	à	500 T	1 1	Exempt Organ	ization Busin	ess	Income T	ax i	Retur	3		OMB No 1545-06	87	
	Form	990-T Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))												
	, , , , , ,											2018		
		For calendar year 2018 or other tax year beginning July 1 , 2018, and ending June 30 , 20 19												
		tment of the Treasury Go to www.irs.gov/Form990T for instructions and the latest information.										n to Public Inspec	tion for	
		HRevenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Check box if Name of organization (☐ Check box if name changed and see instructions) D En										(c)(3) Organization		
	<u>A∐ a</u>	ddress changed			Check box if name cha	anged a	and see instructions	;)				r identification nu s' trust, see instruc		
		pt under section	Print	Daybreak Youth Serv			 			,			,	
		1(c)(O3)	or		n or suite no If a P.O box	, see in	structions			E Unr		1-1083936 business activity	oodo.	
		108(e) 220(e) Type 960 E 3rd Ave City or town, state or province, country, and ZIP or foreign postal code										uctions)	Code	
	∐ 40										,			
	C Book		- 0	Spokane, WA 99202	/0	· · ·						900099		
	at end	value of all assets of year		oup exemption numb			on □ 501/	c) tru	ot [401/	2) tru	ct Other	trust	
	U Fo	tor the number		neck organization typ				c) iru		401(
				organization's unrelat				-t- D				or first) unrela		
				Qualified Transportati										
				at the end of the pre complete Parts III-V.	vious semence, con	ibiere	rans i anu ii,	COM	piete a S	cneau	ile ivi	ior each add	itionai	
					and in an affiliated area		a marant aubaidi		م اممالمعفد	*****		N D Vas D	7 No	
		-		e corporation a subsid	-			ary co	introlled g	roup	• •	► ☐ Yes ☑	7 1/O	
				and identifying numb		oratio		- b						
				Richard Reathafor le or Business Inc.			Telephone number ▶ (A) Income (B) Expen					509-309-2205 (C) Net		
		Gross receipts			onie -	T	(A) income		77.175 (D) CX	I SS	242	(O) Net	150000	
		Less returns and			c Balance ▶	10								
2	ь			·		1c 2			202724 2324 401244 1 200	G	5000 C		38 8628	
-	2	•	•	Schedule A, line 7) .		3				7.25.33 7.25.33	33702 344		100900000	
-	3	•		t line 2 from line 1c.		4a	1		al magnitude	×	81.57.4° 31.57.7°		 	
\	4a			me (attach Schedule	-	4b			37.47.33				 	
7	b		•	4797, Part II, line 17) (4c		\neg		** *UP-94	-27942 VV 3		 		
	c	Capital loss de			5		$\overline{}$				· · · · · · · · · · · · · · · · · · ·	 		
	5			tnership or an S corpora	6			Street of Contract	en er ill l	Ejark tri a		 		
	6	Rent income (•	0 7					-		 		
	7			ced income (Schedul			/						 	
	8		•	, and rents from a controlled		~							 	
	9			ction 501(c)(7), (9), or (17) c	- / /	9	-						 	
	10			ivity income (Schedu		10	. .						 	
	11	Advertising in	•	•		11			283. W.D. 1889	er we e	(62° 54)		 	
	12		•	ee instructions; attach schedule) 12 3,041								3,041		
	13 Post	Total. Combine lines 3 through 12										3,041	Щ	
	rait	Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)												
	14	deductions must be directly connected with the unrelated business income. CFIVED 4 Compensation of officers, directors, and trustees (Schedule K)											1 -	
	15	Salaries and v								一塊	14 15 16 17		-	
	16	Repairs and m	-			•	E JUL	. 2	1 2020	Ιď	16		 	
1707	17	Bad debts	i anțitei i	/	ं थि	h7		 						
	18		h scher	n schedule) (see instructions)									 	
	19	•		n schedule) (see instructions)									 	
	20			ons (See instructions						-	19 20		 	
>	21		,	Form 4562)	•			• •	· · · ·				 	
4	22			imed on Schedule A			21 22a							
	23	.,		· · · · · · ·							 			
20L	24	' /		rred compensation p				•		·	23		 	
	25	, /		grams				• •		.	25		 	
CAINING	26	, -		_					• • •	.	26		\vdash	
	20 27 /	,	ess exempt expenses (Schedule I)								27		 	
Ž	28/			ach schedule)						.	28			
3	29 29			dd lines 14 through 2					• • •	. }	29	·····		
7 0	30			_					rom line	i3	30	3,041		
/	31		ated business taxable income before net operating loss deduction. Subtract line 29 from line 13 tion for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)											
/	32			axable income. Subtr						۲ <u>۲</u> ٬۱	31 32	3,041	_	
				Notice, see instruction			Cat No 1129			بلبهن	7-	5,041 Form 990-1		
		PO1 11 OLIK 1 16446					OGL 110 1123						,,-,	

