		Exempt Organization Business Income Tax Return								OMB N	No 1545-0687
	Form 990-, (and proxy tax under section 6033(e))									010	
			For celendar yea	ar 2018 or other tax year beginning _		, 2018, and e	ending _	,			UIO
		tmont of the Transum.	► G	o to www.irs.gov/Form990T fo	r instr	uctions and the	latest i	information.	3	Ossa is Bu	blic inspection for
		tment of the Treasury al Revenue Service	💆 Do not	enter SSN numbers on this form as it				zation is a 501(c)(3). <u> </u>	501(c)(3) O	rganizations Only
, 7	A [Check box if address changed		THE THEFT COLLAR		changed and see inst	ructions)		D Employer identification numb (Employees' trust, see instructions)		
١	_	xempt under section	n Print or	A C C O C T A TO T ON	11 1	OOD BANK				1-137	7/93
	ŕ	501(C)()3)	Type	DO DOW # 0.4							siness activity cod
	-	408(e) 220(408A 530((e)	PORT HADLOCK, WA 98	8339					ee instructio	
	-		(a)								
-	C Bo	ook value of all assets	F Group	o exemption number (See instruct	lions) !	<u> </u>			J		
•	at	end of year	C Chas			c) corporation	☐501	(c) trust	401(a) 1	truct	Other trust
-		1,111,722	··			► 1		<u> </u>			<u> </u>
		rade or business he	-	's unrelated trades or businesses	•	<u> </u>		escribe the only (If			ete Parts I-V
				st in the blank space at the end	of the	previous sente	nce, co				
				ess, then complete Parts III-V			•	•	•	•	
Ī		During the tax year,	was the corpo	oration a subsidiary in an affilia	ited gr	oup or a parent	-subsidi	ary controlled g	roup?	▶ □\	Yes X No
	li	f 'Yes,' enter the na	ame and identi	ifying number of the parent cor	porati	on 🟲					
-	J T	he books are in care	of ALDR	YTH OHARA		_	T	elephone numb	er ► (3	60) 38	85-1040
ļ	Par	t 🕍 Unrelated	Trade or B	Business Income		(A) Incom	ıe	(B) Expens	ses	(C) Net
Ī	1 a	Gross receipts or	sales						加温槽	1000	
	b	Less returns and allowa	ances	c Balance►	1 c			74via (* 31 46 á	3.2	CHAP	
	2	Cost of goods sold	d (Schedule A,	line 7)	2				學認識	HIER	
	3	Gross profit Subtr	ract line 2 fron	n line 1c	3			MANUTURE	WHIT		
	4 a	Capital gain net in	come (attach	Schedule D)	4a						
	b	b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)							沙門街		
		: Capital loss deduc			4c				维斯 斯		
	5		ncome (loss) from a partnership or an S corporation (attach statement)								
	6	Rent income (Sch	•		6 8		450.	Sight statists spined This	260.		8,190.
,	7					0,430.			200.		
•	8	Interest, annuities, roya	7 8								
Ž	9		•), (9), or (17) organization (Schedule G)	9	1					- ,
₽	10	Exploited exempt			10						
	11	Advertising income			11						
		Other income (See									
	-	C 11.12. 11.12. (= 0.1		,	12	12					
	13	Total. Combine lin	es 3 through 1	12	13	8	, 450.	First Proceedings (this replacement	260.		8,190.
*44	Päř	Deduction	ns Not Take	en Elsewhere (See instru	iction	s for limitation	ns on	deductions.)	(Fxce	pt for	
_	275.0	contributi	ons, deduct	cions must be directly corors, and trustees (Schedule K)	mect	ed with the u	nrelate	ed business i	ncome	e [.] .)	
	14	Compensation of o	officers, directi	ors, and trustees (Schedule K)	KE	JEIVED	101				
	15	Salaries and wage		امر					15		
	16	Repairs and maint	lenance	3053	JUI	1 3 2019	131		16		
	17	Bad debts			•]툆		17		
	18	Interest (attach sc		nstructions)	200	DEN, UT	1		18		
	19	Taxes and license			<u>00</u>	DEN, O.			19		
	20		•	structions for limitation rules)			1		20		
	21	Depreciation (attach				21		1,695			
	22	•	claimed on Sc	chedule A and elsewhere on re	turn	, 22	a		22b		1,695.
	23	Depletion							23	ļ	
	24 Contributions to deferred compensation plans								24	 	
	25	Employee benefit							25	<u> </u>	
	26	Excess exempt ex							26	ļ	
	27	Excess readership	•	•					27		
	28	Other deductions of Total deductions.							. 28.	-	1 605
	29 30			me before net operating loss d	educti	on Subtract line	e 29 fro	m line 13	30	-	1,695. 6,495.
	31			n tax years beginning on or after Janua				.	31		
			-	me Subtract line 31 from line					32	earth and the Committee of the	6 495

