Form 990-F

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-1150

2018

Open to Public

Form 990-EZ (2018)

Department of the Treasury Internal Revenue Service

Inspection For the 2018 calendar year, or tax year beginning , 2018, and ending B Check if applicable: C D Employer identification number Address change WASHINGTON STATE ANIMAL RESPONSE TEAM Name change 26-0295234 DBA WASART Initial return Telephone number P O BOX 21 Final return/terminated ENUMCLAW, WA 98022 (425) 822-1525 Amended return Application pending Group Exemption Number Accounting Method: X Cash Other (specify) > Accrual H Check ► if the organization is not Website: ► WASHINGTONSART.ORG required to attach Schedule B Tax-exempt status (check only one) — \overline{X} 501(c)(3) 501(c) () <(insert no.) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF). Form of organization: X Corporation Trust Association Other Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ..... Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 1 2 Program service revenue including government fees and contracts..... ,572. 2 3 Membership dues and assessments.... 7,071. 3 4 Investment income...... 4 **5 a** Gross amount from sale of assets other than inventory..... 140. **b** Less: cost or other basis and sales expenses..... 5 b c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)..... 5 c 6 Gaming and fundraising events: Revenue a Gross income from gaming (attach Schedule G if greater than \$15,000). 6a **b** Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)..... 6 b c Less: direct expenses from gaming and fundraising events..... 6 c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).... 6 4 **b** Less: cost of goods sold..... 7 b 7 c Other revenue (describe in Schedule O)..... 2,948. 8 9 9 91,731 10 11 11 Salaries, other compensation, and employee benefits. 12 12 Professional fees and other payments to independent contractors..... 13 13 Occupancy, rent, utilities, and maintenance..... 8,920. 14 14 Printing, publications, postage, and shipping..... 4,149. 15 15 16 Other expenses (describe in Schedule O). SEE SCHEDULE O 1,199. 16 Total expenses. Add lines 10 through 16.... 68,561. 17 17 Excess or (deficit) for the year (Subtract line 17 from line 9)..... 82,829. 18 18 Net Assets 8,902. Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year 19 figure reported on prior year's return) 19 Other changes in net assets or fund balances (explain in Schedule O)..... 226,087. 20 20 21 21 234,989 BAA For Paperwork Reduction Act Notice, see the separate instructions.

Pa	m 990-EZ (2018) WASHINGTON S Int II Balance Sheets (see the i			26	-0295234	Page
	Check if the organization used S	chedule O to respond to any q	uestion in this Part II			X
22	Cash, savings, and investments			(A) Beginning of year	r (B) F	nd of year
23	Cash, savings, and investments Land and buildings			111,283		136,392.
24	Land and buildings. Other assets (describe in Schedule O	SEE SCHEDU	TE O		23	100,002.
25	. Otal 033613			115,796	. 24	98,597.
26	I otal liabilities (describe in Schedule	O) SEE SCHEDIT	TE O	227,079	. 25	234,989.
27	Net assets or fund balances (line 27 c	of column (R) must agree with	line 21)	992.	26	0.
Pa	July State Hent of Program Service Ac	complichmente (oce the instance	Line (D + HI)	226,087.	27	234,989.
1481	Check if the organization used is the organization's primary exempt purpose?	Schedule O to respond to any	uuls lui rait III) auestion in this Part II	ı 🔯	Expe	
Wnat Des	is the organization's primary exempt purpose? SI cribe the organization's program service sured by expenses. In a clear and conceptited, and other relevant information for RESCUED AND HELDED NUMBER.	EE SCHEDULE O	The Description of the Description		(Required for (c)(3) and 501	(c)(4)
ben	sured by expenses. In a clear and concefited, and other relevant information for	ise manner, describe the serv	ices provided, the num	am services, as	organizations; for others.)	optional
28	RESCUED AND HELPED NUMER PRECARIOUS SITUATIONS	POLIC COMPANION ANTA	77.6	- pordons	01 011013.)	
	PRECARIOUS SITUATIONS.	ALSO TRAINED WOLLD	ALS_AND_LIVEST	COCK OUT OF		
	(Grants \$) If	this amount includes foreign of	trants check hore			
29		The state of the sign of	grants, check here		28 a	63,312.
	70					
20	(Grants \$) If	this amount includes foreign g	rants, check here		20 -	
30			, 30 11010		29 a	
	(Grants \$					
31	Other program (1)	this amount includes foreign g	rants, check here		30 a	
31	a tries, by odigital services (describe in 20	nedule ()			30 a	
					81 a	
Day	Program service expenses (900 l	nes 2xa through 21a)				63,312.
rai	List of Officers, Directors.	ITUSTERS and Kay Empla	1/000			for Part (V)
	Check if the organization used So	chedule O to respond to any q	uestion in this Part IV		· · · · · · · · · · · · · · · · · · ·	S TOT T ATT IV)
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and defer	e (e) Estima	ted amount of
MIN	DE_SUNDE	position	(ii not paid, enter -u-)	compensation	eu other co	mpensation
SEC	RETARY	1				
	RY FOSNICK DAVIS	4.5	0		0.	0.
VIC	E PRESIDENT	1				
JEF:	F DAHL, DVM	3	0	. (0.	0.
ADV.	ISING SPECIA	2 -				
GRE'	CHEN MCCALLUM	2.5	0.	. ().	0.
TRE	ASURER	1	_			
MICI	HAELA EAVES	4	0.).	0.
PUB.	IC INFO OFC	6.5	^			
GRE'	TA COOK	0.5	0.	<u> </u>).	0.
TRA	NING DIRECT	6.5	^			
<u>SHA</u> V	NDRA MICHELL	0.3	0.	C	1.	0.
	UTIVE DIR.	4	0.			
VILI	IAM DAUGAARD	1	0.	0		0.
ORN	ER EX DIR	2.5	0.			
		1.0	<u> </u>	0		0.
-						
					 	
					1	
		1		1		
					1	

Form **990-EZ** (2018)

