	,						2	93	9	3 ()	830	027	25 8
	000 T		Exempt Organiza	ation Bus	iness	Incor	ne Tax F	Retu	rn	Ī		MB No 154	
Form	990-T			xy tax unde				····	• • •				
		For cale	ndar year 2016 or other tax year	-				- 20	20 1	-		201	6
	į.		formation about Form 990-T and					- 30	20 <u>1</u>	ήI			_
	tment of the Treasury at Revenue Service		not enter SSN numbers on this						71	` )[			pection for
	Check box if	- 50	Name of organization ( Ch					n(c)(3)	-			3) Organiza lentification	ations Only
	address changed						,,,,	u	-	1			nstructions)
	mpt under section 501( C ) (3	Print	Number, street, and room or suit				<del></del>			┨.			
	408(e) 220(e)	) or			Joo III Sardonoi						1 - 0759 Inrelated b		tivity codes
H	408A 530(a)	Type	PO BOX 22608  City or town, state or province, or	ountry and ZIP or to	vicion noetal d	-ode					See instruc		, 55455
Н	529(a)		·	•	reigir postai t	2006				L			
C Box		F Gr	Vancouver, WA 9 oup exemption number (Se		<b>-</b>					53:	1190		<del></del>
	nd of year		eck organization type				501(5) 45:15		<del>.</del>	04/-	\ A		<u> </u>
H			primary unrelated business		(c) corpora	•	501(c) trus	_	4	orta	) trust	Ot	her trust
			corporation a subsidiary in	<u> </u>			LBOARD RE				·		77 11-
			dentifying number of the p			arent-su	osidiary contri	onea (	group	?		► U Y	es X No
			JEAN TRIBUZIO	areni corporatii	on ►		T-1b						
Pa			<u>JEAN TRIBUZIO</u> e or Business Incor				Telephone						
	<del>_</del>		e or Business incor			(A)	Income		(B) Ex	pens	es	(C)	Net
1a	Gross receipts or s			┨╻									
ь	Less returns and all			<b>c</b> Balance ▶	<del></del>								
2	•	•	ule A, line 7)	• • • • • • •	2								
3	Gross profit. Subtra			• • • • • • •	3								
4a	Capital gain net inc	•	,	• • • • • • •	4a								
b			, Part II, line 17) (attach Fo		4b								
C			rusts		4c								
5			s and S corporations (attach s	•	5								
6		-		• • • • • • •	6		20,473			18,	943		1,530
7	Unrelated debt-final	nced inc	come (Schedule E)	• • • • • • •	7								_
8	Interest, annuities, royaltie	es, and re	nts from controlled organizations (	Schedule F)	8								
9	Investment income of a se	ection 501	(c)(7), (9), or (17) organization (So	chedule G)	9								. <u>-</u>
10	Exploited exempt a	ctivity in	ncome (Schedule I)		10								
11	•	•	ule J)		11								
12			ons, attach schedule) .		12								
13			ough 12		13		20,473			18,	943		1,530
Pa			t Taken Elsewhere (						ons.	) (E	xcept f	or cont	rıbutions,
			be directly connected										
14			lirectors, and trustees (Sch								14		
15											15		
16											16		
17											17		
18											18		
19										-	19		
20			ee instructions for limitation								20		
21			4562)								]		
22	Less depreciation c	laimed o	on Schedule A and elsewh	ere on return		[	22a				22b		
23	Depletion					· · · ·					23		
24	Contributions to defe	erred co	ompensation plans		.l			-			24		
25	Employee benefit pr	rograms	s		الم الم	U		. l.			25		
26	Excess exempt exp	enses (	Schedule I)		181 · M	ΛĐ ·11·	@ 304c.	<u>છ</u>  .			26		
27	Excess readership of	costs (S	Schedule J)		@  <u>'</u> ''	⊤	a chig	위.			27		
28	Other deductions (a)	ttoch co	hodulo)	i i			ď	ונט			28		
29	Total deductions.	Add line	es 14 through 28	<u>.</u> . <u>.</u> . <u>.</u>	. <u></u> .0.0	3DE	M. FIFT.	<b>-</b> [ .			29		
30	Unrelated business	taxable	ncome before net operat	ing loss deducti	on Subtra	act line	29 from line 13	. اــو			30		1,530
31			on (limited to the amount or	-							31		
32			ncome before specific de	•							32		1,530
33			lly \$1,000, but see line 33								33		<u> </u>
34			ole income. Subtract line						•	-			<del></del>
	·		Ine 32			_					34		1 530

