* * * NOTICE 2018-100 * * * * * * PUBLIC DISCLOSURE COPY * * *

The all of the target and the target regions	Form 990-T	990-T Exempt Organization Business Income Tax Return								0	OMB No. 1545-0687			
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A		► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).												
Image: Solution (M3 a) Type Province, status on the P.D. Dox, see instructions. Image: Solution (M3 a) Employed (M3 a)									(Employee	ployees' trust, see				
Import A Import A <td< th=""><td>B Exempt under section</td><td colspan="7">Print THE SEATTLE AQUARIUM SOCIETY</td><td></td><td colspan="4">91-1189249</td></td<>	B Exempt under section	Print THE SEATTLE AQUARIUM SOCIETY								91-1189249				
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S2(a) exact TLE, NA, 98101 2015 C Browstey of a starter between the fore perception multice (See instructions.) ► G Concentration (See instructions.) ► B Check organization type ► (See instructions.) ► Describe the only (on first) unrelated trades or businesses. ► Describe the only (on first) unrelated trades or businesses. ► Describe the only (on first) unrelated trades or businesses. ► Describe the only (on first) unrelated trades or businesses. ► Describe the only (on first) unrelated trades or businesses. The only (on first) unrelated trade or businesses first) = (a first) (a first) (a first) (a first) (a		1,900	1483 ALASKAN WAY											
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G Check organization type X S01(c) corporation S01(c) trust S01(c) trust S01(c) trust S01(c) trust S0 corporation		f all assets F. Group exemption number (See instructions.)												
Table of business, here billing	at end of year			<u>,</u>	,	oration		501(c) trust	40	1(a) tr	a) trust Other trust			
describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. U Uring the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No I'' res; "inst the name and dentifying number of the parent corporation. ► Yes No I'' res; "inst the name and dentifying number of the parent corporation. ► Yes No I'' res; "inst the name and dentifying number of the parent corporation. ► Yes No I'' res; "inst the name and dentifying number of the parent corporation. ► Yes No I'' res; "inst the name and dentifying number of the parent corporation. ► Yes No I'' the colds are in a control to state. (c) Net (c) Net 1a Gross profit. Schedule 0. 4 (c) Net 2 Cost of goods sold (Schedule A, line 7). 4 (c) Net 4 Copial lace Schedule 0. 6 (c) Net 5 Control cost sold (Schedule C). 6 (c) Net 6 Corporations (Schedule C). (c) Net (c) Net 7 (c) Conparison Schedule 0. (c) Net (c) Net	H Enter the number of the o	organiza	tion's unrelated trades or l	ousinesses.	•			Describe	the only (or first) unre	inrelated			
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During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No If "Yes," enter the name and identifying number of the parent corporation, ▶ Telephone number 2.06-386-4300 If the books are in care of ▶< RXCK. Jointscoo. RXCK. Jointscoo. (B) Expenses (C) Net If Gross receipts or sales e Balance 1c 1c 1c 1c 2 Cost of goods sold (Schedule A, line 7) 4b 1c	describe the first in the bl	lank spa	ice at the end of the previo	us sentence,	complete Pa	arts I and	d II, con	nplete a Schedule	e M for each add	itional	trade or			
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2 Cost of goods sold (Schedule A, Ine 7) 2				- Delense	•									
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		Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)									31			
LULA For Denominate Deduction Act Nation and instructions	32 Unrelated business taxable income. Subtract line 31 from line 30									32				

Form 990-T	(2018)	THE SEATTLE AQUARIU	M SOCIE	STY			91-11892	49			Page 2	
Part I	II T	otal Unrelated Busine	ss Tax	able Income								
33	Total o	f unrelated business taxable inco	me comp	uted from all unrelated tra	des or businesse	es (see instructi	ons)	33			Ο.	
34	Amounts paid for disallowed fringes									167	,299.	
35	Deduct	eduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)										
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of											
	lines 33 and 34									167	,299.	