Part Chicago Washington Chicago Table All PART ARISPONSE TEAM 26-0295234 Page	the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V. The instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V. Did the organization engage in any significant activity not previously reported to the IRS2* If Yes, provide a detailed description of each activity in Schedule O. Were any significant changes made to the organizing organizing documents if Yes, attach a conformed copy of the amended documents if they reflect a change in the organization have currelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? If Yes's to line 35a, has the organization field a Form 990-1 for the year? If No.' provide an explanation in Schedule O. C Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice. If Yes's to line or provide a requirements during the year? If Yes, complete spicial C, Part III. Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete application Portion or network and the organization file Form 1120-POL for this year? a Enter amount of political expenditures, direct or indirect, as described in the instructions.	33	
33 Did the organization energie in any significant activity and previously oppored to the IRS? If Yes, Provide a cetaled description of each activity in Schedule () If Yes, Provide a cetaled description of each activity in Schedule () If Yes, Provide a cetaled description of each activity in Schedule () We any significant charge reads to the against on generic gocumental If Yes, attach a cartinate carpy of be amended comments if they reflect a careys to the organization activities () We any significant charge reads to the against operating comments () If Yes, attach a cartinate carpy of be amended comments if they reflect a careys to the organization activities () We any significant charge reads of the School () We are significant charge reads of the School () Bid the organization activities () () Bid	3 Did the organization engage in any significant activity not previously reported to the IRS? If Yes, provide a detailed description of each activity in Schedule 0. 4 Were any significant change made to the organizary or govering documents? If Yes, statch a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwiss, explain the change on Schedule 0. See instructions 5a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 5b If Yes's to line 35a, has the organization filed a Form 990-1 for the year? If Yo,' provide an explanation in Schedule 0. c Was the organization a section 501(c)(4), 501(c)(5), or \$01(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If Yes,' complete Schedule C, Part III. 5b If Yes's to limp drovy tax requirements during the year? If Yes,' complete Schedule C, Part III. 5c III of the organization undergo a liquidation, dissolution, remination, or significant disposition of net assets during the year? If Yes,' complete applicable parts of Schedule N. 5c Enter amount of political expenditures, direct or indirect, as described in the instructions. 5c Enter amount of political expenditures, direct or indirect, as described in the instructions. 5c III of the organization borrow from, or make any loans to, any officer, director, fusuee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 5c If Yes, complete Schedule L, Part II and enter the total amount involved. 5c Ection 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under: section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a priory	33	
33	4 Were any significant changes made to the organizing or governing documents? If 'Yes,' statch a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule 0. See instructions 5a Did the organization have unrelated business gross incorne of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? bif 'Yes' to line 35a, has the organization follow organization during the year? If 'Yos,' complete Schedule C, Part III organization as section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N. a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a □ 0. b Did the organization for from 1120-POL for this year? a Did the organization for from 1120-POL for this year? a Did the organization for from 1120-POL for this year? b Did the organization for from 1120-POL for this year? a Initiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities. a Initiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities. a Section 501 (c)(3) organizations. Enter amount of tax imposed on the organization during the year under: a Initiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities. a Section 501 (c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization 4 years under: a Did the organization organizations. Enter amount of tax imposed on organization and pairor year that has not been prepared on	33	Yes
a charge the granutation is name, threvites, seption to charge or School See institutions of the prefet of the pre	a change in the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? bit Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No', provide an explanation in Schedule 0. Experiting, and proxy tax requirements during the year? If 'Yes', complete Schedule 0, Part III. bit the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes', complete Schedule 0, Part III. bid the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes', complete applicable parts of Schedule N. a Enter amount of political expenditures, direct or indirect, as described in the instructions. bid the organization file Form 1120-PQL for this year? a Did the organization of political expenditures, direct or indirect, as described in the instructions. bid the organization file Form 1120-PQL for this year? a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? bid Yes', complete Schedule L, Part II and enter the total amount involved. Section 501(c)(7) organizations, Enter: a Initiation fees and capital contributions included on line 9 bid Gross receipts, included on line 9, for public use of club facilities. 38 b N/A 5 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 > 0. ; section 4912 > 0. bis Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess reported on any of its prior Forms 990 or 990-E27 If Yes', complete Schedule L, Part I shall be reported on any of its prior Forms 990 or 990-E27 If Yes', complete Schedule L, Part II. bid Section 501(c)(3), 501(
Sa Did the organization have unrelated business gross in progres in progres of 1,000 or more during the year from business activities (such as those reported on lines 2.6, and 7a, parely 1,000 or more during the year from business activities (such as those reported on lines 2.6, and 7a, parely 1,000 or more during the year of 10 of 1,000 or more during the year 11 no.7, provide an explanation in Schedule 0. See	ja Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? b If 'Yes' to line 35a, has the organization filed a Form 990—1 for the year? If 'No,' provide an explanation in Schedule 0. c Was the organization a section 501 (c)(4), 501 (c)(5), or 501 (c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III. Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete sphicable parts of Schedule N. a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	34	
(souch as those reported on lines 2, 6a, and 7a among cluster). Sea X Section 30 Sectio	(such as those reported on lines 2, 6a, and 7a, among others)? If "Yes' to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O c Was the organization a section 501(c)(4), 501(c)(5), organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III. Did the organization a section 501(c)(4), 501(c)(5), organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III. Did the organization file form 1120-POL for fils year? Did the organization file Form 1120-POL for fils year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? Diff Yes, complete Schedule L, Part II and enter the total and the complex of the second of the complex of the second of the complex of the second o	-	
bill Yes's to line 35e, has the organization filed a Form 990-T for the year? If No.' provide an explanation in Schedule O 35b	bil f Yes' to line 35e, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O. c Was the organization a section 501 (c)(4), 501 (c)(5), or 501 (c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0. □ Did the organization brown from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? a Did the organization the properties of the properties of the same any loans to the properties of the same any such loans and still outstanding at the end of the tax year any officer, director, trustee, or key employee or were any such loans and still outstanding at the end of the facilities 0. □ section 4910 (c)(3) organizations. Enter amount of tax imposed on organization appropriate the properties of the properties of the organization and the organization appropriate transaction in a prior year that		-
reporting, and proxy tex requirements during the year? If Yorking organization subject to section 6033(e) notice, 35	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III. 5 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N. a Enter amount of political expenditures, direct or indirect, as described in the instructions. 5 Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 2 Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 3 Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 3 Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 3 Did the organization to prove any organizations. Enter: 3 Did the organization during the year under: 3 Did the organization during the year under to tax imposed on the organization during the year under: 4 Digents of the year of did it engage in any excition 4955 > 0. 5 Disection 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction in a prior year that has not been reported on any of its prior Forms 90 or 90-E27 if "Yes," complete Schedule L, Part I. 4 Disection 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 5 Did Royal Marketter of the province of	35 a	
disposition of net assets during the year? If "Yes, complete applicable parts of Schedule N 36	disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N a Earth amount of political expenditures, direct or indirect, as described in the instructions. 37a 0. b Did the organization befrom 1120-POL for this year? a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II and enter the lotal amount involved. Section 501 (c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities. 39a N/A 39b N/A 39b N/A 39b N/A 39ction 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4915 0. besection 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction in a prior year that has not been reported on any of its prior Forms 90 or 990-E27 if "Yes," complete Schedule L, Part I. 4 Cesterion 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 4 O. all organizations. At any time during the tax year, was the organization a party to a prohibited tax and the organizations are in care of Party organizations. Enter amount of tax on line 40c reimbursed books are in care of Party organization as a bank account, securities account, or other financial account)? 4 If "Yes," center the name of the foreign country Party organization maintain an office outside the United St	35 b	
disposition of net assets during the year? If "Yes, complete applicable parts of Schedule N 36	disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N a Earth amount of political expenditures, direct or indirect, as described in the instructions. 37a 0. b Did the organization befrom 1120-POL for this year? a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II and enter the lotal amount involved. Section 501 (c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities. 39a N/A 39b N/A 39b N/A 39b N/A 39ction 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4915 0. besection 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction in a prior year that has not been reported on any of its prior Forms 90 or 990-E27 if "Yes," complete Schedule L, Part I. 4 Cesterion 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 4 O. all organizations. At any time during the tax year, was the organization a party to a prohibited tax and the organizations are in care of Party organizations. Enter amount of tax on line 40c reimbursed books are in care of Party organization as a bank account, securities account, or other financial account)? 4 If "Yes," center the name of the foreign country Party organization maintain an office outside the United St	35 c	
b Did the organization file Form 1120-POL for this year? 37b	b Did the organization file Form 1120-POL for this year? a Did the organization for more from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If 'Yes,' complete Schedule L, Part II and enter the total amount involved. Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities. a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 \(\times \) 0.; section 4912 \(\times \) 0.; section 4955 \(\times \) 0. b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I. c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912 cya95s, and 4958. c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization by the organization. a All organizations. At any time during the tax year, was the organization a party to a prohibited tax books are in care of \(\times \) RITZ DUCHESNE Telephone no. \(\times \) 603-478. It is organizations books are in care of \(\times \) RITZ DUCHESNE Telephone no. \(\times \) 603-478. If 'Yes,' enter the name of the foreign country \(\times \) was a bank account, securities account, or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? At any time during the calendar year, did		
8a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were an according to the complete shedule. It part if an enter the total amount from page 3chedule. It part if an enter the total amount from page 3chedule. It part if an enter the total amount from page 3chedule. It part if an enter the total amount from page 3chedule. It part if an enter the total amount from page 3chedule. It part if an enter the total amount from page 3chedule. It part if an enter the total amount from page 3chedule. It part if an enter the total amount from page 3chedule. It part if an enter the total amount from page 3chedule. It part if an enter amount of tax imposed on the organization during the year under: 9. Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 9. Section 501(c)(3) organizations. Enter amount of tax imposed on the organization engage in any section 4958 excess benefit transaction during the year under: 9. Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization engage in any section 4958 excess benefit transaction and prior year that has not been responsed on any of its prior Forms 990 or 990 engage in an excess benefit transaction in a prior year that has not been responsed on any of its prior Forms 990 organizations. Enter amount of tax imposed on organization 9. Section 501(c)(3), 501(c)(4), and 501(c)(22) organizations. Enter amount of tax imposed on organization 9. Section 501(c)(3), 501(c)(4), and 501(c)(22) organizations. Enter amount of tax imposed on organization 9. Section 501(c)(3), 501(c)(4), and 501(c)(22) organizations. Enter amount of tax imposed on organization 9. Section 501(c)(3), 501(c)(4), and 501(c)(22) organizations. Enter amount of tax imposed on organization 9. Section 501(c)(3), 501(c)(4), and 501(c)(22) organization section 501(c)(3), 501(c)(4),	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 1 bif Yes, 'complete Schedule L, Part II and enter the total amount involved. Section 501(c)(7) organizations. Enter: 2 a Initiation fees and capital contributions included on line 9. 3 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 2 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 3 a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E22 If Yes, 'complete Schedule L, Part I 4 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization engages in any section 4958 excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E22 If Yes, 'complete Schedule L, Part I 4 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization amanagers or disqualified persons during the year under sections 4912, 4955, and 4958 0 a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax 4 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed on the foreign country (such as a bank account, securities account, or other financial account)? 4 Section 501(c)(3), 501(c)(4), and	36	
Section 50 (c)(3), 50 (c)(4), and 50 (c)(29) organizations. Did the organization engage in any section 4935 excess benefit transaction in a prior forms 90 or 990-E27 if Yes, complete Schedule I, Part II and enter the total a Initiation fees and capital contributions included on line 9 38 b N/A 39 c N/A 30 c N/A	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If Yes,' complete Schedule L, Part II and enter the total amount involved. Section 501 (c) (7) organizations. Enter: a Initiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities. 39 a N/A a Section 501 (c) (3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 \(\bigcirc \) 0.; section 4912 \(\bigcirc \) 0.; section 4915 \(\bigcirc \) 0. b Section 501 (c) (3), 501 (c) (4), and 501 (c) (29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part 1. 4 Section 501 (c) (3), 501 (c) (4), and 501 (c) (29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 5 Section 501 (c) (3), 501 (c) (4), and 501 (c) (29) organizations. Enter amount of tax on line 40c reimbursed 0. 4 Section 501 (c) (3), 501 (c) (4), and 501 (c) (29) organizations. Enter amount of tax on line 40c reimbursed 0. 5 All organizations. At any time during the tax year, was the organization a party to a prohibited tax List the status with which a copy of this return is filled \(\bigcirc \) NONE Telephone no. \(\bigcirc \) 603 -478. List the status with which a copy of this return is filled \(\bigcirc \) NONE Telephone no. \(\bigcirc \) 603 -478. At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42 See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acco		
amount involved. 38b N/A 9 Section 50 (c)(G) organizations. Enter a initiation fees and capital contributions included on line 9. for public use of club facilities. 39a N/A 39b N/A 39b N/A 39a N/A 39b N/A 39a N/A 39b N/A 39b N/A 39a N/A 39b N/A 39b N/A 39b N/A 39b N/A 39b N/A 39b N/A 40b N/A 40b X 4	amount involved. Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities. 39 a N/A a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911	3/b	
