	orm 990-T	Exc	empt Organiz	ation B	usi	ness Income Ta	x Return	ļ	OMB No 1545-0047
F	orm 330-1		•	•			1912	/	2019
			-			, 2019, and ending			2013
	rtment of the Treasury	1	_			ructions and the latest			Open to Public Inspection for
Intern	Theck box if	Do not	enter SSIN numbers on ti			e made public if your organi changed and see instructions)	zation is a bui(c)(3)		501(c)(3) Organizations Only mployer identification number
A [B E	address changed	n Print	 WORK OPPORTU	NITIES	i ilaine i	changed and see instructions)		C	Employees' trust, see structions)
	501(c () (3)	or	6515 202NS S					!	91-0754419
	408(e)	(e) Type	LYNNWOOD, WA	. 98036				E	Inrelated business activity cod See instructions)
_	408A	(a)				,		1	
	529(a)							<u> </u>	561000
	ook value of all assets t end of year		exemption number (
	5,264,535	G Check	k organization type	<u> </u>	501(0	c) corporation 501	(c) trust4	01(a)	trust Other trust
	Enter the number of t	_				► <u>1</u> Do	escribe the only (o	-	
	trade or business he				of the	n province contones as			ne, complete Parts I–V
	if more than one, de for each additional t				OI THE	e previous sentence, co	implete Parts I ar	ia II, c	complete a Schedule IVI
					ted ar	oup or a parent-subsidi	ary controlled gro	oup?	► Yes X No
	If 'Yes,' enter the na	•	-		_			•	ت ب
	The books are in care		JAMIESON	•.			elephone number	r► 42	25-778-2156
Pa	rt I Unrelated		usiness Income	}		(A) Income	(B) Expense		(C) Net
1:	Gross receipts or	sales					- 1		
1	b Less returns and allowa	ances	c	Balance►	1c		1 m	-	
2	Cost of goods sold	d (Schedule A,	line 7)		2				1
3	Gross profit Subtr	ract line 2 from	line 1c		3		1 / 1		
	a Capital gain net in				4a		1		
1	b Net gain (loss) (Form 4	1797, Part II, line 1	7) (attach Form 4797)		4b				
_	c Capital loss deduc		0		4c		• //	<u> </u>	
5	Income (loss) from (attach statement)		an S corporation		5			•	
6	Rent income (Sche				6		/		
7	Unrelated debt-fina		(Schedule E)		7				
8	Interest, annuities, roya	ilties, and rents fro	om a controlled organization	On (Schedule F)	8				
9	Investment income of a	section 501(c)(7),	(9), or (17) organization	(Schedule G)	9				
10	Exploited exempt	activity income	(Schedule I)		10				
11	Advertising income	e (Schedule J)			11				
12	Other income (See	e instructions,	attach schedule)				111 - 3 - 4		
			See State	nent 🎶	12	23,568.	3.0		23,568.
13	Total. Combine lin		THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SE		13	23,568.		0.	23,568.
Pa						s for limitations on	deductions.) ((Dedi	uctions must be
			th the unrelated		inco	ome.)		T = 4	T
14	•		ors, and trustees (So			o wieo		14	10.55
15	Salaries and wage Repairs and maint			Inter	mal F	tevenue Service		15 16	19,567.
16 17	Bad debts .	enance		Rec	bevie	US Dank		17	
18	Interest (attach scl	hadula) (saa ir	etructions)	•		749		18	
19	Taxes and licenses		istructions)		MIC	0 1 2020		19	1 057
20	Depreciation (attac				AUU	2 1 2020		13	1,957.
21			hadula A and alsawl	nere on ret	urn			21b	
22	Depletion	claimed on Sc	hedule A and elsewl	iere on rec	Kare	SE CATY MICE IA		22	
23	Contributions to de	ferred comper	nsation plans					23	
24	Employee benefit		isation plans					24	106
25	Excess exempt ex		lule I)					25	196.
26	Excess readership							26	
27	Other deductions (See S	Statement 2	27	3,757.
28	Total deductions.							28	25,477.
29	Unrelated business	s taxable incon	ne before net opera			on Subtract line 28 from	m line 13	29	-1,909.
30			tax years beginning on o			8 (see instructions)		30	
31			ne Subtract line 30		9			31	-1,909.
BAA	For Paperwork Re	duction Act N	otice, see instructio	ns.					Form 990-T (2019)

