	During the tax year, was the corporation a subsited in the state of the same and identifying number the name and identifying number the state of the
<del></del>	<b>&gt;</b>
j	The books are in care of  Stephani
<u> </u>	art 🖟 Unrelated Trade or Busine
1a	Gross receipts or sales
b	Less returns and allowances
. 2	Cost of goods sold (Schedule A, line 7)
$\epsilon$ 73	Gross profit. Subtract line 2 from line 1c
20 4a	Capital gain net income (attach Schedule D)
<b>-</b> b	Net gain (loss) (Form 4797, Part II, line 17) (attach F
<b>67</b> °	Capital loss deduction for trusts
SEP."	Income (loss) from partnership and S corpora statement)
လ ေ	Rent income (Schedule C)
<b>A</b> 7	Unrelated debt-financed income (Schedule E)
<b>岁</b> 8	Interest, annuities, royalties, and rents from controlle
<b>Z</b> 9	Investment income of a section 501(c)(7), (9), or (17)
<b>€</b> 10	Exploited exempt activity income (Schedule I)
<b>1</b>	Advertising income (Schedule J)
12	Other income (See instructions; attach schedu
13	Total. Combine lines 3 through 12 .
: <u> </u>	Deductions Not Taken Els connected with the unrelate
14	Compensation of officers, directors, and truste
15	Salaries and wages
16	Repairs and maintenance
17	Bad debts
18	Interest (attach schedule) (see instructions)
19	Taxes and licenses

· · · · · · · · · · · · · · · · · · ·										OMB No 1545-0047		
Form	990-T	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))						Return		2019		
•	ment of the Treasury		For calendar year 2019 or other tax year beginning  Go to www.irs.gov/Form9907 for instructions an						O	Operato Public Inspection for		
nternal	Revenue Service Check box if	Do not enter SSN numbers on this form as it may be made public if your organization is										
B Exe	address changed impt under section	Name of organization ( Check box if name changed and see instructions )  D Employer Identification number (Employees' trust, see instruction)										
X	501( C)(O 3)	Print	Washingto	n Asset	Buildi	.ng	Coalition					
	408(e) 220(e)	or	Number, street, and room (	or suite no If a P.O. bo	x, see instruction	15.		27-3	27-1406157			
	408A 530(a)	···								siness activity code		
	529(a)	City or town, state or province, country, and ZIP or foreign postal code  Seattle  WA 98124-3831  (See Instructions										
	k value of all assets		Seattle oup exemption numb	or/See instruction		WA	98124-383	<u> </u>				
9: 81	nd of year 9 , 388		neck organization type		1(c) corpora	tion	501(c) trus	t 401(a) tru	ıst	Other trust		
H En	ter the number of the c						Describe the only (o			<del></del>		
•									If o	nly one, complet	е	
Pai	rts I–V. If more than or	ne, descr	be the first in the blai	nk space at the e	end of the pr	evious	s sentence, complete	e Parts I and II, com	iplete a	3		
-	hedule M for each add		<del></del>								<del></del>	
l Dui	ring the tax year, was t Yes," enter the name a	the corpo	pration a subsidiary in ifving number of the p	an affiliated grou arent corporation	up or a pare n.	nt-sub	sidiary controlled gr	oup?	•	Yes 2	No	
_ •												
J The	e books are in care of	<b>≥</b> S	tephanie B	owman			-	Telephone number	> 2	06-898-3	043	
Part	CF Unrelated	Trade	or Business In	come			(A) Income	(B) Expense	9	(C) Net		
	Gross receipts or sales			4								
	ess returns and allowa	•	Fac 71	c Balance	▶	1c						
	lost of goods sold (Sct Bross profit, Subtract lii		llas da			3				P	151.X. 161	
	Capital gain net income					4a						
	let gain (loss) (Form 4797			 7)	•• ••• •	4b			(7/ <del>)</del> /4			
	apital loss deduction f					4c			<b>***</b> ***			
5 Ir	ncome (loss) from part	nership a	and S corporation (att	ach								
S	tatement)					_5	<u> </u>	307902004		/		
	Rent income (Schedule					_6	, , , , , , , , , , , , , , , , , , ,					
	Inrelated debt-financed				•	7	U 2 ti	<u> </u>	$-\!\!/\!-$			
	iterest, annuities, royalties		-	, ,	•	8 	NOV 3 U	A IZU	+			
_	ivestment income of a sec exploited exempt activit			auon (Schedule S)		10		5 7.0	<del>/</del>	<del> </del>	<del></del>	
,	dvertising income (Sci	-		•••		11	-	<del>                                     </del>				
•	Other Income (See inst		• • • • •			12	_ Ugaen,	U MARKET AND A				
	otal. Combine lines 3					13		0 /			0	
Part	Deduction	is Not	Taken Elsewhere unrelated busine	re (See instru	ctions for	r limit	ations on deduc	ctions.)/(Deduct	ions r	must be direc	tly	
14 C	Connected Compensation of officer				.)			_/	14	T	<del></del>	
	ialanes and wages	J, J,, EQ	, and addices (90)		•			٠. ٠٠٠ ٠	15			
	tepairs and maintenan	ce							16			
	ad debts	• • •					. /		17			
18 In	nterest (attach schedul	e) (see ii	nstructions)			٠.	<b>/</b>		18		<del> </del>	
	axes and licenses					er.			19		······	
	epreciation (attach Fo				•••		. 20				^	
	ess depreciation claim	ed on So	thedule A and elsewh	ere on return			. 21a		21b 22		0	
	epletion ontributions to deferre	 d compe	nestion plans	·	•	-	• • •	•	23	<del> </del>		
