m 19.8						939	2 7 7	4 n q	a 1n (
	Exempt Organ	nization E	Busin	ess Income					o 1545-0687
F@rm 990-T	(and	proxy tax ι	ınder	section 6033((e))			2	 010
·	For calendar year 2018 or other tax y							2	018
artment of the Treasury rnal Revenue Service	► Go to www.irs.gov						453	Open to Pub	lic Inspection for
rnal Revenue Service Check box if	► Do not enter SSN numbers of			made public if your hanged and see instruc		on is a 501(c)		501(c)(3) Or	ganizations Only tification number
□ address changed				_	itions)		17 (8	mployees' tru structions)	ist, see
Exempt under section	n Print SouthEast or 5117 Raini	er Ave S	e Dev	иеторшенс				91-0947	1619
X 501(c) 03) 408(e) 220(Tuma Spattle W						FU	nrelated busi	ness activity code
408A 530(529(a)							- "	See instruction	ns)
Book value of all assets at end of year	F Group exemption number	r (See instruct	ions)>				•		
40,541,248	G Check organization typ	е ► 🗓	501(c)	corporation	501(c)	trust	401(a)	trust	Other trust
	he organization's unrelated trades	or businesses	,	<u> </u>	Descr	be the only	(or first)	unrelated	=
trade or business he									ete Parts I-V
	escribe the first in the blank spa rade or business, then complete		of the	previous sentend	ce, comp	ete Parts I	and II, o	complete a	Schedule M
	was the corporation a subsidiar		ted arc	oup or a parent-si	ubsidiary	controlled	aroup?	►∏Y	es X No
	me and identifying number of t	-	_		,		3 1-		
The books are in care					Telep	hone numi	oer► (2	206) 33	0-4656
art I Unrelated	Trade or Business Incor	ne		(A) Income		(B) Exper	ises		C) Net
a Gross receipts or s	sales			•					
b Less returns and allowa		c Balance►	1c						
-	(Schedule A, line 7)		2					-	!
•	act line 2 from line 1c		3						
, ,	come (attach Schedule D) 797, Part II, line 17) (attach Form 4797)		4a 4b	- ·					
c Capital loss deduc			4c					 	
•	a partnership or an S corporation								
(attach statement)			5						
Rent income (Sche	•		6	399,0	107.	443	<u>,475.</u>	ļ	<u>-44,468.</u>
	anced income (Schedule E)	ration (0 L J L D	7 8						
	Ities, and rents from a controlled organizate section 501(c)(7), (9), or (17) organizat		9						
	activity income (Schedule I)	ion (sciedule d)	10			<u> </u>		 	
Advertising income			11						
•	instructions, attach schedule)								
•	,		12						
Total. Combine lin-	es 3 through 12		13	399,0	07.	443	,475.		-44,468.
rt II Deduction	ns Not Taken Elsewhere ((See instru	ctions	for limitation	s on de	ductions.) (Exc	ept for	-
	ons, deductions must be o		necte	a with the unr	elated	business	Income	∃.) I	
Compensation of C Salaries and wage	officers, directors, and trustees	(Scriedule N)					15	-	
Repairs and maint							16		•••
Bad debts		DECE	VEF				17		
	hedule) (see instructions)	RECE	VEL	 7∪!			18		
Taves and licenses	. 11			ျွ			19		
Charitable contribu	itions (See instructions for the item it	ald@ Vule l) 9	2019	9 121			20		

