EXTER	NDED TO NOV	EMB	ER 15, 2018	3					
55m 990-T	nization Bus	sine	ss Income ⁻	Tax Retur	n L	OMB No 1545-0687			
	(and proxy tax under section 6033(e))								
For calendar year 2017 or other tax yea	For calendar year 2017 or other tax year beginning, and ending								
Department of the Treasury	irs gov/Form990T for ir				_ ,	loos to Public Inspection fo			
Internal Revenue Service Do not enter SSN number	-, 			zation is a 501(c)(3		Open to Public Inspection to 01(c)(3) Organizations Only			
	Name of organization (Check box if name changed and see instructions) DEmployer identification ([Employees' bust, see instructions)								
address changed									
	Print BAGLEY AND VIRGINIA WRIGHT FOUNDATION or Number, street, and room or suite no. If a P.O. box, see instructions.								
Tyne Indition, Street, and room	_ ** [Nullipel, Street, and room of Suite no. if a r.o. box, see instructions.								
	City or town, state or province, country, and ZIP or foreign postal code								
	SEATTLE, WA 98101 52								
C Book value of all assets at end of year F Group exemption numb		<u> </u>			10-0.				
6,739,597. G Check organization type		poration	X 501(c) trust	401(a) trust	Other trust			
H Describe the organization's primary unrelated business activ	ty ► INVESTM	ENT	IN PASSTHE	ROUGH ENT	ITIES	3			
I During the tax year, was the corporation a subsidiary in an a	ffiliated group or a parei	nt-subsi	diary controlled group?		Yes	S X No			
If "Yes," enter the name and identifying number of the parent	corporation 🕨								
J The books are in care of ▶ JAN DAY				7	(206				
Part I Unrelated Trade or Business Inc	ome		(A) Income	(B) Expense	S	(C) Net			
1a Gross receipts or sales				· · .					
b Less returns and allowances	c Balance	1c 2	·	<u> </u>	•				
2 Cost of goods sold (Schedule A, line 7) 3 Gross profit. Subtract line 2 from line 1c		3				· · · · · · · · · · · · · · · · · · ·			
4 a Capital gain net income (attach Schedule D)		4a							
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form	4797)	4b							
c Capital loss deduction for trusts	,	4c		-,-					
5 Income (loss) from partnerships and S corporations (atta	ch statement)	5		5 -					
6 Rent income (Schedule C)		6							
7 Unrelated debt-financed income (Schedule E)		7							
8 Interest, annuities, royalties, and rents from controlled or	- '	8							
9 Investment income of a section 501(c)(7), (9), or (17) or	ganization (Schedule G)	\rightarrow		ļ					
10 Exploited exempt activity income (Schedule I)		10							
11 Advertising income (Schedule J)		11							
13 Total. Combine lines 3 through 12	12 Other income (See instructions, attach schedule) 13 Total Combine lines 3 through 12 13 0								
Part II Deductions Not Taken Elsewhere	e (See instructions fo			1					
(Except for contributions, deductions must									
14 Compensation of officers, directors, and trustees (Schee	tule K)		RECE	VED	14				
15 Salaries and wages	5 Salaries and wages				15	· — ·			
16 Repairs and maintenance			NOV 1 9	16					
17 Bad debts			<u>ති</u> NOV 1 9	17					
18 Interest (attach schedule)			l`	2018 0	18				
Taxes and licenses			OGDE	דט א	19				
Charitable contributions (See instructions for limitation in Depreciation (attach Form 4562)	20								
22 Less depreciation claimed on Schedule A and elsewhere	on return		21 22a		22b				
23 Depletion	on rotain		[224]		23				
24 Contributions to deferred compensation plans	24								
25 Employee benefit programs	25 Employee benefit programs								
26 Excess exempt expenses (Schedule I)	· · · · · · · · · · · · · · · · · · ·								
27 Excess readership costs (Schedule J)									
28 Other deductions (attach schedule)	· · · · · · · · · · · · · · · · · · ·								
29 Total deductions Add lines 14 through 28									
30 Unrelated business taxable income before net operating	30	0.							
Net operating loss deduction (limited to the amount on I		o mo 1	20		31	0.			
Unrelated business taxable income before specific dedu-			3 U		32	1,000			
33 Specific deduction (Generally \$1,000, but see line 33 ins			than line 32 anter the e	maller of zero or	33	1,000			
34 Unrelated business taxable income Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 34 0.									
Tootage as as 1.110. For Paperwork Paduation Act Notice					1 04	Form QQ0-T (2017			