amount involved. 38b N/A 9 Section 50 (c)(G) organizations. Enter a initiation fees and capital contributions included on line 9. for public use of club facilities. 39a N/A 39b N/A 39b N/A 39a N/A 39b N/A 39a N/A 39b N/A 39b N/A 39a N/A 39b N/A 39b N/A 39b N/A 39b N/A 39b N/A 39b N/A 40b N/A 40b X 4	amount involved. Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities. 39 a N/A a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911	38 a	6.063
a initiation fees and capital contributions included on line 9 a initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities. 39 a N/A 39 a	a Initiation fees and capital contributions included on line 9. a Cross receipts, included on line 9, for public use of club facilities. a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 * 0 : section 4912 * 0 : section 4955 * 0 . b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If Yes,' complete Schedule L, Part 1		
a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on the organization during the year under: section 4911	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0. b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule 1. Part I. c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. a All organizations. At any time during the tax year, was the organization a party to a prohibited tax at list the states with which a copy of this return is filed ► NONE Telephone no. ► 603-478. List the states with which a copy of this return is filed ► NONE Telephone no. ► 603-478. Located at ► P O BOX 21 ENUMCLAW WA IP + 4 ► 98022 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? 42 43 44 45 46 47 47 47 48 49 49 40 40 40 41 41 41 42 43 44 44 45 46 47 47 46 47 47 48 49 49 40 40 40 41 41 41 42 43 44 44 45 46 47 47 47 48 49 49 49 40 40 40 41 41 41 41 42 43 44 44 44 44 45 46 47 47 47 47 47 48 49 48 49 49 49 49 49 49 49		
a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on the organization during the year under: section 4911	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0. b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule 1. Part I. c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. a All organizations. At any time during the tax year, was the organization a party to a prohibited tax at list the states with which a copy of this return is filed ► NONE Telephone no. ► 603-478. List the states with which a copy of this return is filed ► NONE Telephone no. ► 603-478. Located at ► P O BOX 21 ENUMCLAW WA IP + 4 ► 98022 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? 42 43 44 45 46 47 47 47 48 49 49 40 40 40 41 41 41 42 43 44 44 45 46 47 47 46 47 47 48 49 49 40 40 40 41 41 41 42 43 44 44 45 46 47 47 47 48 49 49 49 40 40 40 41 41 41 41 42 43 44 44 44 44 45 46 47 47 47 47 47 48 49 48 49 49 49 49 49 49 49		
section 91 (c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 > 0 , section 4912 > 0 , bection 4912 > 0 , bection 9016 (c)(3), 501 (c)(4), and 501 (c)(2) organizations. Did the organization engage in any section 4958 excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E2? If Yes, 'complete Schedule L, Part I can be section 4913 or section 4913 (c)(3), 501 (c)(4), and 501 (c)(2)) organizations. Enter amount of tax imposed on organization any of its prior Forms 990 or 990-E2? If Yes, 'complete Schedule L, Part I can be section 4912 (4), and 501 (c)(2) organizations. Enter amount of tax imposed on organization and the organization. **All organizations.** At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, 'complete Form 8586-T. **List the states with which a copy of this return is filed ** NONE* **The organizations' books are in care of ** RITZ DUCHESNE* **Intercept of the organization as a bark account, securities account, or other financial account)? **All organizations or exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **See the instructions for exceptions and filing requirements for FinCEN Form 114, R	a section 4911 \(\) 0.; section 4912 \(\) 0.; section 4915 \(\) 0.; section 4915 \(\) 0.; section 4915 \(\) 0.; section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If Yes, complete Schedule L, Part I. 2 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 3 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 4 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. 5 All organizations. At any time during the tax year, was the organization a party to a prohibited tax 5 All organizations in the states with which a copy of this return is filed NONE 1 The organizations books are in care of RITZ DUCHESNE 1 Located at P D BOX 21 ENUMCIAW WA 1 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 3 See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? 42 43 44 45 46 47 47 48 49 49 40 40 40 41 41 41 42 42 43 44 45 46 47 47 48 48 49 49 40 40 40 41 41 41 42 43 44 45 46 47 47 48 48 49 48 49 49 49 40 40 40 40 40 40 40		
b Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction on any of its prior forms 990 or 990-EZ? If Yes, complete Schedule L. Part 1, 495, and 458 excess benefit transaction on any of its prior forms 990 or 990-EZ? If Yes, is completed Schedule L. Part 1, 495, and 458 excess benefit transaction or any of its prior forms 990 or 990-EZ? If Yes, is our prior year that has not been reported on any of its prior forms 990 or 990-EZ? If Yes, is our prior year that has not been reported on any of its prior forms 990 or 990-EZ? If Yes, is our prior year that has not been reported or any of its return is filed by the organization or disqualified persons during the year under sections 4912, 4953, and 4958 excess persons during the year under sections 4912, 4953, and 4958 excess persons during the year under sections 4912, 4953, and 4958 excess persons during the year year year. A special year and year was the organization and 4958 excess persons during the year was the organization in the 40c reimbursed or of sixualizations. A special year was the organization a party to a prohibited tax. 40b	b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I. c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. a All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed NONE At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? 42 43 44 45 46 47 47 47 48 49 49 49 49 49 40 40 40 40 40		
reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part 40b X complete Csection 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization 0. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization 0. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization 0. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed 0. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed 0. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed 0. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed 0. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed 0. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed 0. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed 0. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organization flow and section 501(c)(3), 501(c)(4), and 501(c)(29) organization flow and section 501(c)(3), 501(c)(4), 501(reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization of section 4912, 4955, and 4958. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. Any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filled NONE Telephone no. * 603-478-1881 Located at * P O BOX 21 ENUMCIAW WA	As Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501 (c)(3), 501 (c)(4), and 501 (c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8866-T. List the states with which a copy of this return is filed NONE Telephone no. 603-478-1881 Located at P O BOX 21 ENUMCIAW WA IP 14 PO BOX 21 ENUMCIAW WA IP 15 PO BOX 21 PO BOX 21 ENUMCIAW WA IP 15 PO BOX 22 PO BOX 22 PO BOX 21 PO BOX 21 PO BOX 22 P	managers or disqualified persons during the year under sections 4912, 4958, and 4958. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization by the organization. a All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed NONE Telephone no. 603-478. Located at POBOX 21 ENUMCLAW WA Indicate the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? 42 See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? 42 See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	40.1	١,
by the organization. • All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed NONE • All organizations books are in case of RITZ DUCHESNE Located at PO BOX 21 ENUMCIAW WA • Any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? • See the instructions for exceptions and filling requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). • At any time during the calendar year, did the organization maintain an office outside the United States? • At any time during the calendar year, did the organization maintain an office outside the United States? • At any time during the calendar year, did the organization maintain an office outside the United States? • At any time during the calendar year, did the organization maintain any office outside the United States? • At any time during the calendar year, did the organization maintain any office outside the United States? • At any time during the calendar year, did the organization maintain any office outside the United States? • At any time during the calendar year, did the organization maintain any office outside the United States? • At any time during the calendar year, did the organization maintain any donor advised funds during the year? If Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization receive any payment from renges in any transaction with a controlled entity within the meaning of section 512(b)(13)? If Yes,' At Add X. **At Add X.** **	by the organization. All organizations. At any time during the tax year, was the organization a party to a prohibited tax All organizations. At any time during the tax year, was the organization a party to a prohibited tax See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? 42 At any time during the calendar year, did the organization maintain an office outside the United States? 43 At any time during the calendar year, did the organization maintain an office outside the United States? 44 45 46 47 47 48 49 49 49 40 40 40 40 40 40 40	40 b	_ 2
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax All organizations Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year. All organization All organization All organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. In lieu of Form 194c, has the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. In lieu of Form 194c, has the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instructions for exceptions are a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instructions. All organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instructions.	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed NONE The organization's books are in care of RITZ DUCHESNE Located at POBOX 21 ENUMCLAW WA At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? 42 If 'Yes,' enter the name of the foreign country		
Shelter transaction? If 'Yes,' complete Form 8S86-T. List the states with which a copy of this return is filed NONE At the organization's hooks are in care of RITZ DUCHESNE Telephone no. 603-478-1881 Located at P O BOX 21 ENUNCIAN WA IP 4 98022 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a firancial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b X If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the United States? 42c X See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the United States? 42c X Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here N/A N/A Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? 44d X If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments? 44d X If 'Yes,' provide an explanation in Schedule O	Shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed NONE The organization's books are in care of RITZ DUCHESNE Located at POBOX 21 ENUMCIAW WA At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? 42 See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? 42 43 44 45 46 47 48 48 49 49 49 40 40 40 40 40 41 41 42 42 43 44 45 46 46 47 48 48 49 49 40 40 40 40 40 40 40 40		
a The organization's books are in care of RITZ DUCHESNE Located at P O BOX 21 ENUMCIAW WA At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? 42c X If 'Yes,' enter the name of the foreign country > Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year. At any time during the calendar year, did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? If 'Yes to line 44c, has the organization filed a Form 720 to report these payments? At any time during the calendar year, and the organization in Schedule O. At any time during the calendar year, and the organization of led a Form 720 to report these payments? At a yet and the organization have a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' and the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' and the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' and the organization have a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' and any tends to be completed instead of form 990-EZ. See instruction	The organization's books are in care of RITZ DUCHESNE Located at PO BOX 21 ENUMCLAW WA At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? 42 He organization's Telephone no. 603–478 2IP + 4 98022 42 43 44 45 46 47 48 48 49 49 49 40 40 40 40 41 41 42 42 43 44 45 46 46 46 47 48 48 48 48 48 48 48 48 48		
a The organization's books are in care of RITZ DUCHESNE Located at P O BOX 21 ENUMCIAW WA At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? 42c X If 'Yes,' enter the name of the foreign country > Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year. At any time during the calendar year, did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? If 'Yes to line 44c, has the organization filed a Form 720 to report these payments? At any time during the calendar year, and the organization in Schedule O. At any time during the calendar year, and the organization of led a Form 720 to report these payments? At a yet and the organization have a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' and the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' and the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' and the organization have a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' and any tends to be completed instead of form 990-EZ. See instruction	The organization's books are in care of RITZ DUCHESNE Located at PO BOX 21 ENUMCLAW WA At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? 42 He organization's Telephone no. 603–478 2IP + 4 98022 42 43 44 45 46 47 48 48 49 49 49 40 40 40 40 41 41 42 42 43 44 45 46 46 46 47 48 48 48 48 48 48 48 48 48	40 e	>
books are in care of PRITZ DUCHESNE Located at PO BOX 21 ENUNCIAN WA Located at PO BOX 22 Was an anthone of the foreign country Possible account, or other financial account)? Located at PO BOX 22 Was and account, or other financial account)? Located at PO BOX 22 Was and account, or other financial account)? Located at PO BOX 22 Was and accountry and accounts (FBAR). Located at PO BOX 22 Was and accounts (FBAR). Located at PO BOX 22 Was and accountry and accounts (FBAR). Located at PO BOX 22 Was and accounts (FBAR). Located at PO BOX 22 Was and accounts (FBAR). Located at PO BOX 22 Was and accounts (FBAR). Located at PO BOX 22 Was and accounts (FBAR). Located at PO BOX 22 Was and accounts (FBAR). Located at PO BOX 22 Was and accounts (FBAR). Located accountry and accountry and accounts (FBAR	books are in care of RITZ DUCHESNE Located at P O BOX 21 ENUNCIAW WA At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? 42 Helephone no. 603–478 ZIP + 4 98022 42 42 42 43 44 45 46 47 47 47 48 49 49 49 40 40 40 41 41 42 42 43 44 45 46 46 46 47 47 48 48 48 48 48 48 48 48		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here. and enter the amount of tax-exempt interest received or accrued during the tax year. It is defined by the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? Did the organization have a controlled entity within the meaning of section 512(b)(13)? If Yes,' Job the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If Yes,' Job the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If Yes,' Job the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If Yes,' Job the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If Yes,' Job the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If Yes,' Job the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If Yes,'	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States?	Ye	es No
Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? Ada X		12 c	X
Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed Ada	Did the organization mointain and days at 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	L	N/P
instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' 45 b V			
Did the organization receive any payments for indoor tanning services during the year? If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. Did the organization have a controlled entity within the meaning of section 512(b)(13)?. Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Torm 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions.	Did the organization operate one or more hospital facilities during the year? If 'Yes' Form 900 must be second.	4a	<u> X</u>
If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. Did the organization have a controlled entity within the meaning of section 512(b)(13)?. Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions.	Did the organization receive any parameter for the property of	4 b	v
If "No," provide an explanation filed a Form 720 to report these payments? Did the organization have a controlled entity within the meaning of section 512(b)(13)?. Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," 45 a X 45 b Y	s and payments for indoor tanning services during the year?		X
Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?	f 'No, provide an explanation in Schedule of Schedule of the second seco	4C	42
Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	Pid the organization have a seed to the control of	46	
Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	and organization have a continued entity within the meaning of cootion E10/L/(10/2	4 d	
	and organization have a continued entity within the meaning of cootion £10/b//10/2	4 d	X

