·		Tr.		EXTENDED TO NOV	ЕМВЕ	ER 15. 2019	_		,, 0 (
	Form	990-T	E	Exempt Organization Bus	sine	ss Income 1	Гах Return		OMB No 1545-0687
		; -	For cal	•					2012
	(4		' ' ' '	Go to www.irs.gov/Form990T for in		, and ending	nation	-	2010
		ment of the Treasury I Revenue Service		• Do not enter SSN numbers on this form as it may				ŀ	Open to Public Inspection fo 501(c)(3) Organizations Only
	A	Check box if		Name of organization ( Check box if name of			241011 10 4 00 1(0)(0).		oyer identification number
	^ _	address changed		Name of digamization ( Check box if hame t	manyeu	and see msudendis.)			loyees' trust, see actions )
	D EV	cempt under section	Print	LEGAL VOICE				ا م	1-1047900
		501( <b>a (0)3</b> )	or	Number, street, and room or suite no. If a P.O. bo	V C00 II	netructions	<del></del>	E Unrel	ated business activity code
		408(e) 220(e)	Туре	907 PINE STREET, NO. 5		istructions.		(See 1	nstructions)
	$\vdash$	408A 530(a)		City or town, state or province, country, and ZIP of		n nostal code		1	
	-	] 529(a)		SEATTLE, WA 98101	n locely	ii postai code		561	499
	<del>السا</del> ر Boo	k value of all assets	<u> </u>	F Group exemption number (See instructions.)	<u> </u>			<u> </u>	<del>1</del>
	ate	nd of year	84.	G Check organization type ► X 501(c) cor	noratini	501(c) trust	401(a)	trust	Other trust
	H Ent			<u> </u>	1		e the only (or first) un		
				EE STATEMENT 1			e, complete Parts I-V.		
				ice at the end of the previous sentence, complete Pa	arts Lan				
		siness, then complete			ar (0 ) u.	io ii, compicto a conces	o m for dadir addition	,	. 0.
				poration a subsidiary in an affiliated group or a pare	nt-subs	idiary controlled group?	▶ [	T Ye	es X No
				tifying number of the parent corporation.		idially communicating group	,	·`	
				KELLI MAGUIRE		Telep	hone number 🕨 2	06-	682-9552
				de or Business Income		(A) Income	(B) Expenses		(C) Net
	1 a	Gross receipts or sale	s	72,446.				ATOM	YM THE WALL TO
		Less returns and allow		<b>c</b> Balance ▶	10	72,446.			
	-	Cost of goods sold (S			2	·	100 Telly West Block	11 111	网络海绵石墨克洛
		Gross profit. Subtract			3	72,446.	3" ST 624 188	1. 1	72,446
		Capital gain net incon			4a		PORTER STATE	4,6	•
•				art II, line 17) (attach Form 4797)	4b		<b>法是对法国际</b>	The day	
		Capital loss deduction			4c			122	
	5	Income (loss) from a	partners	ship or an S corporation (attach statement)	5				
		Rent income (Schedu		, , ,	6				
		Unrelated debt-financ		ne (Schedule E)	7				
	8	Interest, annuities, roy	/alties, a	nd rents from a controlled organization (Schedule F)	8				
_	9	Investment income of	f a sectio	on 501(c)(7), (9), or (17) organization (Schedule G)	9				
22	10	Exploited exempt activ	vity inco	me (Schedule I)	10				
~	11	Advertising income (S	Schedule	e J)	11	;			
5	12	Other income (See in:	struction	ns; attach schedule)	12			權統的	
	<u> 13 </u>	Total. Combine lines			13	72,446.			72,446
JAN	Pa			ot Taken Elsewhere (See instructions for					
		(Except for d	contribi	utions, deductions must be directly connected	d with	the unrelated busines	s income.)	<b></b>	
SCANNED	14	Compensation of off	icers, di	rectors, and trustees (Schedule K)				14	39,100
Z	15	Salaries and wages		5-6-11				15	17,171
Z	16	Repairs and mainten	ance	RECEIV	ED			16	
$\ddot{c}$	17	Bad debts		το <del>·</del>		70		17	
S	18	Interest (attach sche	dule) (s	ee instructions)	019	RSOS		18	<u> </u>
	19	Taxes and licenses		[8]	•	SS		19	
	20			e instructions for limitation rules)	117	<b></b>		20	
	21	Depreciation (attach	Form 4	562) OGDEN,	<u> </u>	21			
	22	Less depreciation cla	aimed oi	n Schedule A and elsewhere on return		22a		22b	
	23	Depletion		·				23	
	24	Contributions to defe		mpensation plans				24	
	25	Employee benefit pro	-					25	
	26	Excess exempt expe	•	•				26	ļ
	27	Excess readership co	•	•		<b>~~~</b>		27	10 10=
	28	Other deductions (at				SEE STA	TEMENT 2	28	12,437
	29	Total deductions. A						29	68,708
	30			ncome before net operating loss deduction. Subtrac				30	3,738
	31			loss arising in tax years beginning on or after Janua	iry 1, 20	)18 (see instructions)		31	3 739
	nn	I tavalakan busan see 4		names Cubbaset has 04 toom has 00					

