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in the second se		_ · EX'	PENDED TO M	AY 1	5, 202	20					
Form <b>990-T</b>	Exem	pt Orgai	nization Bus	ines	s Inco	me Ta	ax Re	turn	· L	OMB N	lo 1545-0887
نا شه مد	_	· (ar	nd proxy tax und	er sec	tion 6033	3(e))		201		1	010
b ***	For calendar year	2018 or other tax yea	r beginning ${\hbox{\tt JUL}} \;\; 1$ ,	201	8 , and en	ding JUN	130,	201	<u>9</u>		018
Department of the Treasury			irs.gov/Form990T for in						L	Den to P	ublic Inspection for
Internal Revenue Service	<del></del>		s on this form as it may				tion is a 50				ublic Inspection for Organizations Only fication number
A L Check box if address changed	Name of	organization ( L	Check box if name cl	hanged a	nd see instru	ctions.)			(Emple	oyees' tru ctions)	
B Exempt under section	Print CITE	INE HEAD	LTH						9:	1-17	17603
$\mathbf{X}$ 501(c $\mathbf{M}_{3}$ )	or Number.		or suite no. If a P.O. box	, see inst	tructions.					ted busin	ess activity code
408(e)220(e)	Type 2940	2940 W. MARINE VIEW DR.									,
408A 530(a) 529(a)		City or town, state or province, country, and ZIP or foreign postal code  EVERETT, WA 98201  9									
Pook value of all assets			er (See instructions.)	<u> </u>							
at end of year 3373	20 . G Check	organization type	<b>X</b> 501(c) corp	oration	501	(c) trust		401(a)	trust		Other trust
H Enter the number of the	organization's unr	elated trades or b	usinesses. 🕨	1 _		Describe th	e only (or	irst) unr	elated		
trade or business here	► <u>RETAIL</u>	SALES_				f only one, c	omplete Pa	rts I-V. I	f more	than one	e,
describe the first in the b	lank space at the e	end of the previou	s sentence, complete Pa	rts I and	II, complete	a Schedule M	M for each	additiona	al trade	or	
business, then complete	Parts III-V.										
I During the tax year, was	•	-	•	ıt-subsıdı	ary controlle	d group?			Ye:	s LX	No
If "Yes," enter the name a						<del>-</del>					
J The books are in care of							ne number		$\overline{}$		
	d Trade or B		ome	-  -	(A) Inco	me	(B) E)	penses			(C) Net
1a Gross receipts or sale		108124.			100	1124					
b Less returns and allo			c Balance	1c		3124. L626.					
<ul><li>2 Cost of goods sold (S</li><li>3 Gross profit. Subtract</li></ul>				3		498.					6498.
<ul><li>3 Gross profit. Subtract</li><li>4a Capital gain net incon</li></ul>				4a		7470.					0430.
b Net gain (loss) (Form	•		4797)	4b	<del></del> -						
c Capital loss deduction		ii / (attaoii i oi iii	,, ,,	4c							
5 Income (loss) from a		S corporation (at	tach statement)	5							
6 Rent income (Schedu			,	6	2	2760.					2760.
7 Unrelated debt-finance		lule E)		7							
8 Interest, annuities, ro	yalties, and rents f	rom a controlled	organization (Schedule F)	8							
9 Investment income o	f a section 501(c)(	7), (9), or (17) or	ganization (Schedule G)	9							
10 Exploited exempt acti		dule I)		10							
311 Advertising income (				11	<del></del>						
12 Other income (See in		schedule)		12	····	250					0250
Part II Deduction		n Elsowbor	e (See instructions fo	13		9258.					9258.
			be directly connected				income)				
14 Compensation of of			<del></del>						14		
15 Salaries and wages	nicers, un cotors, ar	ia il astees (cone	udic it)					Ì	15		
16 Repairs and mainter	nance							Ì	16		
17 Bad debts									17		
18 Interest (attach sche	edule) (see instruct	tions)			_				18		
19 Taxes and licenses			DECEIVED	<u> </u>					19		
20 Charitable contribute	ions (See instruction	ons for limitation	ruleRECEIVED	اير		_			20		
					1 -	21			-		
22 Less depreciation cl	aimed on Schedul	e A and eisev	on ABR 06 2020	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	\ <u></u>	22a			22b		
23 Depletion		احا			ł				23		
24 Contributions to def	•	on plans	OGDEN, U	1	_				24		
25 Employee benefit pr	=	L						}	25		
26 Excess exempt expe								ŀ	26 27		— <del>—</del> —
27 Excess readership c					ਧਧ੭	STATE	יייזא:אי	1	28		29377.
28 Other deductions (at 29 Total deductions A		ıh 28			ندندن	DIMIL		126	29		29377.
			loss deduction. Subtrac	t line 29	from line 13			Ì	30		-20119.
			inning on or after Janua			ctions)		ا ، م	31		
32 Unrelated business				, , =+ ,	,			31	32		-20119.
823701 01-09-19 LHA F									1		990-T (2018)
									\ C	`	