Form 9	90-EZ (2018) WASHINGTON STATE	ANIMAL RESPONS	E TEAM	26-02	95234	F	Page
46 D	id the organization engage, directly or indicandidates for public office? If 'Yes,' complete Section 501(c)'3) Organization	rectly, in political campa	ign activities on behalf o			Yes	
Part \	All section 501(c)(3) organization for lines 50 and 51.	itions must answer	questions 47-49b a	nd 52, and comple	te the tab		>
	Check if the organization used Sched	ule O to respond to any	question in this Part VI.				г
47 Di	d the organization engage in lobbying active properties of the organization a school as described in a	illian - L				Yes	No
48 Is	the organization a school as described in	section 170/b)(1)(A)(ii)2	If 1\(\frac{1}{2} = \frac{1}{2} = \frac{1}{2	· · · · · · · · · · · · · · · · · · ·	47		Х
	Same and make any translets in a	II EXEMPT DOD Charitable	volated - · · · · ·				X
							_X
en	omplete this table for the organization's fiven aployees) who each received more than \$1	highest compensated e 00,000 of compensation	employees (other than of from the organization. I	ficers, directors, trustee f there is none, enter 'N	es, and key		***************************************
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred	(e) Estimated other comp	amoun	t of
NONE				compensation			
		-			-	········	
		-					
f Tota	al number of other employees paid over \$1	100,000					
51 Cor	nolete this table for the organization's five	fait at a second	dependent contracts			***************************************	
COII				nio each received more	than \$100,00	00 of	
NONE	(a) Name and business address of each independent	contractor	(b) Type of	service	(c) Compen	sation	
					-	-	
,							
d Tota	I number of other independent contractors	each receiving over \$10	0,000				
com	pleted Schedule A	te: All section 501(c)(3)	organizations must attac	h a	[स्त्र]		
nder penaltie	s of perjury, I declare that I have examined this return, incluand complete. Declaration of preparer (other than office	iding accompanying schedules an	d statements, and to the best of m	v knowledge and hall fit.	► X Yes		Vo
	other than office	r) is based on all information of	which preparer has any knowled	dge.			-
Sign	Signature of officer			Date			
lere	GRETCHEN MCCALLUM Type or print name and title		Т:	REASURER			
	Print/Type property	Preparer's signature					
aid	TAIDET C. S.	LAUREL Z. RICH	Date	Check if PTIN			
reparer	Firm's name ► BETTINGER MIFFLI	N RICH PS CPAS		self-employed P0(0004491		
lse Only	Firm's address ► 611 4TH AVE. #20	1		Firm's EIN ► Q	1_102200	2	
lav Hr. 17:	KIRKLAND, WA 980	33		Dhans (405)	<u>1-193328</u> 827-87		
ay the IRS	S discuss this return with the preparer sho	wn above? See instructi	ons		X Yes	No	

