

Form **990-T**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No 1545-0047

**2019**

Department of the Treasury  
Internal Revenue Service

For calendar year 2019 or other tax year beginning and ending  
Go to [www.irs.gov/Form9907](http://www.irs.gov/Form9907) for instructions and the latest information.

Open to Public Inspection for 501(c)(3) Organizations Only

**A**  Check box if address changed

**B** Exempt under section

501(c)(3)  220(e)  530(a)

408(e)  408A  529(a)

Name of organization (  Check box if name changed and see instructions )

**Washington Asset Building Coalition**

Number, street, and room or suite no. If a P.O. box, see instructions.

**P.O. Box 3831**

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

**Seattle WA 98124-3831**

**D** Employer identification number (Employees' trust, see instructions.)

**27-1406157**

**E** Unrelated business activity code (See instructions)

**C** Book value of all assets at end of year

**9,388**

**F** Group exemption number (See instructions.)

**G** Check organization type  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here

If only one, complete Parts I-V. If more than one, 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.

**I** 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.

**J** The books are in care of **Stephanie Bowman** Telephone number **206-898-3043**

**Part I Unrelated Trade or Business Income**

	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnership and S corporation (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organization (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13	0	0

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule) (see instructions)	18	
19 Taxes and licenses	19	
20 Depreciation (attach Form 4562)	20	
21 Less depreciation claimed on Schedule A and elsewhere on return	21a	21b
22 Depletion	22	0
23 Contributions to deferred compensation plans	23	
24 Employee benefit programs	24	
25 Excess exempt expenses (Schedule I)	25	
26 Excess readership costs (Schedule J)	26	
27 Other deductions (attach schedule)	27	
28 Total deductions. Add lines 14 through 27	28	
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	
31 Unrelated business taxable income. Subtract line 30 from line 29	31	

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Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Lines 32-39. Line 37: 0; Line 38: 1,000; Line 39: 0.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Lines 40-45. Line 45: 0.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Lines 46a-56. Line 49: 0; Line 52: 0; Line 54: 0; Line 56: 0.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Line number, Description, and Yes/No. Lines 57-59.

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge. Signature of officer: Stephanie A. Bowman, Date: 11/22/2020, Title: Executive Director.

Preparer Use Only Print/Type preparer's name: Amanda O'Rourke, CPA; Preparer's signature: Amanda O'Rourke, CPA; Date: 11/04/20; Check self-employed: Yes; PTIN: P01539825; Firm's name: GREENWOOD, OHLUND & CO. LLP; Firm's EIN: 91-0873571; Firm's address: 4241 21ST AVE W # 400 SEATTLE, WA 98199; Phone no: 206-782-1767.