37	Specifi	c deduction (Generally \$1,000, b	ut see line	e 37 instructions for excep	tions)			37		1	,000.	
38	Unrela	ted business taxable income. S	ubtract lin	ie 37 from line 36. If line 3	7 is greater than	line 36,						
								38		166	,299.	
		ax Computation										
		zations Taxable as Corporation						39		34	,923.	
40		Taxable at Trust Rates. See inst										
		ax rate schedule or 🛛 🛄 Sch						40				
		ax. See instructions						41				
42	Alterna	tive minimum tax (trusts only)			••••••			42				
		Noncompliant Facility Income.						43				
		Add lines 41, 42, and 43 to line 3	9 or 40, w	hichever applies				44		34	,923.	
Part V	_	ax and Payments			、			<u> </u>				
	-	tax credit (corporations attach F			,			- 1				
b	Uther c	redits (see instructions)				45b		1				
		l business credit. Attach Form 38										
		or prior year minimum tax (attac						45.				
		redits. Add lines 45a through 45						45e		2.4	0.2.2	
		ct line 45e from line 44 axes. Check if from: Form 4		Earm 9611				46		54	,923.	
		axes. Check if from, [] Point 2 ax. Add lines 46 and 47 (see inst						47		34	,923.	
		et 965 tax liability paid from Forn						40		24	0.	
		nts: A 2017 overpayment credite				1 1		43			0.	
		stimated tax payments					15,000,					
		oosited with Form 8868					20,000.	- 1				
		organizations: Tax paid or withh					20,000					
	-	withholding (see instructions)		, , , , , , , , , , , , , , , , , , , ,								
		or small employer health insuran										
		redits, adjustments, and paymen						1				
3		orm 4136		Other	Total	► 50g						
51		ayments. Add lines 50a through						51		35,000.		
		ed tax penalty (see instructions).						52				
53	Tax du	e. If line 51 is less than the total of	of lines 48	, 49, and 52, enter amoun				53				
		yment. If line 51 is larger than th					•	54		77.		
55	Enter th	ie amount of line 54 you want: C	redited to	2019 estimated tax 🛛 🕨		77.	Refunded 🕨 🕨	55			0.	
Part V	'l St	atements Regarding	Certair	n Activities and O	ther Inform	ation (see ir	nstructions)	*				
56	At any i	time during the 2018 calendar ye	ar, did the	e organization have an inte	rest in or a signa	ture or other au	uthority			Yes	No	
	over a f	inancial account (bank, securitie	s, or othei	r) in a foreign country? If "	Yes," the organiz	ation may have	to file					
	FinCEN	Form 114, Report of Foreign Ba	nk and Fin	ancial Accounts. If "Yes," e	enter the name of	f the foreign co	untry			1.1	1	
	here 🕨											
		the tax year, did the organization			it the grantor of,	or transferor to	, a foreign trust?		<i>p</i>			
		see instructions for other forms	•						1			
58		e amount of tax-exempt interest										
Sign	Corre	er penalties of perjury, I declare that I h ct, and complete. Declaration of prepa	ave examin rer (other th	ed this return, including accom an taxpayer) is based on all inf	panying schedules formation of which p	and statements, a reparer has any ki	ind to the best of my kno nowledge.	wledge and	d belief, it is	true,		
Sign Here		1 LII		1.1.6.0	×				discuss this		with	
									shown below		, "I	
	1			Duranda	1110	Duti		structions)		3 <u> </u>	No	
		Print/Type preparer's name		Preparer's signature		Date	Check i	f PTIN				
Paid	2	אסא הו די אספרע ד			UVDE	1/1//10	self- employed	500	1235405			
Prepa					Eirm's EIN	_)235495 -119401(5				
Use O	nly ˈ	Y Firm's name ► CLARK NUBER, PS Firm's EIN ► 10900 NE 4TH STREET, SUITE 1400							1134010			
	,	irm's address 🕨 BELLEVUE					Phone no. 4	25-454	-4919			