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(990-T	1	Exempt Organization Bus			Retur	n		MB No 1545-06	587
Form	33U-1	(and proxy tax under section 6033(e))							2018	
		For calendar year 2018 or other tax year beginning , 2018, and ending , 201								•
•	nent of the Treasury		► Go to www.irs.gov/Form990T for ins			mation.		Open	to Public Inspen	tion for
	Revenue Service	▶ Do	not enter SSN numbers on this form as it may Name of organization (ion is a 50	1(c)(3).	501(0	to Public Inspec (3) Organization	is Only
A D	Check box if address changed			identification nu 'trust, see instruc						
	pt under section	(61115)	Oyecs	uust, see maaa	Glions ,					
_	D1(c)(3)	E Harol		1-2155317 ousiness activity	codo					
_	1406(e) 220(e) Type 615 Westiake Ave N								ctions)	Code
	408A 530(a) City or town, state or province, country, and ZIP or foreign postal code 529(a) Seattle, WA 98109									
at en	yalue of all assets d of year		oup exemption number (See instruction neck organization type ► ✓ 501(c) c		on 501(c) tru	ist 「] 401(a)	trus	t Other	r trust
H En			organization's unrelated trades or busin						r fırst) unrela	
	de or business				nly one, complete P					
			at the end of the previous sentence, c	omplete	Parts I and II, com	plete a S	chedule	e M i	or each add	litional
			omplete Parts III-V.	•		•				
i Du	iring the tax year	, was th	e corporation a subsidiary in an affiliated g	roup or	a parent-subsidiary co	ntrolled g	roup? .	. >	Yes 🖸	∑ No
			and identifying number of the parent co							
J Th	e books are in	care of	Marjorie Thomas		Telephor	ne numbe	er ▶		206-548-7000	0
Part	Unrelate	d Trad	e or Business Income		(A) Income	(B) E:	penses	_	(C) Net	
1a	Gross receipts					ĺ		[
b	Less returns and									
2	_	•	Schedule A, line 7)	2	 					
3	•		t line 2 from line 1c	3	 			-		∔ -
4a	_		me (attach Schedule D)	4a	 			\dashv		
b			4797, Part II, line 17) (attach Form 4797) n for trusts	4b 4c	 	<u></u>		+		┼
5	•		tnership or an S corporation (attach stateme					\dashv		+
6	Rent income (•		6	RECEIVE		+	+		\vdash
7			ced income (Schedule E)	Ø)A. 1	\dashv		
8			and rents from a controlled organization (Schedule	deco	APR 1 7 2021		-	一		+
9			ction 501(c)(7), (9), or (17) organization (Schedule			13		_		+
10			ivity income (Schedule I)	10	OCDEN					\vdash
11			Schedule J)	11	OUDEN, U					
12	Other income (See inst	tructions; attach schedule)	12						
13	Total. Combin	<u>ne lines</u>	3 through 12	13						
Part			Taken Elsewhere (See instructions			ns.) (Exc	ept for	cont	ributions,	
			be directly connected with the unrel							
14			cers, directors, and trustees (Schedule				<u> </u>	14		↓ —
15								15		↓ —
16			ance					16		—
17 18			dule) (see instructions)					17 18		+
19								19		+
20			ons (See instructions for limitation rules					20		+
21	Depreciation (attach l	Form 4562)	,	21		r F			+-
22	Less deprecia	tion cla	imed on Schedule A and elsewhere on	return	22a		2	2b		
23								23		_
24			rred compensation plans					24		+-
25			grams					25		\vdash
26			nses (Schedule I)					26		\Box
27			ests (Schedule J)				_	27		
28			ach schedule)				—	28		
29			dd lines 14 through 28					29		
30			xable income before net operating loss					30		
31			ating loss arising in tax years beginning o					31		
32	Unrelated bus	iness ta	axable income. Subtract line 31 from lin	ne 30	<u> </u>	<u> </u>	<u>. [</u> ;	32		
For Pa	perwork Reduct	tion Act	Notice, see instructions.		Cat No 11291J				Form 990-1	(2018)

