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								c	OMB No 1545-0687		
Feem 990-T		Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))							2018		
	For calendar year 2018 or other tax year beginning  Ament of the Treasury  All Revenue Service  For calendar year 2018 or other tax year beginning  Go to www.irs.gov/Form990T for instructions and the latest information.  Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)							Open to Public Inspection for 501(c)(3) Organizations Only			
A	To Charle Land							entification number			
В	xernpt under section (Employees								rust, see instructions.)		
<u> </u>	501( C)()3) Print Washington Asset Building					Coalition					
L	408(e) 220(e) OF Number, street, and room or suita no. If a P.O box, see instructions.							06157			
Ļ	- · · · · · · · · · · · · · · · · · · ·						E Unrelated busi	tivity code			
	323(a) City of town, sale or promite, colony, and 27 in the gir postal colo							LSL.)			
	Sook vatue of all assets set of year Seattle WA 98124-3831 F Group exemption number (See instructions.) ►										
E	t end of year 39.799			X 501(c) corpor	ation	501(c) trust	401(a) trust		Other trust		
H E				or businesses.							
	• <u> </u>										
F	Parts I-V. If more than o	ne, desc	onbe the first in the blank	space at the end of the	previo	us sentence, complete F	arts I and II, com	plete -	•		
	Schedule M for each ad	ditional t	rade or business, then o	omplete Parts III-V.							
				an affiliated group or a pa	arent-s	ubsidiary controlled grou	p?	. ▶	Yes X No		
	•	and idei	ntifying number of the pa	irent corporation.							
	he books are in care of	<b>N</b> 9	tephanie Bo	·man		Totos	hone number >	20	6-898-3043		
			e or Business Inco			(A) Income	(B) Expenses	Ť	(C) Net		
1a	Gross receipts or sales				Π		<del>- 1 2</del> 4 1 -		***		
b	Less returns and allow			c Balance >	1c	ļ	]	- 1	· · · · · · · · · · · · · · · · · · ·		
2	Cost of goods sold (So	hedule /	A, line 7)		2		•				
3	Gross profit. Subtract I	ne 2 fro	m line 1c		3						
<b>4a</b>	Capital gain net incom	e (attach	n Schedule D)		4a						
þ	Net gain (loss) (Form 479)	', Part II, I	line 17) (attach Form 4797)		4b			<u>.                                    </u>			
C	Capital loss deduction	for trust	s		4c		· · · · · · · · · · · · · · · · · · ·	$\perp$			
5	tnoome (loss) from partnership	and S corp	oration (attach statement)		5_		<u> </u>	4	· · · · · · · · · · · · · · · · · · ·		
6	Rent income (Scheduli	e C)			6			-			
7	Unrelated debt-finance	d incom	e (Schedule E)		7			$\perp$			
8			nts from controlled organization		8	<del> </del>		+	<del></del>		
9 10			(c)(7), (9), or (17) organization ne (Schedule I)		10			$\dashv$			
11	Advertising income (Si		n.		11		<del></del>	$\dashv$	<del> </del>		
12			s; attach schedule)		12		<del></del>	+			
13	Total Combine lines 3				13	0	•	$\top$	0		
Pa	rt II Deduction	ns Not	Taken Elsewhere	(See instructions for	or lim	tations on deduction	ns.) (Except f	or co	ntributions,		
	deduction	s must	be directly connect	ted with the unrelate	ed bu	siness income.)					
14	•	ers, direc	dors, and trustees (Sche				· · · · · · · · · · · · · · · · · · ·	14			
15	Salaries and wages				F	RECEIVED		15 16			
16	Repairs and maintena				·F	FATIACI	·	17			
17 18	Interest (attach echodi	ile) (con	instructions)	, •			1O1 "	18			
19	Taxes and licenses	10) (300	these for heitstler giles)		···· 1	10 V 2·1·2079 ···	l×t · ⊢	19			
20	Charitable contributions (S	ee instruc	toons for limitation rules)				·/\lambda	20	<del></del>		
21					$\mathbf{O}$	DENIZILIE	#/ · ·				
22	Less depreciation clain	ned on S	2) Schedule A and elsewhe	re on return	<u> </u>	22a		2Ь	0		
23	Depletion							23			
24	Contributions to deferr	ed comp	pensation plans				}	24			
25	Employee benefit prog	rams			<i>.</i> .			25			
26	Excess' exempt expenses (Schedule I)							26			
27	Excess readership costs (Schedule J)							27			
28	Other deductions (attach schedule)							28	<del></del>		
29 30	Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13							29 30			
31	Deduction for net operating loss ansing in tax years beginning on or after January 1, 2018 (see instructions)							31			
32	•		ome. Subtract line 31 fro		., ., 2	(ecc manachons) .		32			
DAA			ct Notice, see instruction					1	Form 990-T (2018)		
•,	(G)							_			

Form	990-	T (2018) Washington Ass	et Bu	ilding	Coaliti	ion	27-140615	7			Page 2
_Pa	rt III	Total Unrelated Business	<b>Taxable</b>	income							