	990-T (2		ASHINGTON		91	L-0759016	<u>P</u>	age 2	
Par	t III	Tax Computation							
35	_	zations Taxable as Corporations. See instruction	•	ontrolled group				_	
	member	s (sections 1561 and 1563) check here	See instructions and						
а		our share of the \$50,000, \$25,000, and \$9,925,000		n that order):					
	(1) \$	(2) [\$	(3) \$						
þ'	Enter or	ganızatıon's share of (1) Addıtional 5% tax (not n	nore than \$11,750)	. \$					
		tional 3% tax (not more than \$100,000)		_					
С		tax on the amount on line 34			►	35c		230	
36		Taxable at Trust Rates. See instructions for tax	<b>—</b> '						
	the amo	unt on line 34 from Tax rate schedule or	Schedule D (Form 104	1)	🕨	36			
37	Proxy ta	ax. See instructions				37			
38	Alternati	ve minimum tax				38			
39	Tax on	Non-Compliant Facility Income. See instruction	s			39			
40	-	dd lines 37, 38 and 39 to line 35c or 36, whicheve	er applies			40		230	
Par	t IV	Tax and Payments							
41a	Foreign	tax credit (corporations attach Form 1118; trusts a	ttach Form 1116)	41a					
b	Other cr	redits (see instructions)		41b					
С	General	business credit. Attach Form 3800 (see instruction	ns)	41c					
d		or prior year mınımum tax (attach Form 8801 or 88	•	41d					
е		redits. Add lines 41a through 41d				41e			
42	Subtract	t line 41e from line 40		_		42		230	
43		s Check if from Form 4255 Form 8611			schedule)	43			
44		x. Add lines 42 and 43		1 1		44		230	
45 a		ts A 2015 overpayment credited to 2016		45a					
b		stimated tax payments		45b					
С	•	osited with Form 8868		45c					
d	•	organizations Tax paid or withheld at source (see	•	45d					
е	•	withholding (see instructions)		45e					
f		or small employer health insurance premiums (Atta		45f					
g		redits and payments Form 2439							
	Form			45g					
46		ayments. Add lines 45a through 45g				46			
47		ed tax penalty (see instructions) Check if Form 22				47			
48		e. If line 46 is less than the total of lines 44 and 47				48		230	
49		yment. If line 46 is larger than the total of lines 44	·	•		49			
50		e amount of line 49 you want Credited to 2017		Refun		50		_	
		Statements Regarding Certain Activit		•	•		1,,	Τ	
51		me during the 2016 calendar year, did the organizations and the organizations are strong and the organization are strong are strong and the organization are strong are strong and the organization are strong and the organization are strong are strong are strong and the organization are strong are stro		=	-		Yes	No	
		inancial account (bank, securities, or other) in a for	•	-					
	here ▶	Form 114, Report of Foreign Bank and Financial	Accounts if YES, enter the	name of the foreign	country				
52		he tay year did the ergopization receive a distribut	on from or was it the grant	tor of or transferor to	o foreign	truot?		<del> </del>	
52	_	he tax year, did the organization receive a distribut		tor or, or transferor to	o, a loreign	irusi,		+-	
53	-	see instructions for other forms the organization ma e amount of tax-exempt interest received or accrui	•	. •					
<u>33</u>		penalties of perjury, I declare that I have examined this return, inc		snd statements, and to the t	nest of my know	wledge and belief it	ıs		
Sigr	true o	ourset, and complete. Declaration of preparer (other than taxpayer							
Here		# 4/11 has	4-2018 DIREC	TTOD		May the IRS discu			
11616	1 7	ature of officer Date	4-2018 DIREC	. LUR		with the preparer s (see instructions)?	nown bel	W	
		Print/Type preparer's name Preparer's su		Date	Check X		LAN YES	INO	
Paic	. /		ly restrict INVA		Check X	a	15220		
	arer	Firm's name Pitner Tax Solutions	<del></del>	3-15-2018		P0064 45-53886			
-	Only	Firm's address PO Box 21	, 110	<del></del>	Phone no				
Battle Ground WA 98604						360-574-4005			

Form **990-T** (2016)