Page	4

Form 990-T (2018)	
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Part	M 1 T	otal Unrelated Business Taxable Income	n			- ugc =		
		f unrelated business taxable income computed from all unrelated trad	loo or businesses (o					
33 /			•					
		lions)		- 1)41		
		ts paid for disallowed fringes			34			
35								
			L	35	0			
36	Total of	funrelated business taxable income before specific deduction. Subtrac	ım		1			
	of lines	33 and 34		2	36 3,0	141		
37	Specific	deduction (Generally \$1,000, but see line 37 instructions for exception	ns) [5]	8	37 1.0	000		
38	Unrelat	ted business taxable income. Subtract line 37 from line 36. If line 37	is greater than line 3	6	1			
	enter th	e smaller of zero or line 36		911	38 2.0	141		
		ax Computation		4	1			
		zations Taxable as Corporations. Multiply line 38 by 21% (0.21)	Q O 1	- 11	39 4	29		
		Taxable at Trust Rates. See instructions for tax computations		on "	rame of			
		punt on line 38 from: Tax rate schedule or Schedule D (Form 10			40			
		ax. See instructions			41			
	-			- }	-			
		tive minimum tax (trusts only)		}	42			
		Noncompliant Facility Income. See instructions		34	43			
44		Add lines 41, 42, and 43 to line 39 or 40, whichever applies	· · · · · · · · · · · · · · · · · · ·	31	4,4 4	29		
		ax and Payments			44.5 - 1			
45a	_	tax credit (corporations attach Form 1118, trusts attach Form 1116) .	45a					
b		redits (see instructions)	45b		· :			
С	Genera	I business credit. Attach Form 3800 (see instructions)	45c		- 1			
d	Credit f	or prior year minimum tax (attach Form 8801 or 8827)	45d					
е	Total c	redits. Add lines 45a through 45d			45e			
		et line 45e from line 44		Ī	46			
47		kes. Check if from Form 4255 Form 8611 Form 8697 Form 8866		Ī	47			
		ax. Add lines 46 and 47 (see instructions)		-	48			
		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column			49	 		
		nts: A 2017 overpayment credited to 2018	50a	ŀ	F 3.	_		
	•	stimated tax payments	{	:				
		posited with Form 8868		e				
C				fy. S				
		organizations: Tax paid or withheld at source (see instructions) .		in t				
		withholding (see instructions)	50e					
		or small employer health insurance premiums (attach Form 8941) .	50f					
g		redits, adjustments, and payments		Į,				
	☐ Form		50g		* *			
51		ayments. Add lines 50a through 50g		_	51			
52	Estimat	red tax penalty (see instructions). Check if Form 2220 is attached			52			
		e. If line 51 is less than the total of lines 48, 49, and 52, enter amount o		► 4	58 4	29		
54	Overpa	lyment. If line 51 is larger than the total of lines 48, 49, and 52, enter ar	▶ [`			
55	Enter the	▶	55					
Part \	71 St	tatements Regarding Certain Activities and Other Informatio	n (see instructions)					
56	At anv	time during the 2018 calendar year, did the organization have an intere	st in or a signature of	or oth	ner authority Yo	es No		
		financial account (bank, securities, or other) in a foreign country? If "Ye						
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," e			36 A *			
	here ▶	•			2 2	1		
57	During t	he tax year, did the organization receive a distribution from, or was it the granto	or of, or transferor to, a	fore	ion trust?	1		
	-	" see instructions for other forms the organization may have to file.	or or, or traincronor to, o		.g	Re POOL		
	Enter the amount of tax-exempt interest received or accrued during the tax year > \$							
_58	Linder	penalties of perjury, I declare that I have examined this return, including accompanying schedule	s and statements and to the	e hest	of my knowledge and	belief it is		
Sign	true, co	periantes of perjury, I declare that I have examined this return, including accompanying scriedule priect, and complete. Declaration of preparer (other than taxpayer) is based on all information of wh	ich preparer has any knowle	dge F				
_		1-1 XL A. (M. La (12/10/2000)			May the IRS discuss to with the preparer sho			
Here		Machine 1117/2016EFO	· · · · · · · · · · · · · · · · · · ·		(see instructions)?			
	Signatu	ure of officer Date Title		<u> </u>				
Paid		Print/Type preparer's name Preparer's signature	Date	Che	ck I if PTIN			
Prepa	arer			self-employed				
Use (Firm's name >		Firm	Firm's EIN ▶			
	Jilly	Pho	Phone no					