Form 99	0-T (2018)					Р	age 2
Part I	II To	otal Unrelated Business Taxable Income					
33	Total of	unrelated business taxable income computed from all unrelated trades or businesse	s (see				
	ınstruct	ions)		33			
34		ts paid for disallowed fringes		34		0	00
35	Deducti						
	ınstruct	ions)		35			
36		unrelated business taxable income before specific deduction. Subtract line 35 from th					
	of lines	33 and 34		36		0	00
37	Specific	deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37		0	00
38		ted business taxable income. Subtract line 37 from line 36. If line 37 is greater than li					
	enter th	e smaller of zero or line 36		38		0	00
Part I		ax Computation					
39	Organia	zations Taxable as Corporations. Multiply line 38 by 21% (0.21)	. ▶	39		0	00
40	Trusts	Taxable at Trust Rates. See instructions for tax computation. Income ta	x on				
	the amo	ount on line 38 from: Tax rate schedule or Schedule D (Form 1041)	. ▶	40			
41	Proxy t	ax. See instructions	. ▶	41			
42	Alternat	rive minimum tax (trusts only)		42			
		Noncompliant Facility Income. See instructions		43			
44		Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44		0	00
Part '		ax and Payments					
45a	Foreign	tax credit (corporations attach Form 1118; trusts attach Form 1116) . 45a					
		redits (see instructions)					
С		business credit. Attach Form 3800 (see instructions)		7		i	
d	Credit f	or prior year minimum tax (attach Form 8801 or 8827)		7		Ì	
		redits. Add lines 45a through 45d		45e		o	
		st line 45e from line 44		46		0	00
47		kes. Check if from: 🔲 Form 4255 🔲 Form 8611 🔲 Form 8697 🔲 Form 8866 🔲 Other (attach schedu		47		0	
48		ex. Add lines 46 and 47 (see instructions)		48		0	00
49		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49			
50a			-				
b	2018 es	tits: A 2017 overpayment credited to 2018	02 0	00			
C		posited with Form 8868	<u> </u>	Ĩ		ł	
d		organizations. Tax paid or withheld at source (see instructions) . 50d		7			
e	_	withholding (see instructions)	-	┪		İ	
f	-	or small employer health insurance premiums (attach Form 8941) . 50f					
		redits, adjustments, and payments: Form 2439		┪		ļ	
3	Form		20 3	38			
51		ayments. Add lines 50a through 50g		51	8	1522	38
52		ed tax penalty (see instructions). Check if Form 2220 is attached	. ▶ □	, 			
53		e. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	. •	53		0	
54		yment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	S5 ▶	54	8	1522	38
55		amount of line 54 you want: Credited to 2019 estimated tax				1522	38
Part \		atements Regarding Certain Activities and Other Information (see instruction			·		
56		time during the 2018 calendar year, did the organization have an interest in or a signati		other a	uthority	Yes	No
-		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization				一	
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of					
	here >	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		·	· -		
57	Dunna tl	he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor	to, a fo	reian tr	ust?	\dashv	<u> </u>
•	-	" see instructions for other forms the organization may have to file.	,				
58		ne amount of tax-exempt interest received or accrued during the tax year > \$			1		ļ
	Under	penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and	to the b	est of my	knowledge a	nd beli	ef, it is
Sign	true, co	frect and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any k	nowledg	e	he IRS discus		
Here		4//3/20 Chief Financial Officer		with t	he preparer s	hown t	below
		re of officer Date Title		(see ir	nstructions)?]Yes [JNo
Do:-	1	Print/Type preparer's name Preparer's signature Date			T PTIN	1	
Paid				Check [ן זו ע		
Prepa		Firm's name		ırm's EIN			
Use (Only	Firm's name Firm's address >		hone no	-		
		Firm's address ▶		HOLLE HO			