		(2019) WORK OPPORTUNITIES		91	-0/54419	raye Z
Pai	大川圏	Total Unrelated Business Taxable Income	Í			
32	Total	of unrelated business taxable income computed from all unrelated trades of	r businesses (se	e		
JE		ctions)	1	1	32	-1,909.
22		MINI	4		33	1,303.
33		nts paid for disallowed fringes	. \			<u> </u>
34	Charit	able contributions (see instructions for limitation rules) $\qquad \qquad \qquad \ldots$		· · · · · · · · · · · · · · · · · · ·	34	
35	Total	unrelated business taxable income before pre-2018 NOLs and specific ded	uction, Subtract I	ine 34 from		
		ım of lines 32 and 33			35	-1,909.
36	Deducti	on for net operating loss arising in tax years beginning before January 1, 2018 (see instr.) .			36	
27				7	37	_1_000
37		of unrelated business taxable income before specific deduction. Subtract li		. .		-1,909.
38		fic deduction (Generally \$1,000, but see line 38 instructions for exceptions)			38	
39		ated business taxable income. Subtract line 38 from line 37. If line 38 is gi	reater than line 3	³⁷ , , i	1_1	
		the smaller of zero or line 37		· · · · · ·	39	-1,909.
Pai	t IV	Tax Computation		Ι'		
40		nizations Taxable as Corporations. Multiply line 39 by 21% (0.21)			40	0.
41		s Taxable at Trust Rates. See instructions for tax computation. Income tax				
		e 39 from: Tax rate schedule or Schedule D (Form 1041)		•	41	
40			• • • • •			
		tax. See instructions		–	42	
43		ative minimum tax (trusts only)		• • •	43	
44		n Noncompliant Facility Income. See Instructions			44	
45	Total.	Add lines 42, 43, and 44 to line 40 or 41, whichever applies			45	0.
		Tax and Payments			* ************************************	
		in tax credit (corporations attach Form 1118; trusts attach Form 1116).	46 a		Day of the second	
	_	·	46 b			
		credits (see instructions)		· -		
		ral business credit. Attach Form 3800 (see instructions) .	46 c	<u> </u>		
		for prior year minimum tax (attach Form 8801 or 8827)	46 d			
e			• • • •		46 e	0.
47	Subtra	act line 46e from line 45	•	•	47	0.
48	Other	taxes. Check if from. Form 4255 Form 8611 Form 8697 Form	8866			
	По	ther (attach schedule)			48	
49	Total	tax. Add lines 47 and 48 (see instructions)			49	0.
50		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (I			50	
	-	ents A 2018 overpayment credited to 2019	51 a			
		estimated tax payments	51 b			
		eposited with Form 8868	51 c			
C	i Foreig	in organizations. Tax paid or withheld at source (see instructions)	51 d			
e	Backu	ip withholding (see instructions)	51 e			
f	Credit	for small employer health insurance premiums (attach Form 8941).	51 f			
		credits, adjustments, and payments Form 2439		······································		
-		orm 4136 Other Total	51.0			
			51 g			
52		payments. Add lines 51a through 51g.	•	·. 🗀	52	0.
53		ated tax penalty (see instructions). Check if Form 2220 is attached			53	
54	Tax d	ue. If line 52 is less than the total of lines 49, 50, and 53, enter amount ow	red		54	
55	Overp	ayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amo	ount overpaid		55	
56	Enter	the amount of line 55 you want. Credited to 2020 estimated tax	1	Refunded ►	56	
		Statements Regarding Certain Activities and Other Informa	ation (see Instru	otions)	1 3 2 1	
7	10 10 10 10 10 10 10 10 10 10 10 10 10 1					- TV T 11
57	-	time during the 2019 calendar year, did the organization have an interest in or a	-	-		Yes No
		rial account (bank, securities, or other) in a foreign country? If 'Yes,' the organiza	-	o file FinCE	N Form 114,	
	Report	t of Foreign Bank and Financial Accounts. If 'Yes,' enter the name of the foreign	country here	▶		X
58	During	the tax year, did the organization receive a distribution from, or was it the	e grantor of, or tr	ansferor to.	a foreign trust?	
		,' see instructions for other forms the organization may have to file.			-	tales are
EO		•	ė	•		
59	- Inter	the amount of tax-exempt interest received or accrued during the tax year	dules and statements	U.	of my knowledge one	H THE PROPERTY OF THE PARTY OF
ci	,	Under henalties of perjury, I declare that I have examined this return, including accompanying scherolief, I is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all	I information of which p	reparer has any		
Sign	<u>'</u>	Larre Morton 8.5.2020 DE	Executive D	ir.	May the IRS discus the preparer shown	s this return with
Her	-	Signature of officer Date Til	tle		Innetsuations/2	· — I
					<u> </u>	Yes No
Paid	, 7	Print/Type preparer's name Preparer's signature D	ate	Check If	PTIN	
Pre-		Jack L Bussard		self-employed	P01522	115
	_ !					
pare	er	Firm's name Branch, Richards & Co., P.S.		Firm's EIN	91-088998	
pare Use	er	Firm's name Branch, Richards & Co., P.S. Firm's address 155 NE 100th St., Suite 410		Firm's EIN	91-088998	38
pare	er y	Firm's name Branch, Richards & Co., P.S.			91-088998	38