101111 930-				1/603	<del></del>	r age
Part	<del></del>			<del>, ,</del>		
<b>,</b> 33	Total of unrelated business taxable income computed from all unrelated trades or businesses (so	ee instru	ctions)	33		<u>L19.</u>
34	Amounts paid for disallowed fringes			34		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instr	ructions)	STMT 2	35		0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the s	sum of	•	1 1		
•	lines 33 and 34			36	<u>-201</u>	<u> 119.</u>
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		38	37	10	<u>, 00</u>
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line	36,	39			
	enter the smaller of zero or line 36		<u> </u>	38	-201	<u>119.</u>
Part I	V Tax Computation					
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		<b>&gt;</b>	39		0.
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount	on line 3	8 from:			
	Tax rate schedule or Schedule D (Form 1041)		<b>&gt;</b>	40		
41	Proxy tax See instructions		<b>&gt;</b>	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 \	/ Tax and Payments					
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a				
b	Other credits (see instructions)	45b		j		
С	General business credit. Attach Form 3800	45c		]		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d				
e	Total credits. Add lines 45a through 45d			45e		
46	Subtract line 45e from line 44			46		0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88	366 🗀	Other (attach schedule)	47		
48	Total tax. Add lines 46 and 47 (see instructions)			48		0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49		0.
50 a	Payments: A 2017 overpayment credited to 2018	50a				
b		50b		]		
C	T. days to L. W. Form 0000	50c		1		
_	Foreign organizations: Tax paid or withheld at source (see instructions)	50d		1		
	Backup withholding (see instructions)	50e		1 1		
f	Credit for small employer health insurance premiums (attach Form 8941)	50f		1		
	Other credits, adjustments, and payments: Form 2439	1		1		
•	Form 4136 Other Total	50g				
51	Total payments. Add lines 50a through 50g	<u> </u>		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		Refunded >	55		
Part \		on (see	instructions)	· ·		
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					
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the					
	here >	-	•			X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tr	ransferor	to, a foreign trust?			Х
	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 penalties of perjury, I declare that I have examined this return, including accompanying schedules and	statements	s, and to the best of my kno	wledge and be	elief, it is true,	
Sign	correct, and complete Declaration of prepare bother than taxpayer) is based on all information of which prepare	rer nas any		45 a IDC dia		
Here	EXECUTI	VE I	170m0m0n	•	cuss this return own below (see	with
	Signature of officer Date Title	_	ın	structions)?	X Yes	No
	Print/Type preparer's name Preparer's signature Da	ite	Check	f PTIN		
Paid	PATRICIA M.		self- employed			
Prepa	MONA IA MARIANH (MO)	2/29/	/20	P00	062454	ļ
Use (	A MOCCODEN TIGHTON THE DO		Firm's EIN ▶		027875	
USE (	10410 - 19TH AVE SE, STE 102					
	Firm's address ► EVERETT, WA 98208		Phone no.	425)3	85-348	3
					000 T	(0010

Schedule A - Cost of Good	is Sold. Enter	r method of invent	tory v	raluation > COS	T				
1 Inventory at beginning of year	1	19476.		Inventory at end of year			6	28405	
2 Purchases	2		1	Cost of goods sold. Su	btract	line 6			
3 Cost of labor	3			from line 5. Enter here	and in	Part I,			
4a Additional section 263A costs		<del>_</del> .		line 2			7	101626	
(attach schedule)	4a		8	Do the rules of section	263A (	with respect to		Yes No	
<b>b</b> Other costs (attach schedule)	r* 4b	110555.		property produced or a	cquire	d for resale) apply to			
5 Total. Add lines 1 through 4b	5	<u>130031.</u>		the organization?		- <u> </u>		X	
Schedule C - Rent Income (see instructions)	(From Real	Property and	l Pe	rsonal Property	Leas	ed With Real Pro	per	ty) 	
1. Description of property									
(1)									
(2)			_						
(3)									
(4)				<u> </u>					
	2 Rent receiv	ved or accrued				0(0)0-1			
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)							directly connected with the income in 2(a) and 2(b) (attach schedule)		
(1)									
(2)		<u> </u>							
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		nter -			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	<b>•</b>	0.	
Schedule E - Unrelated De	bt-Financed	Income (see i	nstru	ctions)					
		<u> </u>	2	Gross income from		3. Deductions directly conto debt-finan			
1 Description of debt-f	inanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)		_ <del></del>			_	<del></del>	$\dashv$		
(2)							+		
(3)			_						
(4)	<del></del>	<del></del>	_		_		+-		
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	e adjusted basis allocable to unced property h 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)				%			$\top$		
(2)				%		<del>-</del>			
(3)				%					
(4)			_	%					
						inter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)	
Totals				<b>.</b>		0		0.	
Total dividends-received deductions if	acluded in columi	1 B					Ť	0.	