11	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule)					
		12				
13	Total. Combine lines 3 through 12	13	399,007	443,4	175.	-44,468.
Par	t II Deductions Not Taken Elsewhere (See Instruc	ction	s for limitations or	deductions.) ((Exce	pt for
	contributions, deductions must be directly con	necte	ed with the unrelat	ed business in	come	e.)
14	Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages				15	
16	Repairs and maintenance		<u>.</u>		16	
17	Bad debts RECEI	\/FI			17	
18	Interest (attach schedule) (see instructions)	<u> </u>			18	
19	Taxes and licenses		၂ဗွု		19	
20	Charitable contributions (See instructions for mitatud Vules) 9	201	9 0 121 1		20	
21	Depreciation (attach Form 4562)			12,760.		
22	Less degreciation claimed on Schedule A and elsewhere on ret	diti.	22a	12,760.	22b	
23	Depletion: OGDEN	1, U)		23	
24	Contributions to deferred compensation plans				24	
25	Employee benefit programs				25	
26	Excess exempt expenses (Schedule I)				26	
27	Excess readership costs (Schedule J)				27	
28	Other deductions (attach schedule)				28	
29	Total deductions. Add lines 14 through 28				29	
30	Unrelated business taxable income before net operating loss de			m line 13	30	-44,468.
31	Deduction for net operating loss arising in tax years beginning on or after January		8 (see instructions)		31	,
32	Unrelated business taxable income Subtract line 31 from line 3	0			32	-44,468.
BAA	For Paperwork Reduction Act Notice, see instructions.		TEEA0201L 1/3	1/19		Form 990-T (2018)

H Enter the number of the organization's unrelated trades or businesses

Department of the Treasury Internal Revenue Service

Part I

8

9

B Exempt under section

Form	n 990-	T (2018) SouthEast Effective Development	91	-0947619	Page 2
		Total Unrelated Business Taxable Income			
33	Total	l of unrelated business taxable income computed from all unrelated trades or businesses (se	e		
	ınstrı	uctions)		33	-44,468.
34	Amo	unts paid for disallowed fringes.		34	
35		iction for net operating loss arising in tax years beginning before January 1, 2018 (see		25	
		uctions)		35	
36		I of unrelated business taxable income before specific deduction. Subtract line 35 from the sums 33 and 34	ım	36	-44,468.
~7				37	44,400.
		ofic deduction (Generally \$1,000, but see line 37 instructions for exceptions) Stated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 3.	E	37	
30		r the smaller of zero or line 36.	υ,	38	-44,468.
IP 3F		Tax Computation			
39		inizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	•	39	0.
		ts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount			<u></u>
70		ne 38 from Tax rate schedule or Schedule D (Form 1041)	•	40	
<i>A</i> 1		y tax. See instructions	•	41	
		native minimum tax (trusts only).		42	
		on Noncompliant Facility Income. See instructions		43	
		I. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0.
				44	
	ťΨ			·	
		gn tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a			
		r credits (see instructions)			
		eral business credit Attach Form 3800 (see instructions) 45c		:	
		it for prior year minimum tax (attach Form 8801 or 8827). 45 d		45.0	0
		I credits. Add lines 45a through 45d		45 e	0.
40	Othor	ract line 45e from line 44 r taxes. Check if from		46	0.
4/		Other (attach schedule)		47	
40	_	tax. Add lines 46 and 47 (see instructions).		48	0.
49		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	
		1 1		45	
	-	nents A 2017 overpayment credited to 2018			
		estimated tax payments 50b			
		deposited with Form 8868 gin organizations Tax paid or withheld at source (see instructions) 50 c 50 d			
		up withholding (see instructions) 50 e			
		it for small employer health insurance premiums (attach Form 8941) 50f			
		r credits, adjustments, and payments Form 2439			
9		Form 4136 Other Total 50 g			
E1	ш			51	0
		payments. Add lines 50a through 50g	►□	52	0.
		nated tax penalty (see instructions) Check if Form 2220 is attached	· L	53	
53		due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		_	
54		payment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		54	
55		the direction of the control of the	Refunded >	55	
Par		Statements Regarding Certain Activities and Other Information (see Instruction)			
56		y time during the 2018 calendar year, did the organization have an interest in or a signature or other			Yes No
		cial account (bank, securities, or other) in a foreign country? If 'Yes,' the organization may have to	file FinCEN	l Form 114,	
	Repor	rt of Foreign Bank and Financial Accounts If 'Yes,' enter the name of the foreign country here			_ X
57	Durin	ng the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor to, a	a foreign trust?	X
	If 'Yes	s,' see instructions for other forms the organization may have to file			
58	Enter	the amount of tax-exempt interest received or accrued during the tax year ▶ \$	0.		
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, a belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which p	and to the best o	f my knowledge and	
Sigr		Executive Di		May the IRS discuss	s this return with
Here	е	Signature of officer Date Title	TECTOL	the preparer shown instructions)?	
		4		X	Yes No
Paid	4	Print/Type preparer's name Preparer's signature Date	Check X if	PTIN	_
Pre-		Fiona Shing Chun Tsui Fiona Shing Chan Tsui	self-employed	P009940	52
pare		Firm's name Do It Right Accounting Services, LLC	Firm's EIN	45-412358	2
Use		Firm's address 909 2nd Ave. N. 201			
Only	y	Seattle, WA 98109	Phone no	206-330-	4656
RΔΔ		TEFA02021 01/24/19			990-T (2018)