Schedule A - Cost of Good	s Sold. Enter method of inv	rentory valuation						
1 Inventory at beginning of year	1	6 Invento	ory at e	end of year	6			
2 Purchases	2	7 Cost o	f good	s sold. Subtract	ī			
3 Cost of labor	3	line 6	from lir	ne 5 Enter here				
4 a Additional section 263A costs (attach	· !	and in	Part I,	line 2	7		Yes	No
b Other costs (attach sch) Total. Add lines 1 through 4b	4 a 4 b 5	8 Do the proper to the	ty prod	of section 263A (with luced or acquired for vation?	h resp r resa	ect to le) apply		X
Schedule C — Rent Income					one	tv) (see in	etructi	ĺ
1 Description of property	(control of order				орс.	- (300 11	1311 act	
(1)								
(2)								
(3)				<u>-</u>		_		
(4)		·						
	Rent received or accrued							
(a) From personal proper (if the percentage of rent for peroperty is more than 10% to more than 50%)	personal (if the percond not property ex	eal and personal property entage of rent for person sceeds 50% or if the rent d on profit or income)	íal	3(a) Deductions the income in (atta	colur			
(1)		-						
(2)								
(3)				•				
(4)								
Total	Total							
(c) Total income. Add totals of colu here and on page 1, Part I, line 6, o	mns 2(a) and 2(b) Enter column (A)			(b) Total deductions. E here and on page 1, Part I, line 6, column (B)				
Schedule E — Unrelated Deb	ot-Financed Income (see	: instructions)						
1 Description of debt-f	inanced property	2 Gross income from or allocable to debt-	3 De	ductions directly cor debt-finan			llocabl	le to
1 Description of debi-1	maniced property	financed property		(a) Straight line eciation (attach sch)	(b) Other de (attach sch	duction redule	ns)
(1)					†			
(2)	u .				1			
(3)	<u>-</u>				1			
(4)		-		-, <u>,</u>	T			
4 Amount of average	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5		7 Gross income ortable (column 2 x column 6)	1 (Allocable de column 6 x lumns 3(a)	total o	of
(1)		%						
(2)	-	%						
(3)		%						_
(4)		%						
•			Enter Part	here and on page 1 , line 7, column (A)	, Ente	r here and I, line 7, c	on pa olumn	ge 1, (B)
Totals.		•	.[
Total dividends-received deduction	is included in column 8				+			
BAA		EA0203L 09/19/19			.1	Form 9	90-T (2	2019)