\*\* SEE STATEMENT 3

Form 990-T (2018)

			Exempt	Controlled O	rganızatı	ons				
Name of controlled organiza	ıden	mployer tification imber	3 Net uni (loss) (see	related income e instructions)	<b>4</b> Tot. payn	al of specified nents made	5 Part of column 4 included in the con organization's gross		rolling	6. Deductions directly connected with income in column 5
(1)	· · · · ·		<del>  -</del> -	<u> </u>		<del></del>	<u> </u>	<u>_</u>		
(5)		<del></del> -		·						
(3)			<u> </u>							
(4)		<del></del> -	_	_						
Nonexempt Controlled Organi	izations		·							
7. Taxable Income	8 Net unrelated inc (see instruction		9. Total	of specified paye made	nents	10. Part of colu in the controll gross		nization's	11, De wit	eductions directly connected h income in column 10
(1)					1					
(5)			<u> </u>							
(3)										
(4)	<del>                                     </del>									
			<u> </u>	-		Add colur Enter here and line 8,		e 1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals								0.		0
Schedule G - Investme	ent Income of a	Section	501(c)(	7), (9), or	(17) Or	ganization	1		-	
	ructions)		(.)(	.,, (-),	(,	<b>3</b>	•			
1. Desc	aription of income			2. Amount of	income	3. Deduction directly connect (attach scheduction)	ected	4 Set-	asides chedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)			·							
(2)					-					
(3)										
(4)						-				
				Enter here and Part I, line 9, co			1			Enter here and on page 1 Part I, line 9, column (B)
Totals			<u> </u>		0.					0
Schedule I - Exploited (see instru	•	ty Incom	e, Othe	r Than Ad	vertisi	ng Income	•			
Description of exploited activity	2 Gross unrelated business income from trade or business	directly with pr of un	spenses connected oduction related ss income	4. Net incomfrom unrelated business (cominus colum gain, compute through	trade or dumn 2 n 3) If a cols 5	5. Gross inco from activity is not unrelate 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)		T								
(3)										
(4)										
	Enter here and on page 1, Part I, line 10, col (A)	page	ere and on 1, Part I, , col (B)					· —		Enter here and on page 1, Part II, line 26
Totals >	0.	<u>.l</u>	<u> </u>	<u> </u>						0.
Schedule J - Advertisi										
Part I Income From	Periodicals Re	portea o	n a Con	solidated	Basis					_
1. Name of periodical	2 Gross advertising income	adv	3 Direct ertising costs	4 Advert or (loss) (co col 3) If a ga cols 5 th	in, compute	5 Circulat		6 Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			,							
(2)										
(3)										
(4)				7						
<del></del>							_			
Totals (carry to Part II, line (5))	<b>•</b>	0.	0		<del></del>					0 a

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	0.	0.				0
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, fine 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	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		<b></b>	0.

Form 990-T (2018)

FORM, 990-T	ORM 990-T OTHER DEDUCTIONS				
DESCRIPTION				AMOUNT	
OCCUPANCY COSTS				293	77.
TOTAL TO FORM 99	0-T, PAGE 1,	LINE 28		293'	77.
FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT	2
TAX YEAR LOSS	SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
12/31/14 12/31/15 06/30/18	19278. 24191. 37136.	19278. 9581. 0.	0. 14610. 37136.	14610 37130	
NOL CARRYOVER AV	AILABLE THIS	YEAR	51746.	51740	5 · ==
FORM 990-T	COST O	F GOODS SOLD -	OTHER COSTS	STATEMENT	 3 
DESCRIPTION				TRUOMA	
DIRECT COSTS				11055	55.
TOTAL TO FORM 99	O-T, SCHEDULE	A, LINE 4B		1105	55.