TEEA0201L 1/31/19

BAA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2018)

Par	tillij	Total Unrela	ated Business Taxa	able Income								
33		of unrelated bu	isiness taxable income of	computed from all unrela	ited trades	or busii	nesses (se	е	33		6 4	195.
34		ints paid for dis	34			. , , ,						
	Dedu		_	x years beginning before	e January 1	, 2018	(see		35			
36	Total	•	isiness taxable income t	pefore specific deduction	Subtract I	ine 35 1	from the s	ım	36		6.4	195.
27			2	- line 27 impliminations for		,			37			000.
				e line 37 instructions for ct line 37 from line 36 If			than line 3	6	3/		1,0	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
,	enter	the smaller of	zero or line 36						38	180.50.27	5,4	195.
Par		Tax Compu										
39				Itiply line 38 by 21% (0.2				•	39		1,1	L 54 .
40		s Taxable at Tr										
		e 38 from	Tax rate schedule or	Schedule D (For	rm 1041)				40			
	_	tax. See instr						-	41			
			tax (trusts only)						42			
		•	nt Facility Income. See						43			<u> </u>
			42, and 43 to line 39 or	40, whichever applies					44		1,1	L54.
		Tax and Pa			1116	1 45 1			Les attrator	T		
		•		1118, trusts attach Forn	n 1116)	45 a						
		credits (see in				45 b						
			edit Attach Form 3800 (45 c						
			minimum tax (attach Fo nes 45a through 45d	1111 0001 01 0027)		450			45 e			0
-		act line 45e from	J						46		1 1	<u>0.</u> L54.
				Form 8611 Form 86	97 Deorm	1 8866			1			. 54.
٠,		ther (attach sch		_, , ,,,,, ,,,,,					47			
48			46 and 47 (see instructi	ons)					48		1.1	154.
49				5-A or Form 965-B, Part	II. column ((k). line	2		49			
50 -			verpayment credited to		,	50 a			* #\$14.36			
	-	estimated tax p	· •	2010		50 b		·-··	32			32.
		leposited with F	•	50 c					hi.			J
		•		at source (see instruction	ns)	50 d			7.00	CHARRM	ENTER .	1
			(see instructions)		ŕ	50 e			上海	STATEM	ENI.	1
				remiums (attach Form 8	941)	50 f						Ť
			ments, and payments	Form 2439								
	F	orm 4136	Oth	er	Total	50 g						
51	Total	payments. Add	l lines 50a through 50g						51			0.
52	Estim	nated tax penali	ty (see instructions) Ch	eck if Form 2220 is attac	ched			► 🗓	52			16.
53	Tax d	lue. If line 51 is	less than the total of lin	nes 48, 49, and 52, enter	r amount ov	ved		•	53		1,2	202.
54	Overp	payment. If line	51 is larger than the to	tal of lines 48, 49, and 5	2, enter am	ount o	verpaid	•	54			
55	Enter	the amount of	line 54 you want Credi	ted to 2019 estimated ta	x ►			Refunded ►	55			
Par	t VI	Statements	Regarding Certain	Activities and Other	er Inform	ation	(see ınstru	ictions)				
56	At any	time during the	2018 calendar year, did	the organization have an ii	nterest in or	a signa	ture or othe	r authority ov	ver a		Yes	No
	financ	cial account (bar	nk, securities, or other) in a f	oreign country? If 'Yes,'	the organiz	zation n	nay have t	o file FinCEl	Ŋ Forn	n 114,	域空	
	Repor	t of Foreign Ban	k and Financial Accounts	If 'Yes,' enter the name of	of the foreign	country	/ here				-	Х
57	Durin	g the tax year,	did the organization rec	eive a distribution from,	or was it th	e grant	or of, or tr	ansferor to,	a fore	ign trust?		Х
	If 'Yes	s,' see instruction	ns for other forms the orga	anization may have to file								NO
58	Enter	the amount of ta	x-exempt interest receive	d or accrued during the ta	x year 🟲	\$		0.				
	•	Under panalties of	perjury, I declare that have ex-	amined this return, including according according to the darer of their than tax bayes	ompanying scho	edules an	d statements, tion of which	and to the best	of my kr v knowle	nowledge and		
Sign	Under panalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best belief it is five, correct, and complete Declaration of preparer other than tax payer) is based on all information of which preparer has an example of the control of the best of the control of the								May th	e IRS discuss	this return	n with
Her	е	Signature of of	ficer	Date		itle			instruc	eparer shown b	res	า็∾
		2 17	J	D		Date 4			L.,			
Paid	d	Print/Type prepare		Preparer's signature		Date /S	1,0	Check if	- 1	TIN		
Pre-		NATHANAEL		NATHANAEL O'HAF		0 8	/19	self employed		2017011		
pare	er	Firm's name	GOODING O'HARA		CPAS			Firm's EIN	91-	2089644	<u> </u>	
Use		Firm's address	242 TAYLOR STR					4				
Only			PORT TOWNSEND,	WA 98368				Phone no	(3	<u>(60) 385</u>		
BAA	BAA TEEA0202L 01/24/19								Form 9	990-T (2	2018)	

