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Farm. 990-T	E	Exempt Organ	nization Bus			ax Return 190 <i>♀</i>	OMB No 1	545-0687		
	For ca	lendar year 2018 or other tax year	•		, and ending JUN		<u>  20</u>	<b>18</b>		
Department of the Treasury Internal Revenue Service		► Go to www i	Open to Public Inspection for 501(c)(3) Organizations Only							
A Check box if address changed		Name of organization (		hanged	and see instructions.)	DEmployer identification number (Employees' trust, see instructions)				
B Exempt under section	Print HUMANITIES, AND ENVIRONMENT						91-1061146			
x 501(c)03)	10	Number, street, and room	or suite no If a P O box	k, see ir	structions	· · · · · · · · · · · · · · · · · · ·	E Unrelated business activity code (See instructions.)			
408(e)220(e)	Type	Type 1415 SUMMIT AVENUE								
408A 530(a)		City or town, state or provi SEATTLE, WA 98122	•							
C Book value of all assets at end of year	F Group exemption number (See instructions.)									
74,051	<del></del>	ition's unrolated trades or bu		1		the only (or first) wa		Other trust		
		mon 5 um datou trados or be				the only (or first) uni				
trade or business here		ice at the end of the provious	contonos complete Do	rto Lon		complete Parts I-V.	•			
	•	·	s somence, complete ra	iris i an	ia ii, compicie a Scrieduk	e wi for each addition	ar trade or			
business, then complete		oration a subsidiary in an af	filiated group or a parer	at cube	idiani controlled group?		Yes I	40		
		tifying number of the parent		ու ԾԱՍԾ	idially controlled group.		1 TCS1	40		
J The books are in care o			corporation.		Talanh	one number > 20	16_816_6215	•••		
		de or Business Inco	nme		(A) Income	(B) Expenses		Net		
		de or business med			(A) IIICOIIIC	(D) Expenses	(0)	- NCI		
1a Gross receipts or sal			a Dalamaa	4.						
b Less returns and allo		A line 7)	c Balance	1c 2				_		
2 Cost of goods sold (					<del></del>			•		
3 Gross profit. Subtrac				3						
	Capital gain net income (attach Schedule D)			4a						
• , ,,	t gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			4b						
•	loss deduction for trusts			4c						
, ,	ncome (loss) from a partnership or an S corporation (attach statement)			5						
6 Rent income (Sched		ma (Cahadula E)		6 7	· · · · · · · · · · · · · · · · · · ·	[				
7 Unrelated debt-finan		,		8			<del></del> -	-		
	-	and rents from a controlled of	_	<u> </u>			·			
		on 50 l(c)(7), (9), or (17) org	janization (Schedule G)	10			<del></del>	-		
, ,	•	` '		11			<del></del>	<del></del>		
•	Advertising income (Schedule J)			12			<del></del>			
•	Other income (See instructions, attach schedule)			13	0.		<del></del>			
Total. Combine line						l				
		ot Taken Elsewhere utions, deductions must l								
	ficers, di	rectors, and trustees (Sched	ule K)				14			
5 Salaries and wages			RECEI	VF	D		15			
6 Repairs and mainte	nance		1				16			
7 Bad debts				• ^^			17			
8 Interest (attach sch	edule) (s	ee instructions)	9 JUN 15	202	N IXI		18			
9 Taxes and licenses	gebts est (attach schedule) (see instructions) and licenses				19					
	•	e instructions for limitation ri	ues) OGDEN	V I	i <del>T</del>		20			
<ol> <li>Depreciation (attach</li> </ol>	Form 4	562)	LOODE	٧, ٠						
•	aimed oi	n Schedule A and elsewhere	on return		22a		22b			
3 Depletion							23			
4 Contributions to def	erred co	mpensation plans					24			
5 Employee benefit pr						25				
6 Excess exempt expe	enses (So	chedule I)					26			
?7 Excess readership of	osts (Sc	hedule J)					27			
8 Other deductions (a	ttach sch	edule)					28			
9 Total deductions A	dd lines	14 through 28					29	0		
Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13				30	0.					