Form **990-EZ** (2018)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

WASHINGTON

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

STATE ANIMAL RESPONSE TEAM Employer identification number DBA WASART 26-0295234 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 12 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported organization (ii) FIN (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) in your governing document? Yes No (A) (B) (C) (D) (E)

TEEA0401L 06/07/18

Page 2

WASHINGTON STATE ANIMAL RESPONSE TEAM Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

2	ection A. Public Support						
C:	alendar year (or fiscal year eginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						(i) rotar
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
;	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	- I Tall Add In ics T till ough 5						
į	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
	from line 4						
Se	ction B. Total Support			I .			
ped	endar year (or fiscal year jinning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on.						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activity	lies, etc. (see inst	ructions)			13	
13	First five years. If the Form 990 is organization, check this box and s	for the organizat	ion's first, second			L	
Sec	uon c. computation of Pul	blic Support P	ercentage			The second secon	
14	Public support percentage for 201	8 (line 6, column	(f) divided by line	11, column (f))			
13	done support percentage from 20	017 Schedule A, F	Part II, line 14			15	<u>%</u> %
16a	a 33-1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b	b 33-1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.						
	a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization						
	10%-facts-and-circumstances test or more, and if the organization morganization meets the 'facts-and-Private foundation. If the organization is the organization of the organization of the organization of the organization is the organization of th	circumstances' tes	st. The organization	on qualifies as a n	x and stop nere, E	explain in Part VI h	ow the
٥	Private foundation. If the organiza	tion did not check	a box on line 13,	16a, 16b, 17a, or	17b, check this bo	ox and see instructi	ions
AA							

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

<u> </u>	ction A. Public Support						
Cale 1	ndar year (or fiscal year beginning in) Gifts, grants, contributions,	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(O.T.)
•	and membership fees received. (Do not include				(1) 2017	(e) 2018	(f) Total
	any 'unusual grants.')	102,772.	70 071				
2	Gross receipts from admissions	102,112.	78,871.	91,395.	77,636.	81,572.	432,246
	merchandise sold or services performed, or facilities						
	furnished in any activity that is						
	related to the organization's tax-exempt purpose.	0.45					
3	Gross receipts from activities	945.	8,437.	7,245.	6,279.	5,327.	28,233
	that are not an unrelated trade or business under section 513.	0 001	1				
4	Tax revenues levied for the	8,931.	7,799.	14,277.	9,121.	7,071.	47,199
	organization's benefit and either paid to or expended on						
_	its behalf						
5	The value of services or facilities furnished by a						0
	governmental unit to the						
-	organization without charge						0
7a	Total. Add lines 1 through 5 Amounts included on lines 1,	112,648.	95,107.	112,917.	93,036.	93,970.	0. 507,678.
	2, and 3 received from				, , , , ,	33,370.	301,010
L	disqualified persons.	0.	0.	0.	0.	0.	0
ນ	Amounts included on lines 2 and 3 received from other than				0.	0.	0.
	disqualified persons that exceed the greater of \$5,000 or						
	1% of the amount on line 13						
	for the year	0.	0.	0.	0.	0	•
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support. (Subtract line 7c from line 6.)					0.	0.
Sect	tion B. Total Support						507,678.
Calend	ar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(-1) 0017		
9	Amounts from line 6	112,648.	95,107.	112,917.	(d) 2017	(e) 2018	(f) Total
10a	Gross income from interest, dividends, payments received on securities loans,		33,107.	112,917.	93,036.	93,970.	507,678.
	rents, royalties, and income from						
b	similar sources. Unrelated business taxable			5.	64.	140.	200
	Income (less section 511					140.	209.
	taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	0 -	0.				0.
11.	Net income from unrelated business activities not included in line 10b,	- 0.	0.	5.	64.	140.	209.
1	whether or not the business is						
12 (regularly carried on						0
(Other income. Do not include gain or loss from the sale of						0.
(capital assets (Explain in						
13 1	Total support. (Add lines 9						0.
1	0c, 11, and 12.)	112,648.	95,107.	112,922.	93,100.	9/ 110	E07 007
14 1	First five years. If the Form 990 is forganization, check this box and st	or the organization	1 61 .		h tax year as a se	ection 501(c)(3)	507,887.
ecti	on C. Computation of Publ	ic Support Pe	rcentage				▶ [
15 F	Public support percentage for 2018	(line 8, column (f)	divided by line 1	3 column (f)			
	apric author berceillage from 201	17 Schedule A. Pai	rt III. line 15	5, column (i))		15	99.96 %
4461	on be computation of the	siment income	Percentage				99.98 %
7 II	nvestment income percentage for 2	2018 (line 10c. colu	umn (f), divided h	v line 13 column	(f))	[12]	
	westment income percentage from	1 201/ Schedule A	. Part III line 17				0.04 %
							0.02 %
h 3	s not more than 33-1/3%, check thi	s box and stop he	re. The organizati	on qualifies as a	oublicly supported	organization	► X
lii	ne 18 is not more than 33-1/3%, ch	neck this hox and	ston here. The or	line 14 or line 19	a, and line 16 is n	nore than 33-1/3%	, and
0 P	rivate foundation. If the organization	on did not check a	box on line 14 1	ganization qualifie	s as a publicly su	pported organizati	on ▶
AΑ			TEEA0403L 06/	707/18		instructions	
			10 100L 00/			THE R / Eastern OOA -	

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).			
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	2 3a		
ı	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
•	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	3c		
	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
1	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
Ŀ	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>	6	-	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .	9a		
	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI .	9b		
	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI .	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Schedule A (Form 990 or 990-EZ) 2018

			(pənui;uoo)	suoitez	Organiz	Supporting	VITE
TT.	VEDITUMOR	CTATATE ATEX	DIVITO	MOTORE				111 1C

Western	NOCOLA CONTRACTOR	3b	supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	VVE
			Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes, 'describe in Part W the role played by the	q
		38	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	e e
			Parent of Supported Organizations. Answer (a) and (b) below.	3
		qz	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If Yes, explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	
		l eS.	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	
ol	Kes	.].	Activities Test. Answer (a) and (b) below.	2
	·(SL	truction	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	o
			Secretary to the benefit of cach of the supported of definited forms. Complete fine 3 below.	q
			The organization satisfied the Activities Test. Complete line 2 below.	е
		(suo	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	L
			tion E. Type III Functionally Integrated Supporting Organizations	2601
		3	By reason of the relationship described in (2), did the organization's supported organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	
		2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	
oN	SəX		Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	L
-			tion D. All Type III Supporting Organizations	260
oN	х әд	L	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	L
	T T		tion C. Type II Supporting Organizations	၁ခဌ
		Z 	Did the organization operate for the benefit of any supported organization other than the supported organization(s) the organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	
οN	SəX	-	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in It he organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	L
	I.	211	ction B. Type I Supporting Organizations	PS
· · · · · · · · · · · · · · · · · · ·		911	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a. b. or c. provide detail in Part VI	
		6 LT	${f b}$ A family member of a person described in (a) above?	
		- 66	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	
οИ	Yes		Has the organization accepted a gift or contribution from any of the following persons?	
			Congressions (continued)	

TEEA0405L 06/07/18

AA8

Sch	edule A (Form 990 or 990-EZ) 2018 WASHINGTON STATE ANIMAL RESPO	NSE T	EAM 26-02	95234 Page
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organiz	zations	5	.55254 rage
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	L N1	00 1070 / 1 : : :	Part VI). See nrough E.
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
_ 7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
8	Average monthly value of securities	1a		
k	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
c	Total (add lines 1a, 1b, and 1c)	1d		
E	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	11		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

4

5

7 BAA

4 Enter greater of line 2 or line 3.

5 Income tax imposed in prior year

temporary reduction (see instructions).