Form 990-T (2016) THE ARC OF SOUTHWEST WASHINGTON

EEA

		THWEST WA				9:	1-075	9016	Р	age 3
Schedule A - Cost of Goods		<u>ter metnoa d</u>	or invent				6	-		
1 Inventory at beginning of year .		<del>                                     </del>		6 Inventory at end of year					_	
2 Purchases				7 Cost of goods sold. Subtract						
3 Cost of labor	3	ļ		line 6 from lir						
4a Additional section 263A costs				•						
' (attach schedule)		ļ				ction 263A (with respec		_	Yes	No
<b>b</b> Other costs (attach schedule) .		ļ				or acquired for resale)			ļ	l
5 Total. Add lines 1 through 4b		<u>.l</u>		to the organi	zation	?		<u> </u>		L.—
Schedule C - Rent Income (F (see instructions)	rom Rea	l Property a	and Pers	sonal Propert	ty Le	eased With Real F	Prope	rty)		
Description of property										
(1) BILLBOARD AND OFFICE R	ENTS				-					
(2)						· ·				
(3)	•			· · · · · · · · · · · · · · · · · · ·						
(4)				<del>-</del>						
	2 Rent recei	ed or accrued								
(a) From personal property (if the percental for personal property is more than 10% more than 50%)		percentage of	rent for pers	onal property (if the sonal property exceed an profit or incom	eds	in columns 2(a) ar	ectly connected with the income and 2(b) (attach schedule)			
(1)				20,4	473	D C LL C C			18,9	943
(2)		-							10,.	
(3)	,									
(4)					-					
Total		Total		20	472					
(c) Total income. Add totals of column	ne 2(a) and			20,	1/3	(b) Total deductions				
here and on page 1, Part I, line 6, colum	nn (A)	<b>&gt;</b>		20,4	473	Enter here and on pa Part I, line 6, column			18,9	943_
Schedule E - Unrelated Debt	-Finance	<b>d Income</b> (s	see instri	uctions)						
			2. Gross	s income from or		<ol><li>Deductions directly cor debt-finance</li></ol>			able to	)
Description of debt-final	nced property	,	1	to debt-financed property	(a) S	Straight line depreciation (attach schedule)		b) Other ded (attach sch		
(1)								<del></del>		
(2)				<del></del>						
(3)										
(4)		<del></del>								
	5. Average ac	liusted basis	<del>                                     </del>			<u> </u>				—
acquisition debt on or allocable to debt-financed property (attach schedule)	of or allo debt-finance (attach so	cable to d property	4	Column divided column 5		Gross income reportable (column 2 x column 6)		Allocable deamn 6 x total 3(a) and	of colu	
(1)			<b>†</b>	%						
(2)	_	· ·	1	%		·				
(3)				<u>%</u>	_					
(4)			<del> </del>	<u> </u>			1			
Totals			ı			r here and on page 1, t I, line 7, column (A).		here and o		
Total dividends-received deduction					<u> </u>		$\vdash$			
EEA	<u> </u>	John III O	<u></u>		· · ·		1	Form 99	90-T (	2016)

Schedule F - Interest, Ann				rganizations				
Name of controlled organization .	2. Employer identification number	Identification number 3. Net unre		4. Total of specific payments made		lumn 4 tha he controll gross inco	ing connected with income	
(1)								
(2)					_			
(3)								
(4)								
Nonexempt Controlled Organization	ns				**			
7. Taxable Income	8. Net unrelated in (loss) (see instruc			otal of specified ayments made	10. Part of colunctuded in the organization's (	controllin	g conr	Deductions directly lected with income in column 10
(1)				·				
(2)	<u> </u>							
(3)								
(4)								
Totals					Add columns Enter here and Part I, line 8,	on page	1, Enter	columns 6 and 11 here and on page 1, I, line 8, column (B)
Schedule G - Investment Inco						ns)		
1. Description of income	2. Amount of in		3. D directi	Deductions ly connected h schedule)	eductions 4. Set-asides connected (attach schedule)		and s	otal deductions et-asides (col. 3 olus col. 4)
(1)								
(2)								
(3)								
(4)								
Totals	Enter here and or Part I, line 9, colu	• • • •				Enter here and on page 1, Part I, line 9, column (B).		
Schedule I - Exploited Exemp	ot Activity Income	e, Other	Than Adv	ertising Incom	e (see instructio	ns)		
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Ex dir conne prodi		1. Net 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. Ex	penses itable to umn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)		1						
(2)					_			
(3)								
(4)								
Totals	Enter here and o page 1, Part I, line 10, col (A)	page	ere and on e 1, Part I, ), col (B)					Enter here and on page,1 Part II, line 26
Schedule J - Advertising Inco	ome (see instructi	ons)						
Part I Income From Peri	odicals Reported	d on a Co	nsolidate	ed Basis				
1. Name of periodical	2. Gross advertising income		Direct ising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		' ' ' ' '		7. Excess readershi costs (column 6 minus column 5, bu not more than column 4)
(1)								
(2)		_						1
(3)								1
(4)		$\top$						1
· · ·							-	
Totals (carry to Part II, line (5)) .	<b>•</b>							

Port II Income From Parise	dicale Benerted	on a Canarata I	Pagis (For each	noriadical listed is	Port II fill in	rage 3
Part II Income From Period 2 through 7 on a line-	•	on a Separate	basis (For each	periodical listed if	i Fart II, III III t	columns
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 (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						<u> </u>
Totals from Part I ▶						
	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) ▶						
Schedule K - Compensation of	Officers, Directo	rs, and Trustee	es (see instructio	ns)		
1. Name			2. Title	3. Percent of time devoted to business		ation attributable to ted business
(1)				9,4	<u> </u>	
(2)				9/		
(3)				9/	6	
(4)				9/	<u> </u>	
Total. Enter here and on page 1, Part	II, line 14			<b>.</b>		
EEA.		•	· · · · · · · · · · · · · · · · · · ·	·		Form 990-T (2016)

Federal Supporting Statements	2016 PG01
Name(s) as shown on return	FEIN
THE ARC OF SOUTHWEST WASHINGTON	91-0759016_
990-T - Schedule C - Line 3 Deductions Directly Connected with Income	Statement #11
Description PORTION OF INSURANCE, INTEREST ALOCATION	Amount \$18,943
Total	\$18,943