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

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Form **990-T** (2018)

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	•
Approximate and a second	

Part I	<u> </u>	<del>1</del> /500	
			2 720
<b>-33</b>	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	3,738.
34	Amounts paid for disallowed fringes	34	1,930.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 3	35	1,336.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		4
	lines 33 and 34	36	4,332.
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	3,332.
Part I	V Tax Computation		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	700.
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	700.
Part \			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a	1	
	Other credits (see instructions)  45b	7	
C	General business credit. Attach Form 3800 45c	7	
ď	Credit for prior year minimum tax (attach Form 8801 or 8827)  45d	<b>⊣</b>	
	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	700.
	Other taxes. Check if from. Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)		700.
47	<del></del>	48	700.
48	Total tax. Add lines 46 and 47 (see instructions)	49	0.
49 50 -	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
	Payments A 2017 overpayment credited to 2018		
	2018 estimated tax payments 50b	·	
	Tax deposited with Form 8868	$\dashv$ $\sqcup$	
	Foreign organizations Tax paid or withheld at source (see instructions)  50d	$\dashv$ $\sqcup$	
	Backup withholding (see instructions)  50e	$\dashv$ $\sqcup$	
	Credit for small employer health insurance premiums (attach Form 8941)  50f	$\dashv$ $\vdash$	
g	Other credits, adjustments, and payments: Form 2439		
	Form 4136 Other Total ▶ 50g		
51	Total payments. Add lines 50a through 50g	51	20
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	30.
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	730.
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	
55	Enter the amount of line 54 you want. Credited to 2019 estimated tax	<b>►</b> 55	
Part \			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		.
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		_
	here		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	If "Yes," 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, and to the best of my know correct, and complete. Declaration of pregarer (other than taxpayer) is based on all information of which preparer has any knowledge.	iledge and beli	ef, it is true,
Sign		May the IBS d	iscuss this return with
Here	W/L/2019 EXECUTIVE DIRECTOR	-	hown below (see
	/Signature of officer/ Date Title	instructions)?	X Yes No
	Print/Type preparer's name Preparer's signature Date Check	if PTIN	
Paid	self- employe	:đ	
Prepa	rer MATTHEW R. MATSON MATTHEW R. MATSON 10/31/19	P0	0775671
Use C	le . S DEMERCAN CHILITAN LID ADVIC Le . cm l	▶ 91	-0605875
J30 C	601 UNION ST, STE 2300		
	Firm's address ► SEATTLE, WA 98101-2345 Phone no.	(206)	382-7777
823711 01			Form <b>990-T</b> (2018)

Schedule A - Cost of Goods Sold. Ente	er method of inven	tory valuation   N/A		
1 Inventory at beginning of year 1		6 Inventory at end of year		6
2 Purchases 2		7 Cost of goods sold. S		
3 Cost of labor 3		from line 5. Enter here		
4 a Additional section 263A costs		line 2	·	7
(attach schedule) 4a		8 Do the rules of section	1 263A (with respect to	Yes No
b Other costs (attach schedule) 4b		property produced or a	acquired for resale) apply to	
5 Total. Add lines 1 through 4b 5		the organization?		
Schedule C - Rent Income (From Real (see instructions)	Property and	Personal Property L	eased With Real Pr	operty)
1. Description of property				
(1)			<del></del>	
(2)		, , , , , , , , , , , , , , , , , , , ,		
(3)				
(4)				
<del></del>	ved or accrued			
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	of rent for p	and personal property (if the percenta personal property exceeds 50% or if at is based on profit or income)		ectly connected with the income in (a) and 2(b) (attach schedule)
(1)				
(2)				
(3)				
(4)				
Total 0.	Total		0.	
(c) Total income. Add totals of columns 2(a) and 2(b). E here and on page 1, Part I, line 6, column (A)	<b>&gt;</b>		(b) Total deduction Enter here and on page Part I, line 6, column (B)	1.
Schedule E - Unrelated Debt-Financed	Income (see	instructions)	· · · · · · · · · · · · · · · · · · ·	<del></del>
		2. Gross income from	3 Deductions directly to debt-fi	connected with or allocable nanced property
Description of debt-financed property		or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
debt on or allocable to debt-financed of or property (attach schedule) debt-fin	e adjusted basis allocable to anced property ch schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		-
(4)		%	1	
			Enter here and on page 1,	Enter here and on page 1,
			Part I, line 7, column (A)	Part I, line 7, column (B)
Totals		•		