|--|

Sche	dule A-Cost of Goods So	old. En	ter method of	invent	ory va	luation >					
1	Inventory at beginning of year	ar	1		6	Inventory a	at end of year	6			
2	Purchases		2		7	Cost of	goods sold. Subtract	, '			
3	Cost of labor		3				line 5. Enter here and	<u> </u>			
4a	Additional section 263A co	osts			1	ın Part I, lır	ne 2	7			
	(attach schedule)	. 4	a		8	Do the rul	les of section 263A (wi	th res	pect to	Yes	No
	Other costs (attach schedule		b			property p	roduced or acquired for anization?	resale	e) apply		ان `
5	Total. Add lines 1 through 4th	0	5	<u> </u>		Dramart.	Land With Deal Dec		A	Į.	L
	dule C—Rent Income (Fro	om Kea	ıı Property ai	na Per	sonai	Property I	Leased with Real Pro	perty	<i>(</i>)		
1. Desc	ription of property										
(1)											
(2)							·				
(3)											
(4)											
	2. Re	ent receive	ed or accrued								
(a) Fro	om personal property (if the percentage personal property is more than 10% bu more than 50%)	e of rent ut not	(b) From real percentage of re 50% or if the re	nt for pers	sonal pre	perty exceeds	3(a) Deductions directly in columns 2(a) an				ne
(1)		Ì									
(2)											
(3)											
(4)											
Total			Total				(b) Total deductions.				
	tal income. Add totals of columns and on page 1, Part I, line 6, columns						Enter here and on page Part I, line 6, column (B				
Sche	dule E-Unrelated Debt-F	inance	ed Income (se	ee instru	ictions	s)	1				
	Description of debt-finar	aced prop	ertv			come from or debt-financed	3. Deductions directly co debt-finan	ced pro	perty		
	To be seem priorities and a continual	TOOG Prop				perty	(a) Straight line depreciation (attach schedule)	(b) Other de (attach sc		is
(1)											
(2)								<u> </u>			
(3)								ļ			
(4)											
	4. Amount of average acquisition debt on or illocable to debt-financed property (attach schedule)	of or debt-fina	e adjusted basis allocable to anced property h schedule)		4 dı	olumn vided Ilumn 5	7. Gross income reportable (column 2 × column 6)		Allocable o mn 6 × tota 3(a) and	al of colu	
(1)						%					
(2)						%	·				
(3)						%					
(4)						%					
	*						Enter here and on page 1, Part I, line 7, column (A)		r here and t I, line 7, o		
Totals	dividends-received deductions	 ncluded			•	. , ▶ 	•	<u> </u>			

