

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

OMB No. 1545-0047

2018
Open to Public Inspection**A For the 2018 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)

6701 139TH PLACE SW

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

EDMONDS**WA 98026****F** Name and address of principal officer:**FERNETTE EIDE****6701 - 139TH PLACE SW****EDMONDS****WA 98026****D** Employer identification number**45-5170308****E** Telephone number**G** Gross receipts \$ **202,029****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	5	
	4	3	
	5	1	
	6	13	
	7a	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	84,702	83,640
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	69,179	82,262
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	31,364	30,835
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	185,245	196,737
	14 Benefits paid to or for members (Part IX, column (A), line 4)	40,000	45,000
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	60,678	65,124
	Expenses	b Total fundraising expenses (Part IX, column (D), line 25) ◆	
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		4,476	
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		60,056	64,150
19 Revenue less expenses. Subtract line 18 from line 12		160,734	174,274
20 Total assets (Part X, line 16)		24,511	22,463
21 Total liabilities (Part X, line 26)			
22 Net assets or fund balances. Subtract line 21 from line 20			
Net Assets or Fund Balances	Beginning of Current Year	End of Year	
	132,287	125,333	
	4,169	3,667	

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		Date	
	BROCK EIDE		TREASURER	
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date
	BRENT W. HAGEN		BRENT W. HAGEN	05/14/19
	Firm's name " THE HAGEN FIRM, PLLC		Firm's EIN " 425-771-5556	
	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.

Form **990** (2018)