6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

Schedule A (Form 990 or 990-EZ) 2018

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Sup	porting Organizatio	ns (continued)	93234 Fage
Sec	tion D – Distributions	<u> </u>	···· (continuou)	Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	urposes		
2	Amounts paid to perform activity that directly furthers exempt purp in excess of income from activity		izations,	
3	Administrative expenses paid to accomplish exempt purposes of s	upported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the orga in Part VI). See instructions.	nization is responsive (p	provide details	
9	Distributable amount for 2018 from Section C, line 6		·	
10	Line 8 amount divided by line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required — explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
	From 2013			
b	From 2014			
	From 2015			
	From 2016			
	From 2017			
1	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

BAA

Schedule A (Form 990 or 990-EZ) 2018 WASHINGTON STATE ANIMAL RESPONSE TEAM Section B, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 3b, 3c, 4b, 4c, 5a, 6, 5a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section B, lines 1 and 2; Part IV, Section B, line 1 and 3c, Part IV, Section B, lines 1 and 3c, Part IV, Section B, lines 1c, 2a, 2b, 3a, and 3b; Part IV, Section B, line 1 and 2c, Part IV, Section B, lines 1c, Part IV, Section C, Part IV, Section B, lines 1c, Part IV, Section B, lines 1c, Part IV, Section C, Part IV, Section B, lines 1c, Part IV, Section C, Part IV, Section C, Part IV, Section B, lines 1c, Part IV, Section C, Part IV, Section B, lines 1c, Part IV, Section B, lines 1c, Part IV, Section C, Part IV, Section C, Part IV, Section B, lines 1c, Part IV, Section B, lines 1c, Part IV, Section C, Part IV, Section B, lines 1c, Part IV, Section B, Part

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

WASHINGTON STATE	ANIMAL RESPONSE TEAM	Employer identification number
DBA WASART Organization type (check one):		26-0295234
Filers of:	Continue	
Form 990 or 990-F7	Section:	
FOITH 990 OF 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a	private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private treated as a private trust trust treated as a private trust trus	vate foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the Ger	neral Rule or a Special Rule.	
Note: Only a section 501(c)(7), (8), or (10) organ	nization can check boxes for both the General Rule and a S	pecial Rule. See instructions
General Rule		
X For an organization filing Form 990, 990-EZ,	or 990-PF that received, during the year, contributions total	ding \$5,000 or more (in money or
property) from any one contributor. Complete	e Parts I and II. See instructions for determining a contribu	tor's total contributions.
Special Rules		
For an organization described in section 501	(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% supp), that checked Schedule A (Form 990 or 990-EZ), Part II, li e year, total contributions of the greater of (1) \$5,000; or (2 -EZ, line 1. Complete Parts I and II.	ort test of the regulations
received from any one contributor, during the), that checked Schedule A (Form 990 or 990-EZ), Part II, II e year, total contributions of the greater of (1) \$5,000; or (2	ne 13, 16a, or 16b, and that
Form 990, Part VIII, line 1h; or (ii) Form 990	EZ, line 1. Complete Parts I and II.	y 2% of the amount on (i)
during the year, total contributions of more the	(c)(7), (8), or (10) filing Form 990 or 990-EZ that received finan \$1,000 <i>exclusively</i> for religious, charitable, scientific, literature of the scientific	rom any one contributor, terary, or educational
contributor name and address), II, and III.	children or animals. Complete Parts I (entering 'N/A' in colu	imn (b) instead of the
For an organization described in section 501	(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fi	rom any one contributor,
\$1,000. If this box is checked enter here the	religious, charitable, etc., purposes, but no such contribution total contributions that were received during the year for a	ons totaled more than
charitable, etc., purpose. Don't complete any	' Of the parts unless the General Rule applies to this organi	zation hospies
it received nonexclusively religious, charitable	e, etc., contributions totaling \$5,000 or more during the year	r ▶ \$
0		
	e General Rule and/or the Special Rules doesn't file Schedi 2, of its Form 990; or check the box on line H of its Form 990; ing requirements of Schedule B. (Form 900, 100, 100, 100, 100, 100, 100, 100,	
Part I, line 2, to certify that it doesn't meet the fil	ing requirements of Schedule B (Form 990, 990-EZ, or 990	90-EZ or on its form 990-PF, -PF).
BAA For Paperwork Reduction Act Notice, see the instruct	ions for Form 990, 990-EZ, or 990-PF. Schedule I	3 (Form 990, 990-EZ, or 990-PF) (2018)

WASHINGTON STATE ANIMAL RESPONSE TEAM

Employer identification number 26-0295234

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GIVEBIG/SEATTLE FOUNDATION 1601 FIFTH AVE, SUITE 1900 SEATTLE, WA 98101-3151	_\$5,130	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	MAX & VICTORIA DREYFUS FOUNDATION 2233 WISCONSIN AVE NW, STE 414 WASHINGTON, DC 20007	\$ <u>5,000</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	CONNIE EDWARDS 4748 193RD AVE SE ISSAQUAH, WA 98027	\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for
BAA			noncash contributions.)

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization WASHINGTON

Employer identification number

STATE ANIMAL RESPONSE TEAM 26-0295234 Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. from Part I (b)
Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received N/A (a) No. from Part I (b)
Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from (b)
Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received Part I (a) No. from (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received Part I (a) No. from Part I (b)
Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received

81/0S/60 J4070A33T

AA8

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization WASHINGTON STATE ANIMAL RESPONSE TEAM DBA WASART

Employer identification number 26-0295234

ADVERTISING AND PROMOTION	\$ 4
SANK SERVICE CHARGES	1
HARITABLE DONATIONS.	1,00
OMMUNICATIONS	12
OMPUTER SOFTWARE	63
ONFERENCES, CONVENTIONS, AND MEETINGS	5,39
EPLOYMENT EXPENSE.	2,18
EPRECIATION	28,32
UES & SUBSCRIPTIONS.	25
OOD/BEVERAGE	7.4
UEL	1,28
NSURANCE	6,75
ICENSES & PERMITS.	67
EMBERSHIPS	48
ERCHANT FEES	89
ISCELLANEOUS	12
O BOX /SAFETY DEP BOX RENTALS	15
EPAIRS TO EQUIPMENT	21
UPPLIES AND SMALL EQ	13,83
KAVEL	38
TILITIES	 5,05
TOTAL	\$ 68,56

OTHER ASSETS

	_B	EGINNING	 ENDING
DEPOSITS/FUTURE EVENTS.	\$	2,186.	\$ 3,001.
INVENTORIES.		6,949.	7,121.
MISCELLANEOUS.		106,588.	88,475.
NOTES AND LOANS RECEIVABLE		73.	 0.
TOTAL	\$	115,796.	\$ 98,597.

FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES

	BEGI	NNING	 ENDING
CREDIT CARD PAYABLE DEPOSIT ON MERCHANDISE PURCH		592. 400.	\$ 0.
TOTAL		992.	\$ 0.

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

HELP COMPANION ANIMALS AND LIVESTOCK OUT OF IMMEDIATE CRISIS AND DANGEROUS SITUATIONS.

NO

Name of the organization WASHINGTON STATE ANIMAL RESPONSE TEAM Employer identification number DBA WASART 26-0295234 FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS (A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO (B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR

INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?...

BETTINGER MIFFLIN RICH PS CPAS 611 4TH AVE. #201 KIRKLAND, WA 98033 (425) 827-8771

January 29, 2019

WASHINGTON STATE ANIMAL RESPONSE TEAM DBA WASART P O BOX 21 ENUMCLAW, WA 98022

Dear Client:

Your 2018 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Please be sure to call us if you have any questions.

