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Form 990-T	E		anization Bus			ax Retur	ո .	OMB No 1545-0687			
		(;	and proxy tax und	ler se	ection 6033(e)))	106	2018			
	For ca	lendar year 2018 or other tax	and proxy tax und year beginning <u>JUL 1,</u> w.irs.gov/Form990T for ii	20	18 and ending UU	N 30, 201	<u>.9</u> `	2010			
Department of the Treasury Internal Revenue Service			ers on this form as it may				. 5	Open to Public Inspection for 01(c)(3) Organizations Only			
A Check box if address changed		Name of organization (Check box if name changed and see instructions.) Demployer identification num (Employees' trust, see instructions.)									
B Exempt under section	Print		ior Services					1-1172309			
X 501(c √3)	Type										
408(e) 220(e)	"						4				
408A530(a) 529(a)		City or town, state or province, country, and ZIP or foreign postal code Camano Island, WA 98282 900099									
C Book value of all assets	Щ			<u>▶</u>			1000				
at end of year 22235	51.		pe ► X 501(c) cor	poratio	501(c) trust	401(a) trust	Other trust			
H Enter the number of the	-			1_	Describe	the only (or first) ur	related				
trade or business here	► <u>Ad</u>	vertising sa	ales		. If only one,	complete Parts I-V.	If more t	than one,			
	-	•	ous sentence, complete Pa	arts I ar	d II, complete a Schedule	M for each addition	nal trade	or			
business, then complete								<u> </u>			
I During the tax year, was		oration a subsidiary in ar tifying number of the pare		nt-subs	idiary controlled group?	▶ [Yes	No X No			
J The books are in care of					Telenh	one number 🕨 3	60-3	387-0222			
Part I Unrelate					(A) Income	(B) Expense:		(C) Net			
1a Gross receipts or sale							 				
b Less returns and allow			c Balance	1c				Ī			
2 Cost of goods sold (S	chedule	A, line 7)	-	2							
3 Gross profit. Subtract	line 2 fr	om line 1c		3							
4a Capital gain net incom	ne (attac	h Schedule D)	•	4a							
		art II, line 17) (attach For	m 4797)	4b							
c Capital loss deduction				4c							
		thip or an S corporation (attach statement)	5		=	<u> === = = = = = = = = = = = = = = = = =</u>				
6 Rent income (Schedu7 Unrelated debt-financ	•	na (Schadula E)		7							
_		,	d organization (Schedule F)	8			_				
			organization (Schedule G)	9			$\neg \uparrow$				
10 Exploited exempt acti				10			$\overline{}$				
11 Advertising income (S	Schedule	: J)		11	1766.	29	55.	-1189.			
12 Other income (See ins	struction	s; attach schedule)		12							
13 Total. Combine lines				13	1766.	29	55.	-1189.			
Part II Deductio			Fre (See instructions for st be directly connected			s income)					
14 Compensation of off	icers, dii	ectors, and trustees (Sch	nedule K)				14				
15 Salaries and wages	·		,				15				
16 Repairs and mainten	ance						16				
17 Bad debts							17				
18 Interest (attach sche	dule) (se	ee instructions)					18				
19 Taxes and licenses							19				
	,	instructions for limitation	n rules)		21		20				
21 Depreciation (attach22 Less depreciation cla		oz) Schedule A and elsewhe	re on return		22a		22b				
23 Depletion	mneu Ul	Concadio A and discwill	ao on rotulli		[228]		23				
24 Contributions to defe	rred cor	npensation plans	DEOEN				24				
25 Employee benefit pro		P	RECEIV	ロゼ	70		25				
26 Excess exempt exper	-	hedule I)	~		<u> </u>		26				
27 Excess readership co	sts (Scl	nedule J)	APR 10 8	2020	R\$-08		27				
28 Other deductions (at		•			1 ≅		28				
29 Total deductions. Ac	ld lines	14 through 28	OGDEN	ÚŦ	1		29	0.			
			loss deduction subtract				30	-1189.			
	-		eginning on or after Januai	ry 1, 20	18 (see instructions)	31	31	-1189.			
	_	come. Subtract line 31 fr				3\	32				
823701 01-09-19 LHA FO	raper	WOIR NEUUGUUM ACI NON(c, see instructions.	36				Form 990-T (2018)			

Form 990-	- Camano Benior Berviols induction	91-11	72309	Page 1
Part I	II			
33	Tótal of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	-1189.
34	Amounts paid for disallowed fringes		34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
	lines 33 and 34		36	-1189.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	34	37	1000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	20	,	
	enter the smaller of zero or line 36	39	3,8	-1189.
Part I				
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	>	39	0.
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	0.
Part \			<u> </u>	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		4 1	
	Other credits (see instructions) 45b		-	
	General business credit. Attach Form 3800		-	
	Credit for prior year minimum tax (attach Form 8801 or 8827) Table and the Add least 455 through 455 decreases a second			
	Total credits. Add lines 45a through 45d		45e	0.
46 47	Subtract line 45e from line 44 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (att		46	
47		ach schedule)	48	0.
48 49	Total tax. Add lines 46 and 47 (see instructions)		49	0.
	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (K), line 2 Payments. A 2017 overpayment credited to 2018		"" 	
	2018 estimated tax payments 50b		-	
	Tax deposited with Form 8868 50c		-	
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		-	
	Backup withholding (see instructions) 50e		- 	
	Credit for small employer health insurance premiums (attach Form 8941) 50f		⊣	
	Other credits, adjustments, and payments: Form 2439		1	
y	Form 4136 Other Total > 50g			
51	Total payments. Add lines 50a through 50g	_	51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	>	53	
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	ided 🕨	55	
Part \		ons)		
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	n trust?		_ <u> </u>
	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 ▶\$	_		
	Under pensities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the correst, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	best of my kno	owledge and belief,	ıt ıs true,
Sìgn			May the IRS discus:	s this return with
Here	13.17. Coz of President		ne preparer shown	
_	Signature of officer Date Title	ır	nstructions)?	Yes No
	Print/Type preparer's name Preparer's signature Date Cr	eck X	if PTIN	
Paid		lf- employed	I	
Prepa	urer 03/06/20		P013'	73679
Use C	Indy Firm's name ► Terri L Vedders CPA	rm's EIN 🕨	·	
	26910 92nd Ave NW Ste C-5 PMB 238			
	Firm's address ► Stanwood, WA 98292	hone no. 3	<u> 360-387-</u>	
823711 01	-09-19		Form	990-T (2018)