Schedule F – Interest, A	nnuiu	es, Royanie			trolled O			Orgai	lizations	(see in	struction	s)
organization iden		Employer ntification number		3 Net unrelated income (loss) (see instructions)			4 Total of specified payments made		5 Part of column 4 that is included in the controlling organization's gross income		in (eductions directly connected with come in column 5
(1)												
(2)						ot						
(3)						\perp						
(4)	 	l				上						
Nonexempt Controlled Organiza			1 0				1 465 1 7					
7 Taxable Income	inc	et unrelated ome (loss) instructions)	9		f specifie nts made	a	10 Part of included ii organizatio	n the c	ontrolling		connecte	ctions directly d with income olumn 10
(1)										1		
(2)												
(3)												
(4)												
Totals							Add columns here and on p 8, co		, Part I, line		and on p	s 6 and 11 Enter page 1, Part I, line lumn (B)
Schedule G - Investmen	t Inco	me of a Se	ctio	n 501/	cV7) (9	_	or (17) Organ	nizati	On (see ins	truction		
1 Description of income		2 Amount o			3 dire	De ctly	ductions connected schedule)		4 Set-aside	s	5 Tota set-a	I deductions and sides (column 3 us column 4)
(1)							•				·	····
(2)												
(3)				,								
(4)								<u> </u>				
Totals. Schedule I — Exploited E.	►	Enter here and Part I, line 9,	colui	mn (A)	er Tha	n 4	Advertising	Incon		ruction	Part I, I	ere and on page 1, ine 9, column (B)
Deficult 1 Exploited E	<u> </u>	2 Gross			ses directly	_	Net income (loss)		income from		enses	7 Evenes evernet
1 Description of exploited a	ctivity	unrelated business income fro trade or business	d s im	conne prod of u	ected with duction nrelated ss income	fro or 2 r If	m unrelated trade business (column minus column 3). a gain, compute umns 5 through 7	activi unrela	ty that is not ted business income	attribu	table to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)		 				Н			,			
(2)									-			
(3)		1		<u> </u>								
(4)												
		Enter here on page Part I, line column (/	1, 10,	on p	here and page 1, , line 10, mn (B)	,		,	5	, , , , , , , , , , , , , , , , , , ,		Enter here and on page 1, Part II, line 25
Totals.		<u>'</u>										·
Schedule J - Advertising												
Part I' Income From Per	iodica					_						
1 Name of periodical		2 Gross advertisin income		adve	Direct ertising osts	(10	Advertising gain or oss) (col 2 minus col 3) If a gain, compute cols. 5 through 7		rculation icome		dership ists	7 Excess readership costs (col 6 minus col. 5, but not more than col 4).
(1)						ļ.	` - · -					ļ. <u> </u>
(2)		 							+			- '*
(3) (4)		1							+			
(4)					•	-	٠,.		+			
Totals (carry to Part II, line (5))	>											

Page 5

	· · · / // // 022 024					<u> </u>	
Part	II, Income From Periodi 7 on a line-by-line basis)	cals Reported o	n a Separate	Basis (For each p	eriodical listed ii	n Part II, fill in co	lumns 2 through
	1 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 (col 6 minus col 5, but not more than col. 4).
(1)							
(2)					-		
(3)							

1 Name of periodical	income	costs	col. 3) If a gain, compute cols 5 through 7.	income	costs	costs (col 6 minus col 5, but not more than col. 4).
(1)						
(2)						
(3)						
(4)			<u></u>			
Totals from Part I .	•		T 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		i with	
Totals, Part II (lines 1– 5)	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B).	Same and the	The second secon		Fnter here and on page 1, Part II, line 26
Schedule K – Compensation	of Officers, Dire	ctors, and Tr	ustees (see instr		1 2 2 2	1
- Contradict Compensation			221222 (300 11131)			

Schedule N — Compensation	a of Officers, Directors, and	Trustees (see instruction	ons)
	Ti Ti		2 Day

1 Name	2 Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14		•	

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Form **990-T** (2019)

2019	Federal Statements WORK OPPORTUNITIES	Page 1
Statement 1 Form 990-T, Part I, Line 12 Other Income		
Bookkeeping services		Total \$ 23,568. \$ 23,568.
- Statement 2 Form 990-T, Part II, Line 27 Other Deductions	-	<u> </u>
Reimbursements and fees		Total \$ 3,757. \$ 3,757.
		•

, ;

2019	Federal Statements WORK OPPORTUNITIES	Page 91-07544
Statement 1 Form 990-T, Part I, Line 12 Other Income		
Bookkeeping services		Total \$ 23,568. 23,568.
Statement 2 Form 990-T, Part II, Line 27 Other Deductions		-
Reimbursements and fees	•	Total \$ 3,757
	~	
	•	
·		,