Sincerely,

Laurel Z. Rich

2018 FEDERAL EXEMPT ORGAN WASHINGTON STATE	IZATION TAX S	SUMMARY (EZ)	PAGE 1
DBA V	VASART		26-0295234
1/29/19			6:54 PM
FORM 990-EZ REVENUE	2018	2017	DIFF
CONTRIBUTIONS, GIFTS, AND GRANTS. PROGRAM SERVICE REVENUE. INVESTMENT INCOME. GROSS PROFIT (LOSS) - INVENTORY SALES	7,071	77,636 9,122 64 1,940	3,936 -2,051 76 1,008
TOTAL REVENUE	91,731	88,762	2,969
EXPENSES		,	2,303
PROFESSIONAL FEES/PYMT TO CONTRACTORS OCCUPANCY/RENT/UTILITIES/MAINTENANCE PRINTING, PUBLICATIONS, AND POSTAGE OTHER EXPENSES	8,920 4,149 1,199 68,561	10,869 0 507 69,506	-1,949 4,149 692 -945
TOTAL EXPENSES	82,829	80,882	1,947
NET ASSETS OR FUND BALANCES EXCESS OR (DEFICIT) FOR THE YEAR NET ASSETS/FUND BAL. AT BEG. OF YEAR NET ASSETS/FUND BAL. AT END OF YEAR	8,902 226,087 234,989	7,880 218,207 226,087	1,022 7,880 8,902

2018

1/29/19

FEDERAL WORKSHEETS

PAGE 1

CLIENT 92270

WASHINGTON STATE ANIMAL RESPONSE TEAM DBA WASART

26-0295234

06:54PM

COMPUTATION OF COST OF GOODS SOLD (FORM 990-EZ)	COMPUTATION OF	COST OF	GOODS SOLD	(FORM 990-F7)
---	-----------------------	----------------	------------	---------------

1	TANGENGODY AND CHARGE OF THE P	
Τ.	INVENTORY AT START OF YEAR	6,949.
	1 01101110110	
	PURCHASES COST OF LABOR ADDITIONAL 263A COSTS	
4.	ADDITIONAL 263A COSTS	0.
5.	OTHER COSTS	0.
6.	TOTAL (ADD LINES 1 THROUGH 5)	0.
7.	INVENTORY AT END OF YEAR.	9,500.
8	COST OF COORS SOLD (SUPERACE LINE 7 TROM LINE S)	7,121.
٠.	COST OF GOODS SOLD (SUBTRACT LINE 7 FROM LINE 6)	2,379.
		=1010.

2018 FEDERAL BOOK SUMMARY DEPRECIATION SCHEDULE

PAGE 1

CLIENT 92270

WASHINGTON STATE ANIMAL RESPONSE TEAM DBA WASART

	11 322/0		l l	DBA WASA	RT				2	26-0295234
29/19	1									06:54PN
NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIEE	CURRENT DEPR.
FORM	1 990/990-PF								<u>-111-</u>	DEEK.
1	PROJECTOR	7/15/08		300			200	0.4		
2	LAPTOPS - 2	8/15/08		1,500			300	S/L	5	0
3	ROPE	8/15/08		1,656			1,500	S/L	5	0
4	AVATAR FULL BODY HARNESS	8/15/09		190			1,656 190	S/L	7	0
5	SHANKS HORSE HEAD PROTECT	8/15/09		350				S/L	7	0
7	BECKER LG RESCUE SLING	9/15/09		1,208			350	S/L	7	0
8	LG RESCUE GLIDE	10/15/09		1,757			1,208	S/L	7	0
9	3 KW HONDA GENERATOR	11/15/09		1,960			1,757	S/L	7	0
10	ICOM 50W MOBILE RADIOS 3	3/15/10	,	1,300			1,960	S/L	7	0
11	STIHL CHAIN SAW	7/15/10		209			589	S/L	7	0
13	TRAIL CLRG EQ+4SPACEBLANK	8/15/10		422			105	S/L	7	0
14	2 INCH WEBBING RED	8/15/10		107			215	S/L	7	0 -
16	LAPTOP	6/15/11		750			54	S/L	7	0
17	TITAN STATIC HORSE MANIKI	10/15/11		500			750	S/L	5	0
18	SHANKS HORSE HEAD PROTECT	3/15/13		175			500	S/L	7	0
	AVID MICROCHIP SCANNERX3	4/15/13		450			175	S/L	7	0
	LOCKING PIN	5/15/13		28			450	S/L	7	0
22	RG RESCUE GLIDE	12/15/13		1,584			16	S/L	7	4
23 E	ELECTRIC HOT KNIFE	7/15/13		1,364			904	S/L	7	226
	ROPE	7/15/13		730			125	S/L	5	0
25 1	TARPS ETC FOR TRLR #2	10/15/13		65			730	S/L	7	0
	ROPE	9/15/13		3,545			36	S/L	7	9
27 (ASCRESCUELITTER/ACCESS	3/15/14		1,485			3,545	S/L	7	0
	IP ALL IN ONE PRINTER	5/15/14		219			813	S/L	7	212
29 L	APTOP	6/15/14		843			161	S/L	5	44
30 P	OP UP TENT	9/15/14		241			605	S/L	5	169
	ESCUE ROPES	10/15/14		962			113	S/L	7	34
	OX VAN EQUIPMENT/2015	6/30/15					445	S/L	7	137
	IGN	5/08/15		3,521			1,760	S/L	5	704
	ONOPOLE FOR A FRAME	5/26/15		330			125	S/L	7	47
	ONOPOLE FOR A FRAME	9/16/15		1,650			610	S/L	7	236
	ESCUE BIPOD & HARDWARE	5/19/15		1,650			531	S/L	7	236
	ECKER SLING PACKAGE	2/20/15		4,688			1,731	S/L	7	670
	ONDA GENERATOR	2/26/15		1,584			898	S/L	5	317
	CKET STAKE FOR A FRAME	4/30/15		760			318	S/L	7	109
	HAIN SAW	2/05/15		480			184	S/L	7	69
	SCUE TRIPOD HEAD/CHAIN	9/15/15		278			116	S/L	7	40
	THE TOTAL OF THE T	J/ 1J/ 1J		1,020			341	S/L	7	146

2018 FEDERAL BOOK SUMMARY DEPRECIATION SCHEDULE

PAGE 2

CLIENT 92270

WASHINGTON STATE ANIMAL RESPONSE TEAM DBA WASART

26-0295234

			L	JDA WAJA	N I				2	6-02952
9/19	9.									06:54
NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD_	LIFE .	CURRENT DEPR.
43	RESCUE LITTER	8/13/15		1,464			505	S/L	7	2
45	RESCUE ROPES	2/19/16		1,628			427	S/L	7	
46	ROPE RESCUE EQUIPMENT	3/15/16		3,726			976	S/L	7	
47	ROPE RESCUE EQUIPMENT	8/15/16		474			96	S/L	7	
48	PRINTER	3/15/16		137			50	S/L	5	
50	RADIOS/CHARGERS-NSI COMM	1/18/17		3,371			1,030	S/L	3	1,
51	TRIPOD/BIPOD/RELEASEBAR	7/03/17		9,012			901	S/L	5	1,
54	REMOTE AREA LIGHTING	9/13/18		5,730				S/L	5	.,
55	WINCH	9/24/18		2,481				S/L	5	
	TOTAL			66,645		0	29,851		-	7,
AU	TO / TRANSPORT EQUIPMENT									,
6	08 TNT 14' TRAILER	8/15/09		4,008			468	S/L	5	
12	94 WELLSCARGO12'UTILTRLR	7/15/10		2,000			600	S/L	5	
15	95TRITONTRLRCORRAL PANELS	4/15/11		2,000			1,144	S/L	7	
20	06 FORD F250 PICKUP TRUCK	5/15/13		19,900			19,900	S/L	5	
32	2010 CHEVY BOX VAN	12/31/14		16,200			9,720	S/L	5	3,2
44	AKC TRAILER #4	1/01/16		25,000			10,000	S/L	5	5,0
49	AKC TRAILER #5	8/26/16		25,000			6,667	S/L	5	5,0
52	15 DODGE 4X4 P/U	10/26/17		33,513			1,117	S/L	5	6,7
53	CANOPY FOR DODGE	1/05/18		2,000	_			S/L	5	4
									_	-
	TOTAL AUTO / TRANSPORT EQUI			129,621		0	49,616			20,4
	TOTAL AUTO / TRANSPORT EQUI			129,621	-	00	49,616 79,467		-	20,4

