_	
						here and on page 1,		ere and on page 1,		

Totals

Total dividends-received deductions included in column 8

Schedule F - Interest, Annu	ities. Rovalt	ies, and Ren	ts From	Controlle	d Ora	anization	S (Se	ee instruction	ons)	*69*	
				t Controlled					<u>-</u>	<del></del>	
1 Name of controlled organization	lde	2 Employer entrication number	3 Net un	related income e instructions)	4 Tot	al of specified ments made	ı u	Part of column ncluded in the co ganization's gros	ontrolling	6 Deductions directly connected with income in column 5	
(1) N/A			<del>                                     </del>				+				
(2)		<del></del>					+			·	
(3)			ļ. ——				+	· · ·			
·			l I				+				
Noneyempt Controlled Organization	<u> </u>		L	·							
Nonexempt Controlled Organization	lions									, <del></del> -	
7 Tayabla Income		Net unrelated income (soss) (see instructions)		9 Total of specified noduded in the payments made organization's (		in the c	he controlling cor		11. Deductions directly onnected with income in column 10		
(1)											
(2)		<u> </u>									
(3)											
(4)											
~	•				,	Add colu Enter hen Part I, lin	and o	n page 1,	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)		
Totals		4: F04/-\	(7) (0)	(47) 0-	<u> </u>	41				<del></del>	
Schedule G – Investment In	come of a S	ection 501(c)	(7), (9),	or (17) Or	ganıza	ition (see	ınstr	ructions)			
1 Description of income		2 Amount of income		directly				4 Set-asides attach schedule)		6 Total deductions and set-asides (col 3 plus col 4)	
(1) N/A										· · · · · ·	
(2)											
(0)	•							···········			
(4)											
Totals	<b>.</b>	Enter here and o Part I, line 9, col				·•				nter here and on page 1, art I, line 9, column (B)	
Schedule I - Exploited Exer	npt Activity	ncome, Othe	r Than	Advertisin	a Inco	ome (see	ınstrı	uctions)	•		
<del></del>	1					,		T			
Description of exploited activity     .	2 Gross unrelated business income from trade or business	3 Expension directly connected production unrelated business in	with of ed	4 Net income (liftrom unrelated to or business (cold 2 minus column if a gain, compicols 5 through	ade umn 3) ute	6. Gross inco from activity is is not unrela- business inco	hat ed	6. Expe attnbuta colum	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1) N/A										1	
(2)			<del>  </del>					1		<del>                                     </del>	
(3)					$\neg \vdash$			1		<del> </del>	
(4)								<del>                                     </del>		<del></del>	
Totals •	Enter here and or page 1, Part I, line 10, col (A)	page 1, Poline 10, col	art I,		I.			<u> </u>		Enter here and on page 1, Part II, line 26	
Schedule J - Advertising In	come (see in:	structions)	<u> </u>			•				•	
Part I Income From P			Conso	lidated Bas	sis						
1 Name of penodical	2 Gross advertising income	3 Direc advertising	*	4. Advertising gain or (loss) (c 2 minus col 3) a gain, comput cols 5 through	ot If	5 Circulation income	1	6. Read	-	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1) N/A											
(2)										7	
(3)					-					7	
(4)	-							<u> </u>		1	
						<del></del>		T		<del></del>	
Totals (carry to Part II, line (5))											

Form 950-T (2018) Work Opportunities 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) 7 Excess readership

1 Name of periodical	2. Gross advertising income	3 Direct advertising costs	gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	costs (column 6 minus column 5, but not more than column 4)
(1) N/A						
(2)						
(3)						ļ
(4)					L	<u> </u>
Totals from Part I ▶					4	
	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)	<u> </u>				í.	<u> </u>

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to 4 Compensation attributable to 2 Title 1. Name unrelated business business (1) N/A %

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

Form 990-T (2018)

Form **990-T** 

## Schedule M Charitable Contribution and Loss Calculation

Description Unrelated Business Activity

2018

Name

Work Opportunities

Taxpayer Identification Number

91-0754419

Unincorporated Business Income Tax Code 561000 Activity Administrative and support servi

Work	sheet 1   Activity Charitable Contribution Deduction		l
	ivity Income (Schedule M, Line 13, col C)	1	21,612
2 Act	ivity Expense (does not include amount needed for Line 20)	2	21,745
3 Net	Income (Line 1 minus Line 2), If less than zero, enter -0-	3	0
4 Cui	Tent activity contribution limit (Multiplier used is 10%)	4	
5 Cui	ment year contributions	5	0
6 Pno	or year contributions (corporations only)	6	
<b>7</b> Tot	al available contributions (Add lines 5 and 6)	7	
8 Tak	te the lesser of Line 4 or 7, Enter here and on Line 20 (Form 990T or Sch M)	8	
9 Rei	maining contributions (subtract line 8 from line 7)	9	
10 Allo	cate any remaining amount of Line.9 to taxable finge benefits (within percent limits),		
Ent	er amount here and on Form 990-T, Line 33 as a negative amount	10	_
11 Rei	maining contributions (carned forward for corporations only, See Worksheet 3)	11	0
Works	sheet 2   Activity Losses and Carryforward Amounts		
1 Act	ivity losses (do not include amounts before 2018)	1	
2 Am	ount of loss used in the current year	2	0
3 Pno	or year losses camed over to next year	3	
4 Los	ses generated by current year activity	4	133
5 Tot	al loss carned forward to 2019	5	133

		Prior Year	1	Current Year	Next Year
Prior Tax Years	Contributions	Used	Carryover	Amount Used	Carryover
5th 12/31/13					
4th 12/31/14		•			
3rd 12/31/15					
2nd 12/31/16					
1st 12/31/17					
Chantable Contribution Carryover To	Current Year		0		
Current Year Amount	0	<del>-</del>		-	
Chantable Contribution Carryover Av	allable To Next Year	· · · · · · · · · · · · · · · · · · ·	•		<del></del>

308 Work Opportunities

91-0754419

## **Federal Statements**

11/15/2019 8:04 PM

FYE: 12/31/2018

Statement 1	- Form	990-T.	Part I,	Line 12	2 - Other Income

		Description		Amount
Bookkeeping	revenue		\$	21,612
Total			\$_	21,612

## Statement 2 - Form 990-T, Part II, Line 28 - Other Deductions

Description	Amount
Occupancy Supplies	\$ 1,310 776
Total	\$ 2,086