Part I	Tax Computation							
35	Organizations Taxable as Corporations. See instructions for tax computation.							
	Controlled group members (sections 1561 and 1563) check here See instructions and							
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):							
	(1) \$ (2) \$ (3) \$							
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)	٠,						
	(2) Additional 3% tax (not more than \$100,000)	l						
C	Income tax on the amount on line 34	35c						
36	Trusts Taxable at Trust Rates See instructions for tax computation, Income tax on the amount on line 34 from:	<u> </u>	0.					
	X Tax rate schedule or Schedule D (Form 1041)							
37 Proxy tax See instructions > 37								
38	Alternative minimum tax	38						
39	Tax on Non-Compliant Facility Income See instructions	39						
	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	0.					
	V Tax and Payments	1	· · · · · · · · · · · · · · · · · · ·					
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	վ՝						
	Other credits (see instructions)	4						
-	General business credit. Attach Form 3800	⊢. `						
	Credit for prior year minimum tax (attach Form 8801 or 8827)							
	Total credits Add lines 41a through 41d	41e						
42	Subtract line 41e from line 40	42	0.					
43	Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)							
44	Total tax Add lines 42 and 43	44	0.					
	Payments: A 2016 overpayment credited to 2017 45a 1,056	4						
	2017 estimated tax payments 45b	4						
	Tax deposited with Form 8868	_						
	Foreign organizations: Tax paid or withheld at source (see instructions) 456	٠,						
	e Backup withholding (see instructions) 45e							
	f Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments. Form 2439							
g								
40	Form 4136 Other Total ▶ 45g	 	1,056.					
46	Total payments. Add lines 45a through 45g Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ □	46	1,030.					
	Tax due If line 46 is less than the total of lines 44 and 47, enter amount owed	48						
48 49	Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	1,056.					
	Enter the amount of line 49 you want: Credited to 2018 estimated tax 1,056. Refunded	50	0.					
Part V		1 00	<u> </u>					
	At any time during the 2017 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							
52	52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?							
	If YES, see instructions for other forms the organization may have to file.							
53 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, and to the best of my kr correct, and complete. Declaration of preparer (other, than taxpayer) is based on all information of which preparer has any knowledge	nowledge a	nd belief, it is true,					
Sign		May the IR	S discuss this return with					
Here	Here X // ///// // X // X // · 9 · / & TRUSTEE							
	Signature of the Date Title	instruction	s)? X Yes No					
	Print/Type preparer's name ' Preparer's signature Date Check	ıf PTI	N					
Paid	Paid self-employed							
Prepa	rer JOAN S. ALBEE DOWN COLORS WITH S		00039081					
Use C	Inly Firm's name ALPINE P.S. CPAS Firm's EIN	<u>8</u>	1-4659652					
	10900 NE 8TH ST., SUITE 1620	/ 4 0 5	\ CDE 0C04					
	Firm's address ► BELLEVUE, WA 98004 Phone no.	(425						
			Form 990-T (2017)					

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation ► N/A	,			
1 Inventory at beginning of year	1	6 Inventory at end of year				6		
2 Purchases	2	7 Cost of goods sold Subtract line 6					-	
3 Cost of labor	3	from line 5. Enter here and in Part I,				Part I,	l	
4a Additional section 263A costs		line 2					7	
(attach schedule)	4a	8 Do the rules of section 263A (with respect to				with respect to		Yes No
b Other costs (attach schedule)	4b		1	property produced or a				
5 Total Add lines 1 through 4b	5		1	the organization?	, , , ,			
Schedule C - Rent Income	(From Real	Property an	d Pe		Leas	ed With Real Pro	pert	y)
(see instructions)	`	, <u>-</u>						
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent receiv	ed or accrued				2(2)2-4-4		
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for p	personal	onal property (if the percents property exceeds 50% or if ed on profit or income)	age	3(a) Deductions directly columns 2(a) a		attach schedule)
(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 ,			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	•	0.
Schedule E - Unrelated Del		I Income (see	ınstru	ctions)		•		
<u></u>		,		Gross income from		3 Deductions directly cor to debt-finan		
1 Description of debt-fit	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)			1					
(2)			1				1	
(3)			1			-	\top	
(4)			1					
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n 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)				%				
	•					nter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)
Totals				•		0		0.
Total dividends-received deductions in	icluded in columi	ı 8					•	0.
								Form 990-T (2017)

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organizations (see instructions) Section for income 2 Amount of income 2 Amount of income 2 Amount of income 3 Section for income 3 Section for income 3 Section for income 4 Section for income 4 Section for income 5 Section for inc				Exempt	Controlled O	rganızatı	ons	,				
2 3 4 5 5 6 6 6 6 6	1 Name of controlled organiza	ıdent	ification			4 Tot payr	4 Total of specified payments made		included in the controlling		6 Deductions directly connected with income in column 5	
1	<u> </u>					-		\vdash				
3 10 10 10 10 10 10 10						 		1				
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2) 3) 4) 5 5 5 5 5 5 5 5 5	1 Desc	cription of income			2 Amount of	ıncome	directly conne	ected			5 Total deduction and set-asides (col 3 plus col 4	
1 1 2 2 3 3 4 1 1 2 3 3 2 2 3 3 3 3 3	1)											
State Stat					Ĭ							
A) Interference and on page 1, Part I, line 9, column (A) O. Chedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited activity 2 Description of exploited activity 2 Description of exploited activity 3 Description of exploited activity 4 Not income (activity has from activity has					Ì						1	
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Enter here and on page 1, Part I, line 10, col (A) Part II, line 10, col (B)		1	 						 			
Enter here and on page 1, Part I, line 10, col (A) O O O			-						<u> </u>			
Content of periodical Content of periodical Content of the periodical Content		page 1, Part I, line 10, col (A)	page line 10	1, Part I,), col (B)]	•		<u> </u>		Enter here and on page 1, Part II, line 26	
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2)	1)		\neg		1 -				1		Y	
4)				_	\rceil 、							
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	stals (carry to Part II, line (5))	<u>▶</u>	0.	0							F 990 T (0)	

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.	, , ; ,	ماجد تا به ما داد د	, , , , , , , , , , , , , , , , , , ,	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)	, T 13/			Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	•	0.	0.	the same		A	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		•	0.

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