2018 FEDERAL BOOK DEPRECIATION SCHEDULE

WASHINGTON STATE ANIMAL RESPONSE TEAM

PAGE 1

CLIENT 92270 DBA WASART 26-0295234 1/29/19 06:54PM **PRIOR** CUR **SPECIAL** 179/ PRIOR SALVAG DATE DATE COST/ BUS. 179 DEPR. BONUS/ DEC. BAL /BASIS DEPR. **PRIOR** CURRENT DESCRIPTION ACQUIRED SOLD BASIS PCT. BONUS ALLOW. SP. DEPR. DEPR. REDUCT BASIS DEPR. METHOD LIFE RATE DEPR. FORM 990/990-PF 1 PROJECTOR 7/15/08 300 300 300 S/L 5 2 LAPTOPS - 2 8/15/08 1,500 1,500 1,500 S/L 5 3 ROPE 8/15/08 1,656 1,656 1,656 S/L 7 4 AVATAR FULL BODY HARNESS 8/15/09 190 190 190 S/L 7 5 SHANKS HORSE HEAD PROTECT 8/15/09 350 350 350 S/L 7 BECKER LG RESCUE SLING 9/15/09 1,208 1,208 1,208 S/L 7 8 LG RESCUE GLIDE 10/15/09 1,757 1,757 1,757 S/L 7 9 3 KW HONDA GENERATOR 11/15/09 1.960 1,960 1,960 S/L 7 10 ICOM 50W MOBILE RADIOS 3 3/15/10 1,300 1,300 589 S/L 7 11 STIHL CHAIN SAW 7/15/10 209 209 105 S/L 7 13 TRAIL CLRG EQ+4\$PACEBLANK 8/15/10 422 422 215 S/L 7 14 2 INCH WEBBING RED 8/15/10 107 107 S/L 7 16 LAPTOP 6/15/11 750 750 750 S/L 5 17 TITAN STATIC HORSE MANIKI 10/15/11 500 500 500 S/L 7 0 18 SHANKS HORSE HEAD PROTECT 3/15/13 175 175 175 S/L 7 19 AVID MICROCHIP SCANNERX3 4/15/13 450 450 450 S/L 7 21 LOCKING PIN 5/15/13 28 28 16 S/L 7 22 LRG RESCUE GLIDE 12/15/13 1,584 1,584 904 S/L 7 226 23 ELECTRIC HOT KNIFE 7/15/13 125 125 125 S/L 5 24 ROPE 7/15/13 730 730 730 S/L 7 0 25 TARPS ETC FOR TRLR #2 10/15/13 65 65 36 S/L 7 9 26 ROPE 9/15/13 3,545 3,545 3,545 7 S/L 0 CASCRESCUELITTER/ACCESS 3/15/14 1.485 1,485 813 S/L 7 212 28 HP ALL IN ONE PRINTER 5/15/14 219 219 161 S/L 5 44 29 LAPTOP 6/15/14 843 843 605 S/L 5 169

1/29/19

2018 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 2

CLIENT 92270

WASHINGTON STATE ANIMAL RESPONSE TEAM DBA WASART

26-0295234

							PRIOR							06:54PI
NO.	DESCRIPTION		DATE COST SOLD BASI	/ BUS	CUR . 179 . <u>Bonus</u>	SPECIAL DEPR. ALLOW.	179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIEE DA	CURRENT
30	POP UP TENT	9/15/14		241										E DEPR.
31	RESCUE ROPES	10/15/14		962						241	113	S/L		34
33	BOX VAN EQUIPMENT/2015	6/30/15	;	3,521						962	445	S/L	7	137
34	SIGN	5/08/15		330						3,521	1,760	S/L	5	704
35	MONOPOLE FOR A FRAME	5/26/15		,650						330	125	S/L	7	47
36	MONOPOLE FOR A FRAME	9/16/15	1	,650						1,650	610	S/L	7	236
37	RESCUE BIPOD & HARDWARE	5/19/15		,688						1,650	531	S/L	7	236
38	BECKER SLING PACKAGE	2/20/15		,584						4,688	1,731	S/L	7	670
39	HONDA GENERATOR	2/06/15		760						1,584	898	S/L	5	317
40	PICKET STAKE FOR A FRAME	4/30/15		480						760	318	S/L	7	109
41	CHAIN SAW	2/05/15		278						480	184	S/L	7	69
42	RESCUE TRIPOD HEAD/CHAIN	9/15/15		,020						278	116	S/L	7	40
43	RESCUE LITTER	8/13/15		464						1,020	341	S/L	7	146
45	RESCUE ROPES	2/19/16		628						1,464	505	S/L	7	209
46	ROPE RESCUE EQUIPMENT	3/15/16		726						1,628	427	S/L	7	233
47	ROPE RESCUE EQUIPMENT	8/15/16		474						3,726	976	S/L	7	532
48	PRINTER	3/15/16		137						474	96	S/L	7	68
50	RADIOS/CHARGERS-NSI COMM	1/18/17		371						137	50	S/L	5	27
51	TRIPOD/BIPOD/RELEASEBAR	7/03/17		012						3,371	1,030	S/L	3	1,124
54	REMOTE AREA LIGHTING	9/13/18		730						9,012	901	S/L	5	1,802
55 \	WINCH	9/24/18		181						5,730 2,481		S/L S/L	5 5	382 124
1	TOTAL		66,	 645	0	0	0	0	0		00.054	0, 2	v	
AUT	0 / TRANSPORT EQUIPMENT		,		-		U	U	U	66,645	29,851			7,910
6 0	08 TNT 14' TRAILER	8/15/09	4,0	108										
12 9	94 WELLSCARGO12'UTILTRLR	7/15/10	2,0							4,008	468	S/L	5	0
			۷,۰	00						2,000	600	S/L	5	0

2018 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 3

CLIENT 92270

WASHINGTON STATE ANIMAL RESPONSE TEAM DBA WASART

26-0295234

4 100 11					-		22/11//	10/11/1							26-0295234
1/29/19)														06:54PM
NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE_R	CURRENT ATEDEPR.
15	95TRITONTRLRCORRAL PANELS	4/15/11		2,000							2,000	1,144	S/L	7	71
20	06 FORD F250 PICKUP TRUCK	5/15/13		19,900							19,900	19,900	S/L	5	0
32	2010 CHEVY BOX VAN	12/31/14		16,200							16,200	9,720	S/L	5	3,240
44	AKC TRAILER #4	1/01/16		25,000							25,000	10,000	S/L	5	5,000
49	AKC TRAILER #5	8/26/16		25,000							25,000	6,667	S/L	5	5,000
52	15 DODGE 4X4 P/U	10/26/17		33,513							33,513	1,117	S/L	5	6,703
53	CANOPY FOR DODGE	1/05/18		2,000							2,000		S/L	5	400
	TOTAL AUTO / TRANSPORT EQUIP		_	129,621		0	0	C) 0	0	129,621	49,616			20,414
	TOTAL DEPRECIATION		=	196,266		0	0	0	0	0	196,266	79,467			28,324
	GRAND TOTAL DEPRECIATION		=	196,266		0	0	0	0		196,266	79,467			28,324

Form 8879-EC

IRS e-file Signature Authorization for an Exempt Organization

		_	
calendar year 2018, or fiscal year beginn	nina	. 2018	and ending

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization

Name and title of officer

WASHINGTON STATE ANIMAL RESPONSE TEAM DBA WASART

Employer identification number

26-0295234

GRETCHEN MCCALLUM

TREASURER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

	eck one box only							
X I authorize			m name		to enter my PIN	Enter five nu	umbers, but	as my signature
	nization's tax year cy(ies) regulating disclosure consen		ly filed return. If I ha of the IRS Fed/Stat	ave indicated versions are	within this return the liso authorize the a	hat a copy of that a copy of the	าe return is ป ERO to er	being filed with nter my PIN on
As an officer indicated with program, I w	of the organization of this return tha of the order of the organization of the orga	on, I will enter my t a copy of the re n the return's disc	PIN as my signatu turn is being filed w closure consent scr	re on the organith a state age een.	nization's tax year ency(ies) regulatin	· 2018 electroni g charities as p	ically filed r part of the I	eturn. If I have RS Fed/State
Officer's signature					Date ▶			
Part III Certi	fication and A	uthentication)					
	Enter your six-dig							

number (EFIN) followed by your five-digit self-selected PIN.

91347954321

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

LAUREL Z. RICH

Date >

ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2018)