	mployee benefit progra	-	// // // // // // // // // // // // //						24			
	xcess exempt expense		dule I)	• • •				•	25		<del></del>	
	xcess readership cost	-							26			
	ther deductions (attacl					•			27			
	otal deductions. Add							•	28		<u>.</u>	
	istructions) Inrelated business taxa	Ible inco	ne. Subtract line 30 f	rom line 20					30	<u></u>	<del></del>	
	or Paperwork Reduc							· · ·	, <u>, , , , , , , , , , , , , , , , , , </u>	Form <b>990-T</b>	(2019)	

		-T(2019) Washington Asset Building Coalitio	n 2'	<u>7-1406157</u>					Page 2
- P.		Total Unrelated Business Taxable income							<u></u>
32	Tot	al of unrelated business taxable income computed from all unrelated trades or busine	sses (se	e ı					
	ınst	ructions)				32			
33	Am	ounts paid for disallowed fringes		33					
34						34			_
35	Tota	al unrelated business taxable income before pre-2018 NOLs and specific deductions.	Subtrac	t line		1 1			
		from the sum of lines 32 and 33		35					
36	Dec	ductions for net operating loss ansing in tax years beginning before January 1, 2018 (	see			1 1			
		ructions)		36					
37	Tota	al of unrelated business taxable income before specific deduction. Subtract line 36 fro	m line 3	5 <i>.</i>		37			0
38	Spe	cific deduction (Generally \$1,000, but see line 38 instructions for exceptions)			8	38		1	,000
39	Uni	related business taxable income. Subtract line 38 from line 37. If line 38 is greater	than line	37,					
Dro-		er the smaller of zero or line 37				39			0
P		Tax Computation	<del></del>						
40	Org	anizations Taxable as Corporations. Multiply line 39 by 21% (0.21)			▶	40			
41		sts Taxable at Trust Rates. See instructions for tax computation. Income tax on				1000			
		amount on line 39 from: Tax rate schedule or Schedule D (Form	1041)			41			
42		xy tax. See Instructions				42			
43		mative minimum tax (trusts only)			• • • •	43			
44		on Noncompliant Facility Income. See instructions	• • • •	• • • • •	•••	44			0
45		al. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	<del></del> -	<u></u>	• • •	45			
		Tax and Payments	140.1	<del></del>		15355			<del></del>
46a		eign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a						
b		er credits (see instructions)	46b	·		1			
C		eral business credit. Attach Form 3800 (see instructions)	46c						
ď		dit for prior year minimum tax (attach Form 8801 or 8827)	46d	<del></del> <u></u> .		38.73			
е		al credits. Add lines 46a through 46d				46e			
47		tract line 46e from line 45				47			
48	Chec	k if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (att.)	sch)			48			
49		al tax. Add lines 47 and 48 (see instructions)				49			0
50		9 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 3			• •	50			
51a	-	ments: A 2018 overpayment credited to 2019	51a						
b		9 estimated tax payments	51b						
C		deposited with Form 8868	51c						
đ		eign organizations: Tax paid or withheld at source (see instructions)	51d						
e		kup withholding (see instructions)	51e	<del></del>		1000			
T		dit for small employer health insurance premiums (attach Form 8941)	51f	······					
9	Othe	er credits, adjustments, and payments Form 2439							
80		Form 4136 Other Total ▶	51g			388.5			
52		al payments. Add lines 51a through 51g			<del>,</del> -	52			
53		mated tax penalty (see instructions). Check if Form 2220 is attached			, Ĺ	53			
54		due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed				54			0
55		rpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount over	paid			55			
		the amount of line 55 you want: Credited to 2020 estimated tax ▶	. 41 4	Refunde	d ▶	56			
Pa								17	
57	At a	ny time during the 2019 calendar year, did the organization have an interest in or a sig a financial account (bank, securities, or other) in a foreign country? If "YES," the orga	gnature o anızation	or other authority may have to file				Ye	
		EN Form 114, Report of Foreign Bank and Financial Accounts. If "YES," enter the na						1.00	100
	here	•						ļ	X
		ng the tax year, did the organization receive a distribution from, or was it the grantor of	of, or trar	nsferor to, a foreign	trust?				X
		ES," see instructions for other forms the organization may have to file.						188	480
	Πī	Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement			d belief,	il is			
Sig	n  t	rue, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer					with the	e IRS discuss e preparer sho	litis relum Twn below
Her	e  J	Suphanie X. Bowman   11/22/202 Executive Di	irect	tor			(see in	structions)?	<b>—</b> I
		Signature of officer Date Title							No
		Print/Type preparer's name Preparer's signature		Date		Check		PTIN	
Paid		Amanda O'Rourke, CPA Amanda O'Rourke, CPA		11/0	4/20	self-empl		P015398	
Prep					Firm's	EIN )	9	1-087	<u> 3571</u>
Use (	Only				[				
		Firm's address > SEATTLE, WA 98199			Phone	no	206	<u>-782-</u>	<u> 1767</u>