Schedule A - Cost of Good	s Sold. Ent	er method of inve	entory valuation	on ►							
1 Inventory at beginning of year	r	1		6 In	vento	ry at e	end of year	6			
2 Purchases.	Ì	2		7 C	ost of	good	s sold. Subtract	ele ~		•	
3 Cost of labor	Ì	3					ne 5 Enter here				
4 a Additional section 263A costs (attach	schedule)			ar	nd in i	Part I,	line 2	7		1	
•	•	4 a								Yes	No
b Other costs	•	4 b		8 D	o the	rules	of section 263A (wit luced or acquired fo	h resp	pect to	73.]
(attach sch) 5 Total. Add lines 1 through 4b	}	5					zation?	11620	iie) appiy		X
Schedule C - Rent Income	(From Rea	Property and	d Personal	Prop	erty	Leas	sed With Real P	rope	rty) (see ı	nstruct	ions)
1 Description of property											
(1) Columbia Hotel Comme	erical Ur	nits									
(2) Rainier Court I											
(3) Rainier Court II									_		
(4)											
	2 Rent receive	ed or accrued					24-3 Dead at a s		-11		
(a) From personal proper			eal and perso				3(a) Deduction the income in				
(if the percentage of rent for percent for percentage of rent for percentage of rent for percentage of the percentage of rent for percentage of the percentage of rent for percentage of the percentage of rent for percentage of ren	personal		entage of rent ceeds 50% or						hedule)	(-,	•
more than 50%)	Jaction	based	on profit or in	ncome	;)		See Statemen	t 1			
(1)					67,9	941.				53,2	208.
(2)				2	03,8	362.				206,6	530.
(3)				1.	27,2	204.				183,6	537.
(4)											
Total		Total		3	99,0	07.					
(c) Total income. Add totals of columbere and on page 1, Part I, line 6, of		2(b) Enter		3	99,(107	(b) Total deductions. I here and on page 1, Par I, line 6, column (B)	nter t ►		443,4	175
Schedule E - Unrelated Del		Income (see	instructions)		,,,,	, , , ,	, -, ,			110,	. ,
		Ţ	2 Gross inco			3 De	ductions directly co debt-finar			allocab	le to
1 Description of debt-f	inanced propi	erty	or allocable financed p				(a) Straight line	Τ,	b) Other d	eductio	ıns
			illiancea p	лорог	.,		eciation (attach sch)		(attach so		
(1)								+			
(2)							···				
(3)								+			
(4)		****		-				_			
4 Amount of average	or allocable to	justed basis of debt-financed ach schedule)	6 Colur divided colum	d by			7 Gross income ortable (column 2 x column 6)	1 (Allocable ((column 6 lumns 3(a)	x total	of
(1)					%						
(2)					%						
(3)					%						
(4)					%		-				
						Enter Part	here and on page 7, line 7, column (A)	I, Ente Par	er here and t I, line 7,	d on pa columr	age 1, n (B)
Totals					>						
Total dividends-received deduction	s included in	column 8			,		· · · · · ·	-			
ВАА		TE	EA0203L 01/30/1	9			· · · · · · · · · · · · · · · · · · ·	'	Form	990-T (2018)