101111 390-1 (2016) Califatio Be		LVICES A			<u> </u>		raye c
Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation 🕨 N/A				
1 Inventory at beginning of year	1		6 Inventory at end of year	ır		6	
2 Purchases	2		7 Cost of goods sold. St	ubtract line 6		- '	
3 Cost of labor	3		from line 5. Enter here	and in Part I	,		
4a Additional section 263A costs			line 2			7	
(attach schedule)	4a		8 Do the rules of section	•	•		es No
b Other costs (attach schedule)	4b		property produced or a	acquired for i	resale) apply to		
5 Total. Add lines 1 through 4b	5		the organization?				
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Property	Leased \	With Real Pro	perty) 	
1. Description of property							
(1)		,					
(2)							
(3)							
(4)							
	2. Rent receiv	ed or accrued			2/a\Dadustions directly	connected with the incr	
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	` 'of rent for p	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	age	3(a) Deductions directly columns 2(a) an	d 2(b) (attach schedule)	me in
(1)							
(2)							
(3)							
(4)						· · ·	
Total	0.	Total		0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter	 -	Ènte	Total deductions. r here and on page 1, l, line 6, column (B)	•	0.
Schedule E - Unrelated Del		Income (see	instructions)				
				3.	Deductions directly conf		
			Gross income from or allocable to debt-	(2) 0:	to debt-finance		
1. Description of debt-fi	inanced property		financed property	(a) Straig	ght line depreciation tach schedule)	(b) Other deduction (attach sched	ctions ule)
(1)						<u> </u>	
(2)							
(3)							
(4)		-					
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-final	adjusted basis illocable to nced property i schedule)	6. Column 4 divided by column 5	repo	Gross income ortable (column x column 6)	8. Allocable de (column 6 x total c 3(a) and 3(of columns
(1)			%			1	
(2)			%				
(3)			%				
(4)			%				
		<u> </u>			ere and on page 1, line 7, column (A)	Enter here and on Part I, line 7, colu	
Totals					0.	.]	0.
Total dividends-received deductions in	ncluded in column	8				1	0.
						-L	T (0010)

Schedule F - jinterest, /	Ailliulies, Noye	intes, a		Controlled O	_		utioi	10 (300 1113	- Indetion	<u> </u>
Name of controlled organizat	ıdentı	nployer fication nber	3. Net unr	3. Net unrelated income (loss) (see instructions)		al of specified nents made	5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1)	-									
(2)			1							
(3)								-		
(4)								-		
Nonexempt Controlled Organi	zations		<u> </u>			· -				
7. Taxable Income	8. Net unrelated inco (see instruction		9. Total	of specified payr made	nents	10. Part of colu in the controll gross	mn 9 that ing organ income	is included ization's		ductions directly connected income in column 10
(1)						<u>.</u>				
(2)					ĺ					
(3)										_
(4)			1						_	
						Add colur Enter here and line 8, a		1, Part I, I)	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals					<u> </u>			0.		0.
Schedule G - Investme		Section	n 501(c)(7), (9), or	(17) Or	ganizatior	1			
(see instr	ription of income			2. Amount of	Income	3. Deduction directly connectation actions	cted	4. Set-		5. Total deductions and set-asides (col 3 plus col 4)
(1)	<u> </u>					(attach sched	1016)	<u> </u>		(cor 3 plus cor 4)
(1)				_						
(3)										
(4)	·		-			-				
				Enter here and o Part I, line 9, co		-	-	,	•	Enter here and on page 1 Part I, line 9, column (B)
Totals			•		0.					0.
Schedule I - Exploited (see instru	-	y Incom	ne, Othe	r Than Ad	vertisi	ng Income	•			
1. Description of exploited activity	2. Gross unrelated business income from trade or business	directly of un	spenses connected oduction related as income	4. Net incomfrom unrelated business (cominus columigain, compute through	trade or lumn 2 n 3) If a n cols 5	5. Gross inco from activity is not unrela business inco	that ted	6. Exp attribut: colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						_				
(2)	"									
(3)		l								
(4)	Enter here and on page 1, Part I, line 10, col (A)	page 1	are and on 1, Part I, , col (B)						-	Enter here and on page 1, Part II, line 26
Totals •	0.		0.							_ 0.
Schedule J - Advertisi										
Part I Income From I	Periodicals Rep	orted o	n a Con	solidated	Basis					
1. Name of periodical	2. Gross advertising income		3. Direct rertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	I 2 minus in, comput	5. Circulal income		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) Camano										
(2) Connections	176	6.	2955	<u> </u>]	
(3)]			
(4)				_]			
		_								•
Totals (carry to Part II, line (5))	<u>▶</u> 176	6.	2955	-	1189	•				0 . Form 990-T (2018

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Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on 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	•	1766.	2955.	-		fa .	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)]		ŧ	Enter here and on page 1, Part II, line 27	
Totals, Part II (lines 1-5)	▶	1766.	2955.				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)		%	
(2)		%	
(3)		- %	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	0.

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