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Page	- 3

Sche	dule A-Cost of Goods Sold.	Ente	r method of u	nvent	on/ va	luation >					
1	Inventory at beginning of year	1	Thethod of h	T	6		at end of year	6			
2	Purchases	2	 	+	7	-	entory at end of year 6				
3	Cost of labor	3	 	+	'		line 5. Enter here and				
4a	Additional section 263A costs	3	 	 	ł		ne 2	7			
74	(attach schedule)	1			8	•	es of section 263A (wit		Yes No		
	•	4a 4b	 	-			roduced or acquired for		105 110		
b	Other costs (attach schedule) Total. Add lines 1 through 4b	5		<u> </u>	ł	to the orga			 		
Scho	dule C-Rent Income (From		Property and	d Dore	conal	_			LL		
	instructions)	neai	Property and	a Pers	SUIIAI	Property	Leaseu Willi Neai Fio	perty)			
	nption of property										
	mpton of property										
(1) (2)	-		-								
(3)											
(4)											
(4)	2. Rent re	ceived	or accrued								
(a) F=	 _	$-\tau$					3(a) Deductions directly	connected with the	e income		
	om personal property (if the percentage of re personal property is more than 10% but no		(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				0(-)				
	more than 50%)	- 1									
(1)											
(2)		+									
(3)											
(4)		\dashv									
Total		To	otal			*					
	al income. Add totals of columns 2(a						(b) Total deductions.	Enter here and on page 1,			
here a	nd on page 1, Part I, line 6, column (A)	anu z	(U) Effici				Part I, line 6, column (B)	•			
Sche	dule E-Unrelated Debt-Fina	nced	Income (see	ınstru	ctions	s)	1				
		-	<u></u>	T '		come from or	3. Deductions directly cor		cable to		
	 Description of debt-financed 	property	/	allocable to debt-financed		debt-financed	debt-financed property (a) Straight line depreciation (b) Other deductions				
			property			perty	(attach schedule)		(attach schedule)		
(1)								***************************************			
(2)		-									
(3)											
(4)											
			djusted basis		6. C	olumn	7 Creas resemble	8. Allocable d	eductions		
а			ed property			vided	7. Gross income reportable (column 2 x column 6)	(column 6 x tota 3(a) and			
	roperty (attach schedule) (attach s	chedule)		by CC	olumn 5		S(a) and	J(U))		
(1)						%					
(2)						%					
(3)						%		<u></u>			
(4)			<u> </u>			%		<u></u>			
							Enter here and on page 1,	Enter here and			
							Part I, line 7, column (A).	Part I, line 7, c	column (B)		
Totals						. •	L				
Total o	dividends-received deductions inclu	ded in	column 8			<u> </u>	<u> </u>	·			

Schedule F-Interest, Ann	uities, Royalties,				anizations (se	e instruc	tions)	
		Exempt	Controlled	Organizations				
1. Name of controlled organization 2. Employer identification number			Net unrelated income oss) (see 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)							i	
(2)			-				<u> </u>	
(3)							1	
(4)							1	
Nonexempt Controlled Organi	zations			<u> </u>				
7. Taxable Income	8. Net unrelated in (loss) (see instruct			otal of specified yments made	10. Part of column included in the organization's gro	controlling	connec	eductions directly cted with income in column 10
(1)								
(2)							†	
(3)					 		1	
(4)							<u> </u>	
Totals					Add columns 5 Enter here and c Part I, line 8, co	on page 1,	Enter h	columns 6 and 11 here and on page 1, line 8, column (B)
Schedule G-Investment	Income of a Soci	ion 501/	· · ·	or (17) Organi	zation (see upsi	ructions	\ -	
1. Description of income	2. Amount o		3. dire	Deductions ctly connected	4. Set-aside	s	5. To and s	otal deductions et-asides (col. 3
<i>w</i>			(an	ach schedule)	,	-		plus col 4)
(1)								
(2)								
(3)			 -			+		
(4)	Enter here and		+		<u> </u>		Catar ba	re and on page 1,
Totals	Part I, line 9, o	column (A).					Part I, III	ne 9, column (B).
Schedule I—Exploited Exc	empt Activity Inc	ome, Ot	<u>her Than</u>	Advertising In	come (see inst	ructions)	
1. Description of exploited activ	2. Gross unrelated business inco from trade of business	me conr	Expenses directly nected with duction of nrelated ness income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	attribut	enses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)								-
(2)						† · · · ·		
(3)		- -		<u> </u>		 		
(4)		_				 		
Totals .	Enter here and page 1, Part line 10, col (l, pag	l, page 1, Part I,				Enter here and on page 1, Part II, line 26	
Schedule J-Advertising	Income (see instru	ctions)		L				 -
	Periodicals Repor		Consoli	dated Basis				
1. Name of penodical	2. Gross advertising income		3. Direct rtising costs	4. Advertising 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)				1	-			1
(3)				1				1
(4)				1				1
Totals (carry to Part II, line (5))	. •				-			
				'	'			000 T (0010)

Part il Income From Periodi	cals Reported	on a Separat	e Basis (For ea	ach periodical li	sted in Part II	, fill in columns
2 through 7 on a line-b	y-line basis.)	-				
1. Name of penodical	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						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1–5) . ▶						<u> </u>
Schedule K-Compensation of	Officers, Direc	tors, and Trus	stees (see instru	uctions)		
1. Name		-	2. Title	3. Percent of time devoted to business		tion attributable to ed business
(1)				%	5	
(2)	<u> </u>			%	6	
(3)				%	5	
(4)				%		
Total. Enter here and on page 1, Part II, lir	ne 14 .			<u> </u>	·	
						Form 990-T (2018)