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Schedule F - Interest, A	initialities, F	noyalues,		Controlled O			HOTE	see ins	structions	6)			
1 Name of Carlot Comment		2. Employer	· · · · · ·	elated income	ř	<del></del>	<b>5</b> D-	t of column 4	thatia	6. Deductions directly			
Name of controlled organization		identification number		instructions)	payr	al of specified nents made	includ	ed in the contraction's gross	rolling	connected with income in column 5			
(1)													
(2)													
(3)													
(4)													
Nonexempt Controlled Organia	ations												
7. Taxable Income		ted income (loss) structions)	9 Total	of specified payr made	nents	10. Part of column the controllingross		nization's		luctions directly connected income in column 10			
(1)						,							
(2)													
(3)	100												
(4)													
			•			Add colum Enter here and line 8, c		1, Part I,	Enter he	d columns 6 and 11 ere and on page 1, Part I, ine 8, column (B)			
Totals					▶			0.		0.			
Schedule G - Investme		of a Secti	on 501(c)(7	'), (9), or (	17) Org	ganization							
1. Descri	ription of income			2. Amount of	ıncome	3 Deduction directly connection (attach sched)	cted	4. Set- (attach s	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)			
(1)													
(2)			·				-						
(3)													
(4)													
				Enter here and Part I, time 9, co		o og viljastran ir hav	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e i mogetie des ce	 محمد روی هد برلاپ مدد م	Enter here and on page 1, Port I line 9, column (B)			
Totals		,	<b>&gt;</b>		0.					0.			
Schedule I - Exploited (see instru	•	tivity Inco	me, Other	Than Adv	ertisin	g Income							
1 Description of exploited activity	2 Gross unrelated busin income froi trade or busin	ness wi	Expenses ctly connected th production of unrelated siness income	4 Net incom from unrelated business (co minus colum gain, comput- through	I trade or Numn 2 n 3) If a e cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attribut colui		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)			
(1)													
(2)						<del> </del>	· · · · ·			1			
(3)													
(4)										1			
	Enter here and page 1, Part line 10, col (	і, р	er here and on age 1, Part I, e 10, col (B)		··				ţ	Enter here and on page 1, Part II, line 26			
<u>Totals</u> ▶		0.	0.							0.			
Schedule J - Advertisir		•											
Part I Income From F	Periodicals	Reported	i on a Cons	solidated	Basis								
1. Name of periodical	adv	Gross ertising come	3. Direct advertising costs			5. Circulate income		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)			
(1)													
(2)													
(3)										•			
(4)										<u> </u>			

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Totals (carry to Part II, line (5))

	3 7						
Part II	Income From Perio	dicals Reporte	ed on a Separa	ate Basis	(For ea	ch periodical list	ed in Part II, fill in
•	columns 2 through 7 on a	a line-by-line basis.)					

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)						
Totals from Part I	0.	0.	مي ٿي			0.
	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)	0.	0.	·			0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1) LISA STONE	EXECUTIVE DIRECTOR	25.00%	39,100.
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14	-	<b>•</b>	39,100.

Form 990-T (2018)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

FISCAL SPONSOR FOR THE ALLIANCE OF STATE ADVOCATES FOR WOMEN'S RIGHTS AND GENDER EQUALITY

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
RENT CONFERENCE CALLS PAYROLL TAX INSURANCE PROFESSIONAL FEES		4,563. 1,800. 5,306. 268. 500.
TOTAL TO FORM 990-T, PAGE 1, LIN	E 28	12,437.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/14 12/31/16	1,271. 8,430.	1,271. 7,094.	0. 1,336.	0. 1,336.
NOL CARRYOV	VER AVAILABLE THIS	YEAR	1,336.	1,336.