Schedule F – Interest, A	nnuiti				om Controlled	Orga	nizations (see in:	structions	5)
4 1 1 1 1 1		ŀ	<u>'</u>	·	ĭ	- 4	E Part of	- Alumn	4 65	- 4 4 4 41
1 Name of controlled organization	ıder	Employer htification number	incon	unrelated ne (loss) structions)	4 Total of sper payments m		5 Part of o that is ind the conf organize gross in	cluded trolling ation's	in c	eductions directly onnected with ome in column 5
(1)										
(2)										
(3)					<u></u>					
(4)										
Nonexempt Controlled Organiz	ations									
7 Taxable Income	Inc	et unrelated ome (loss) instructions)		l of specifie ients made	ıncluded	in the d	n 9 that is controlling oss income		connecte	ctions directly d with income olumn 10
(1)										_
(2)										
(3)										
(4)										
Totale					Add column here and on 8, co		, Part I, line		and on p	s 6 and 11 Enter page 1, Part I, line lumn (B)
Totals Schedule G - Investmen	at Inco	ma of a Sa	ction EO	1(0)(7) (0) or (17) Orga	nizat	On (see inst	ler ration	20	
1 Description of income		2 Amount of		3 dire	Deductions ctly connected		4 Set-asides ttach schedu		5 Tota set-a	l deductions and sides (column 3
				(att	ach schedule)				ріі	us column 4)
(1)										·····
(2)						-				
(4)										
		Enter here and Part I, line 9,	d on page column (A	1,						re and on page 1 ne 9, column (B)
Totals	•									
Schedule I — Exploited E	xemp	—		Other Tha	n Advertising	Incor	ne (see insti			
1 Description of exploited a	activity	2 Gross unrelated business income fro trade or business	d co	penses directly nnected with production f unrelated iness income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute columns 5 through 7.	activ unrela	s income from ity that is not ated business income	attribu	enses Itable to Imn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						1				
(2)	************	-								
(3)										
(4)										
Tabela	_	Enter here on page Part I, line column (/	1, or 10, Pa	er here and n page 1, t I, line 10, lumn (B).	-					Enter here and on page 1, Part II, line 26
Totals Cobodula Advantisin	- Inco									
Schedule J — Advertisin				'anaalida	ted Basis					 -
Part I Income From Pe	riodica	2 Gross		Orisolida B Direct	4 Advertising gain o	, EO		6 Doo	darahin	7 Fuence roadorabio
1 Name of periodical		advertisir income		lvertising costs	(loss) (col 2 minus col 3) If a gain, compute cols. 5 through 7		rculation ncome		dership osts	7 Excess readership costs (col 6 minus col 5, but not more than col. 4).
(1)					4			•		-
(2)		+			-					-
(4)	_				1	 				†
<u></u>						†				
Takala zana a Barana a man						1				
Totals (carry to Part II, line (5)	,	1	<u> </u>	TEFACCE	10/21/10	1				orm 990-T (2018)
BAA				TEEA0204 L	12/31/10					OHIH 230-1 (2016)

Page 5

Part II Income From Periodic 7 on a line-by-line basis.)	als Reported or	n a Separate E	Basis (For each p	eriodical listed in	Part II, fill in co	umns 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)						
(4)						
Totals from Part I	• ·		1	•	•	
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)			_	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	> i		*-			
Schedule K - Compensation of	of Officers, Dire	ctors, and Tru	istees (see instru	uctions)		
1 Name	-		2 Title	3 Percent of time devoted to business	d to unrela	ation attributable ated business
				9	à	
				9	ò	
				۶	è	
		"		9	ò	
Total. Enter here and on page 1, Part	II, line 14	-	****		>	
RAA	·	TEE 40204 I	12/31/18		-	orm 990-T (2018)

2018	Federal Statements		Page 1
	SouthEast Effective Development		91-0947619
Statement 1 Form 990-T, Schedule Deductions Directly C	e C, Line 3 Connected with Income		
Columbia Hotel Co Amortization Depreciation Insurance Legal and Promiscellaneous Interest Pest Control Repairs Supplies Taxes Wages and Salafire Monitoria Employment Tax Administration	fessional Fees aries ng xes & Benefits	\$ Total <u>\$</u>	339. 12,760. 676. 1,691. 4,190. 10,938. 401. 6,608. 448. 2,291. 9,093. 961. 1,709. 1,103. 53,208.
Rainier Court I Rental Expense	es	Total \$	206,630. 206,630.
Rainier Court II Rental Expense	es	\$ Total \$	183,637. 183,637.