33	Tota	I of unrelated business taxable income of	computed fro	om all unrelat	ed trades or bi	usinessi	es (see		-   -		
	instr	uctions)							33		
34	Amo	ounts paid for disallowed fringes						••••	34		
35	Amounts paid for disallowed fringes  Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see										
	instructions)							35			
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum										
		nes 33 and 34	-						36		0
37	Sne	afic deduction (Generally \$1,000, but see	e line 37 ins	structions for	exceptions)		• • • • • •		37		1,000
38								••••			
38 Unrelated business taxable Income. Subtract line 37 from line 36. If line 37 is greater than line 3 enter the smaller of zero or line 36.									38		0
Pa	Part IV Tax Computation										
39		animations Touchin on Companyions I	Vultiply line 38	by 21% (0 21)				···	39		
40	Trus	sts Taxable at Trust Rates. See instruc	tions for tax	computation.	. Income tax or	n		• • • • • • •			
	the a	amount on line 38 from: 🔲 Tax rate	e schedule d	or $\square$ S	chedule D (For	m 1041	1)	1	40		
41		ry tax. See instructions							▶ 41	_	
42							· · · · · · · · · · · · · · · · · · ·		42		
43		on Noncompliant Facility Income. Se	e instruction	ns	· · · · · · · · · · · · · · · · · · ·	· · · ·			. 43		
44		al. Add lines 41, 42, and 43 to line 39 or							44		0
		Tax and Payments	1		<u>-</u>			·			
45a		ign tax credit (corporations attach Form	1118: trusts	attach Form	1116)	45	5a		T- 1		
b							<del></del>		7		
C	Gen	eral business credit. Attach Form 3800 (	see Instruct	ions)		45			<b>-</b>		
ď	Crec	dit for prior year minimum tax (attach For	m 8801 or 8	3827)		45	id		<b>-</b> 1 1		
e	Tota	of credits. Add lines 45a through 45d	000. 0. 0						45e		
46	Subi	tract line 45e from line 44		••• •• ••• •				•• ••••	46		
47	Coner	taxes.		,	856 Marc	Ist ceh		•• ••	47		
48	Ched	k if from Form 4255 Form 8811   If tax, Add lines 46 and 47 (see instruction				(att ser)	• • • • • • •	• • •	48		0
49	2016	8 net 965 tax liability paid from Form 965	мы) -∧ or Eorm	 OSS-D Dort II	column (k) lin			• •	49		
50a		ments: A 2017 overpayment credited to 2					 Na.l		49		
_	2016	nenis. A 2017 overpayment credited to 2		• • • • •		.   5	b l				
b	Z010	B estimated tax payments	•••••	• • •		-   3			- 1		
C	Lax	deposited with Form 8868	· · · · · · · · ·			50		<del></del>	<del> </del>		
d			•				<del></del>		┥ .!		
9	Cma	kup withholding (see instructions)		··· ·		50			$\dashv$ $\mid$		
f	CIBO	tit for small employer health insurance pr	Free 0400	lach ronn os	141)	3	<u>,                                    </u>				
g		r credits, adjustments, and payments:	Form 2439		Total		_		-		
-4	L Total	FORM 4136	Other_								
51	Total	payments. Add lines 50a through 50g							7 51		
52		mated tax penalty (see instructions). Che						<b>▶</b> [	52		0
53		due. If line 51 is less than the total of lin						!	53		
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid							54			
<u>55</u>		the amount of line 54 you want Credited to 2			Other Infe			unded )	<b>55</b>	<del></del>	
	rt V			·							IVee I No
56	At at	ny time during the 2018 calendar year, di a financial account (bank, secunties, or o	od Une organ Odher) in a f	uzation nave oreion countr	an interest in o	ır a sıgrı e organi	iature or other autr ization may have to	onty ofile			Yes No
	FinC	EN Form 114, Report of Foreign Bank a	nd Financia	Accounts If	"YES," enter t	he nam	e of the foreign co	untry			است استا
	here										X
57		ng the tax year, did the organization rece				ntor of,	or transferor to, a	foreign t	rust?		X
58		ES," see instructions for other forms the or the amount of tax-exempt interest recei				\$					
<u>50</u>	$\neg \vdash$								<del></del>	<del></del>	<del></del>
		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 true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge							elief, it is		<del> </del>
Sig	П									May the If with the p	RS discuss this return reparer shown below uctions)?
Her	e  🏓	6300	<b>l</b>	► Exe	cutive	Dire	ector				
		Signature of officer	Date 12/24/20	Tille							Yes No
		Print/Type preparer's name		Preparer's sign:	ature			Date	Check	Trq h	N
Paid		Amanda O'Rourke, CPA		Amanda O'	Rourke, CPA	·	:	11/12/1	L9 self-emp		1539825
Prep	arer	Firm's name   GREENWOOD,	OHLUM		LLP			Fin	m's EIN 🕨	91	-0873571
Use Only 4241 21ST AVE W # 400								_			
		Firm's address > SEATTLE, W	7A 98	199				Ph	one no		782-1767
										For	n <b>990-T</b> (2018)