Schedule A - Cost of Good	ds Sold. Enter	method of inve	entory valuati	on ►	-	· <u>v=</u>				
1 Inventory at beginning of year	1	6 Inventory at end of year 6								
2 Purchases		2		7 Cost of						
3 Cost of labor		3		line 6 f						
4 a Additional section 263A costs (attacl	h schedule)			and in	Part I,	line 2	7	1		
•	ĺ	4 a	İ					Yes	No	
b Other costs		4 b			respect to resale) apply					
(attach sch) 5 Total. Add lines 1 through 4th		5		to the	resale) apply		X			
Schedule C - Rent Income]	Property and	d Personal				operty) (see i	nstructi	ions)	
1 Description of property			<u></u>	<u></u>						
(1) RESIDENTIAL, JEFFER	RSON COUNTY	/, WA								
(2)										
(3)										
(4)										
	2 Rent received	or accrued				3(a) Deductions	directly connec	ted wit	th	
(a) From personal prop			eal and perso			the income in	columns 2(a) a	nd 2(b))	
(if the percentage of rent for property is more than 10%	but not		entage of ren ceeds 50% o			(atta	ach schedule)			
more than 50%)		básed	on profit or i	ncome)		SEE STATEMENT 2 260.				
(1)				8,450.						
(2)										
(3)										
(4)										
Total	T	otal		8,	450.],,_,,,,,				
(c) Total income. Add totals of col here and on page 1, Part I, line 6,		2(b) Enter ►		8.4	450.	(b) Total deductions E here and on page 1, Part 1, line 6, column (B)	.nter t ►	2	260.	
Schedule E - Unrelated De		Income (see	instructions)			, , ,				
			2 Gross inc		3 De	ductions directly cor debt-finan	nnected with or iced property	allocab	le to	
1 Description of debt	-imanced proper	ty		or allocable to debt- financed property		(a) Straight line eciation (attach sch)	(b) Other d			
(1)										
(2)	·									
(3)										
(4)			 -							
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5 Average adjusted basis of or allocable to debt-financed property (attach schedule)			divide	Column 4 Ivided by rep olumn 5		7 Gross income ortable (column 2 x column 6)	8 Allocable deduct (column 6 x total columns 3(a) and 3		of	
(1)				%						
(2)			•	%						
(3)				%						
(4)				%						
					Enter Part	here and on page . I, line 7, column (A)	I, Enter here an Part I, line 7,	d on pa	age 1,	
Tatala				•		, ,	',,		` '	
Totals	ama .aaldd-:	antuman C					<u> </u>			
Total dividends-received deduction	ons included in (990-T	(2019)	
BAA		TE	EA0203L 01/30/	צו			1 01111	JJJ-1	(2010)	

