

Form **990**

Department of the Treasury
Internal Revenue Service

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.
- ◆ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **DYSLEXIC ADVANTAGE**
BROCK EIDE
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
6701 139TH PLACE SW
 City or town, state or province, country, and ZIP or foreign postal code
EDMONDS WA 98026

D Employer identification number: **45-5170308**

E Telephone number: _____

F Name and address of principal officer:
FERNETTE EIDE
6701 - 139TH PLACE SW
EDMONDS WA 98026

G Gross receipts: **211,502**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ◆ **HTTP://DYSLEXICADVANTAGE.ORG** **H(c)** Group exemption number ◆ _____

K Form of organization: Corporation Trust Association Other ◆

L Year of formation: **2012** **M** State of legal domicile: **WA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	5	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	3	
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	2	
	6	Total number of volunteers (estimate if necessary)	2	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
7b	Net unrelated business taxable income from Form 990-T, line 34	0		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 346,721	Current Year: 107,869
	9	Program service revenue (Part VIII, line 2g)	49,489	68,897
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	32,191	31,063
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	428,401	207,829
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		40,000
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	229,997	100,183
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	16b	Total fundraising expenses (Part IX, column (D), line 25) ◆ 2,029		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	278,141	105,140	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	508,138	245,323	
19	Revenue less expenses. Subtract line 18 from line 12	-79,737	-37,494	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 220,870	End of Year: 140,009
	21	Total liabilities (Part X, line 26)	20,701	6,698
	22	Net assets or fund balances. Subtract line 21 from line 20	200,169	133,311

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer: **BROCK EIDE** Date: _____
 Type or print name and title: **PRESIDENT**

Paid Preparer Use Only
 Print/Type preparer's name: **BRENT W. HAGEN** Preparer's signature: **BRENT W. HAGEN** Date: **05/12/17** Check if self-employed PTIN
 Firm's name: **THE HAGEN FIRM, PLLC** Firm's EIN: _____
 Firm's address: **110 THIRD AVENUE NORTH, SUITE 201**
EDMONDS, WA 98020 Phone no.: **425-771-5556**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.