Deduction for not operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)				31						
Unrelated business taxable income. Subtract line 31 from line 30					32	0.				

Part I	]] -	Total Unrelated Business Taxable Income					
33		of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33			0.
34		unts paid for disallowed fringes	34	·			
35	Dedu	iction 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					
		33 and 34	-0	36			
37	Speci	ific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	30	37	<del>-</del>	1,	000.
38	•	lated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,	~				
		the smaller of zero or line 36		38			0.
Part I	V I	Tax Computation					
39		nizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	<b></b>	39			0.
40	Trust	ts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from	r				
		Tax rate schedule or Schedule D (Form 1041)	<b>&gt;</b>	40			
41	Proxy	y tax See instructions	<b>•</b>	41			
42	Alterr	native minimum tax (trusts only)		42			
43	Tax o	on Noncompliant Facility Income See instructions		43			
44	Total	l. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44			0.
Part \	7 7	Tax and Payments					
45 a	Foreig	gn tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a					
b	Other	r credits (see instructions) 45b		]			
С	Gene	ral business credit. Attach Form 3800 45c		]			
d	Credi	t for prior year minimum tax (attach Form 8801 or 8827)		]			
е	Total	credits Add lines 45a through 45d		45e			
46	Subtr	ract line 45e from line 44		46			0.
47	Other	taxes Check if from 🔲 Form 4255 🦳 Form 8611 🔲 Form 8697 🔲 Form 8866 🦳 Othei	(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	Paym	nents: A 2017 overpayment credited to 2018				-	
b	2018	estimated tax payments 50b	7,761	.]			
C	Tax d	leposited with Form 8868	32,500	).			
d	Foreiq	gn organizations: Tax paid or withheld at source (see instructions) 504					
е	Backı	up withholding (see instructions) 50e					
f	Credit	t for small employer health insurance premiums (attach Form 8941)		_}			
9	Other	credits, adjustments, and payments Form 2439		1 1			
	$\Box$	Form 4136 Other Total ▶ 50g		<b>-</b>			
51	Total	payments. Add lines 50a through 50g	17	51		40	261.
52	Estim	nated tax penalty (see instructions). Check if Form 2220 is attached 🕨 📖	,65	52			
53		fue If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	SU	53 54			
54						40,261.	
55		· · · · · · · · · · · · · · · · · · ·	efunded (	55		40	,261.
Part \		Statements Regarding Certain Activities and Other Information (see Instruments and Other Information)					r .
56		y time during the 2018 calendar year, did the organization have an interest in or a signature or other autho	•			Yes	No
		a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to f				} '	
		N Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign countr	у				
	here						Х
57	57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?						X
		s," see instructions for other forms the organization may have to file.					
58	_	the amount of tax-exempt interest received or accrued during the tax year >\$	- 45 - 5 - 4 - 5 - 5 - 5				<u> </u>
Sign		nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and t irrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any know		iowiedge a	no celler, it i	s true,	
Here	- ,	mil O alluis Stole As		-	S discuss th		with
177723		Signature of officer Date CHIEF FINANCIAL OFFI			r shown bel		٦
					s)? <u>x</u> Y	62	No
		Print/Type preparer's name Preparer's signature Date	Check L	if PTI	IN		
Paid			self- employe	- 1	1023540	=	
Prepa	rer	SARA ELIZABETH J. HYRE SARA ELIZABETH J. HYRE 05/05/20	Comit FIN 1		11040		
Use C	nly	Firm's name ► CLARK NUBER, P.S.	Firm's EIN	<b>9</b> .	1-119401	10	
		10900 NE 4TH, SUITE 1400	Dhoro so	125 15	4 4010		
		Firm's address   BELLEVUE, WA 98004	Phone no.	4427-45	4-4313		