Schedule F – Interest, Ar	munu	es, Royalu			trolled Or			Jiyai	IIIZatiOIIS	(See IIIs	structions,	<u> </u>
organization ident		Employer ntification number	3 Net unrelated income (loss) (see instructions)		Ť	4 Total of speci payments mad				in co	ductions directly onnected with ome in column 5	
(1)			_			\top	-					
(2)						╁╌						
(3)						╁	· · · · · · · · · · · · · · · · · · ·					
(4)		-				╁						
	tions					1			l,			
Nonexempt Controlled Organiza				-		. 1	100-1-6	1	- 0 111	<u> </u>	11 D. J	lines discalli.
7 Taxable Income	ind	et unrelated come (loss) instructions)			f specified nts made	a	10 Part of included in organization	n the d	controlling		connected	tions directly with income lumn 10
(1)							•					
(2)												
(3)												
(4)												
(4)							Add columns	5 20	d 10 Enter	Add	columns	6 and 11 Enter
Totals							here and on p		, Part I, line		and on page	age 1, Part I, line umn (B)
Schedule G – Investment	lnco	mo of a So	ction	501/	c)(7)_(9)		ν (17) Ωκασι	nizati	on /coo in	truction))	
1 Description of income	THE		2 Amount of income		3 Deductions directly connected (attach schedule)		4 Set-asides (attach schedule		S	5 Total set-as	tal deductions and asides (column 3 blus column 4)	
(1)					\					_	,	,
(2)												
(3)		-										
(4)				-								
Totals	•	Enter here ar Part I, line 9,										re and on page 1 ne 9, column (B)
Schedule I — Exploited Ex	cemp	t Activity Ir	ıcon	ie. Otl	ner Tha	n /	dvertisina	Incor	ne (see ins	truction	s)	
1 Description of exploited ac	-	2 Gross unrelate busines income fr trade o busines	s ed ss om r	3 Expension connection of u	ises directly ected with duction nrelated ess income	4 I fro or 2 r	Net income (loss) im unrelated trade business (column minus column 3) a gain, compute umns 5 through 7	5 Gros activ	is income from ity that is not ated business income	6 Exp	penses Itable to Jimn 5	7 Excess exempt expenses (column 6 minus column 5, bu not more than column 4)
(1)												
(2)												
(3)		- 					·					
(4)												
Totals	Enter here on page Part I, line column	age 1, on plant line 10, Part		er here and n page 1, rt I, line 10, lumn (B)							Enter here and on page 1, Part II, line 26	
Schedule J – Advertising	Inco	me (see inst	ructio	ns)		-Eshali	herein and have and intelliged the		Series and Tell Series Programme and Assessment	ore availant.	LEGITAL CONTROL SALES	·
Part I Income From Per					ncolida	tor	d Racic					
Faiti IIICome Flom Fer	louic	2 Gross			Direct	_		E C	raulation	6 Pos	dorchin	7 Evans roadorshir
1 Name of periodical		advertisi	ng	adve	ertising osts	(1	Advertising gain or oss) (col 2 minus col 3) If a gain, compute cols 5 through 7		irculation ncome		idership osts	7 Excess readership costs (col 6 minus col 5, but not more than col 4)
(1)						V.	ENERGY.				· ·	
(2)												
(3)												
(4)						13		ļ <u>.</u>				
Totals (carry to Part II, line (5))	ı	•										

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

Form 990-T (2018) THE JEFFERSO	N COUNTY FOO	DD BANK		Ş	91-1377 <u>493</u>	Page 5
Part II Income From Periodica 7 on a line-by-line basis)	als Reported or	n a Separate E	Basis (For each p	eriodical listed in F	Part II, fill in coli	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	•					
Totale Part II (lugge 1 5)	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)	6 Officers Dive	otous and Tw				
Schedule K — Compensation o	t Officers, Dire	ctors, and Tri	ustees (see instri	uctions)		
1 Name		2 Title	3 Percent of time devoted to business		ation attributable ated business	
				%	i	
					1	