Schedule F-Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)										
	Exempt Controlled Organizations									
Name of controlled organization iden			2. Employer fication number		lated income instructions)	4. Total of specified payments made	included in the o	5. Part of column 4 that is included in the controlling organization's gross income		eductions directly ected with income in column 5
(1)										
(2)										
(3)										
(4)										,
None	xempt Controlled Organia	zations	S							
			i. Net unrelated ind (loss) (see instructi		e) novmente made			nn 9 that is controlling oss income	11. Deductions directly connected with income in column 10	
<u>(1)</u>										
(2)										
(3)										
(4)										
							Add columns 5 Enter here and c Part I, line 8, co	on page 1,	Enter h	columns 6 and 11 ere and on page 1, line 8, column (B)
Totals			o of a Cast	 	0)(7) (0)		zation (see see		, 	···
Sche	dule G—Investment 1. Description of income	incon	2. Amount of		3. direc	Deductions otly connected	4. Set-aside	s	5. To and s	otal deductions et-asides (col. 3
					(atta	ach schedule)	(41.40.1.001.001		ļ	olus col 4)
(1)										
(2)										
(3) (4)										
Totals			Enter here and Part I, line 9, o	olumn (A)	m palayanan ana	กลัก ณี และวิธีกับเล่นสีกูกเล่นสมักกักกลักกับ เ กรรงจากนี้การการจากใหม่ 4 รากกลักมุวง	กที่ได้กับละเล่นใช้ที่ได้สู่กับสามารถสกุกกุกกุก สมุริกา เล่นจะ เล่นซื้อม โดยระดับกลุ่มจะตัว	ne transferred	Part I, lu	re and on page 1, ne 9, column (B)
Sche	edule I—Exploited Exe	empt	Activity Inco	ome, Otl	ner Than	Advertising In	come (see inst	ructions)	,
1. Description of exploited activity		2. Gross unrelated business inco from trade o business	me conn r prod	3. Expenses directly connected with production of unrelated business income 4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7		is not unrelated attribut		enses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)										
(2)			'							
(3)										
(4)										
Totals ▶			Finter here and page 1, Part line 10, col (/	I, page 1, Part I,			dannana Tiprasiya b			Enter here and on page 1, Part II, line 26
Sche	dule J-Advertising I	ncon	ne (see instruc	ctions)						
Par	t I Income From P	eriod	licals Repor	ted on a	Consoli	dated Basis				
1. Name of periodical		2. Gross advertising income		3. Direct gain or (loss) (col 2 minus col. 3) If a gain, compute cols 5 through 7		5. Circulation income		dership sts	7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)										
(2)		•								
(3)								ļ		
(4)			ļ			RELIEF STREET				TOTAL BEAUTIES
Totals	(carry to Part II, line (5))		<u> </u>				<u>,</u>			
							1		F	orm 990-T (2018)

(4)

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

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis.) 4. Advertising 7. Excess readership gain or (loss) (col 2. Gross costs (column 6 6. Readership 3. Direct 5. Circulation advertising 2 minus col 3) If minus column 5, but 1. Name of periodical advertising costs costs income ıncome a gain, compute not more than cols 5 through 7 column 4). (1) (2) (3) (4) ▶ Totals from Part I Enter here and Enter here and on Enter here and on page 1, Part I, page 1, Part I, on page 1, line 11, col (A) line 11, col (B) Part II, line 27 Totals, Part II (lines 1-5) Schedule K-Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to 4. Compensation attributable to 1. Name 2. Title unrelated business business (1) % (2) % % (3)

Form **990-T** (2018)

%

▶