Form **990-T** (2018) TEEA0204 L 12/31/18

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

Department of the Treasury Internal Revenue Service (99)

► Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No 1545-0172 2018

Attachment Sequence No 179

	JEFFERSON COUN CIATION	ITY FOOD BANK				- 1	-1377493			
Business or activity to which this form]]] 1	-13//493			
FORM 990-T										
Part E Election To E	xpense Certain F	Property Under Sec	tion 179							
Note: If you have	e any listed property,	complete Part V before	you complete P	art I						
1 Maximum amount (see	instructions)					1				
2 Total cost of section 17	9 property placed in s	service (see instructions	5).			2	_			
3 Threshold cost of section	on 179 property before	e reduction in limitation	(see instructions	5)		3	-			
4 Reduction in limitation	Subtract line 3 from	line 2 If zero or less, e	nter -0-			4				
6	6 (a) Description of property (b) Cost (business use only) (c) Elected of									
		· <u> </u>								
7 Listed property Enter t				7						
8 Total elected cost of se			(c), lines 6 and 7			8				
9 Tentative deduction Er			T.C.			9				
10 Carryover of disallowed		-				10				
11 Business income limita12 Section 179 expense d					See instrs	12				
13 Carryover of disallowed				13		12				
Note: Don't use Part II or Pa							ALLANDER - PARKET REITY (FREY)			
Part II Special Depr				include liste	d property S	00 IDS	etructions \			
		· · · ·			**		structions /			
14 Special depreciation al tax year See instruction		property (other than list	ed property) plac	ced in servic	e during the	14				
15 Property subject to sec		1				15				
16 Other depreciation (inc	luding ACRS)					16				
Part-III MACRS Dep		lude listed property Se	e instructions)							
	· · · · · · · · · · · · · · · · · · ·	Section			-					
17 MACRS deductions for	assets placed in serv	ice in tax vears beginni	ng before 2018		*	17	1,695.			
18 If you are electing to group asset accounts, check	up any assets placed in		-	re general	▶ □					
Section	n B – Assets Placed i	in Service During 2018	Tax Year Using	the General	Depreciation	Syste	em			
(a) Classification of property	(b) Month and year placed in service	(C) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	<u> </u>	(g) Depreciation deduction			
19 a 3-year property										
b 5-year property			-							
c 7-year property										
d 10-year property							-			
e 15-year property										
f 20-year property										
g 25-year property			25 yrs		S/L					
h Residential rental										
property			27.5 yrs	MM	S/L					
i Nonresidential real										
property			39 yrs	MM MM	S/L S/L					
Section	C - Assets Placed in	Service During 2018 T	ax Year Using th			n Sys	item			
20 a Class life					S/L	_ _	1			
b 12-year			12 yrs		S/L					
c 30-year	- ************************************		30 yrs	ММ	S/L					
d 40-year			40 yrs	MM	S/L					
Part IV Summary (Se	e instructions)									

the appropriate lines of your return Partnerships and S corporations — see instructions 23 For assets shown above and placed in service during the current year, enter

Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on

21 Listed property Enter amount from line 28

1,695

21

22

2018

. . . .

FEDERAL STATEMENTS

PAGE 1

91-1377493

THE JEFFERSON COUNTY FOOD BANK **ASSOCIATION**

CLIENT 4098 . . .

STATEMENT 1 FORM 990-T, PART V OTHER CHARGES AND PAYMENTS

LATE PAYMENT PENALTY LATE INTEREST

17. <u>15.</u> TOTAL \$ <u>32.</u>

STATEMENT 2 FORM 990-T, SCHEDULE C, LINE 3 DEDUCTIONS DIRECTLY CONNECTED WITH INCOME

RESIDENTIAL, JEFFERSON COUNTY, WA REPAIRS TAXES

157. \$ <u> 103.</u> 260. TOTAL \$