## Contract of the Contract o		Evemni	EXTENDED TO				av Batu	rn ,	I OMB	No 1545-0687			
Description of the Number Services Description of the State Se	Form 990-T	Exemp							- O.W.B				
Do not enter \$\$N number on this form as in may be made pable for your organization in a \$01(c)(3)													
Do not eater SSN numbers on this form as it may be made public if your organization is a 901c(13) Discontinuous colors of address changed		· ·								.0 10			
Post Continued Post Po		Open to Public Inspection for											
SOI(c) S		Name of organization (Check box it hame changed and see instructions.) (Employees' trust, see											
Solve Solv	B Exempt under section	Print CITY UNI	VERSITY OF SEATTLE						23-74	21224			
SOR(S)	X 501(c (0)3)	Tuno Number, Sur	-	box, see ır	struction	ıs.							
SEATTLE, WA 98.21 Search of state states Scripp geamption number (See instructions.) Search of states Scripp geamption number (See instructions.) Search of states Search	408(e)220(e)	321 WALL											
Book value of All assents F. Group exemption number (See instructions.)	$=$ $ \cdot$												
Solition	Book value of all assets												
trade or business here No ACTIVITY If only one, complete Parts I and III, complete a Schedule M for each additional trade or business, then complete Parts I III. During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No No No No No No No No No N	35,169,	500. G Check org	anization type 🕨 🗓 501(c) o	corporation		501(c) trust	40	01(a) trust	: <u></u>	Other trust			
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? I The profit is not an additional trade or Business Income If Yes, enter the name and identifying number of the parent corporation. Part I Unrelated Trade or Business Income I A) Income I Telephone number I Color 239-4911 Part I Unrelated Trade or Business Income I A) Income I Bysenses I C) Net I Color I Suprementation of the Income Incom	H Enter the number of the o	organization's unrelate	ed trades or businesses. 🕨	1		Describe	the only (or firs	t) unrelate	d				
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?										ne,			
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	describe the first in the b	ank space at the end	of the previous sentence, complete	Parts I an	d II, com	plete a Schedule	M for each add	itional tra	de or				
If Yes, enter the name and identifying number of the parent corporation. ▶ The books are in case of ▶ CHRISTOPHER BRYAN, CHIEF FINANCIAL Telephone number ▶ (206) 239-4911 Part I Unrelated Trade or Business Income (A) income (B) Expenses (C) Net Target State Stat													
The books are in care of CRRISTOPPERE BRYAN, CRIEF FINANCIAL Telephone number C206 239-4911				rent-subs	diary con	itrolled group?	J	-	Yes L	ON			
Part II Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net				ΔΤ.		Telenh	one number	(206)	239-4	911			
1a Gross recepts or sales b Less returns and allowances c Cost of goods sold (Schedule A, line 7) 3 Gross profit. Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D) Net gain (10ss) (form 4797, Part II, line 17) (attach form 4797) 4b Net gain (10ss) (form 4797, Part II, line 17) (attach form 4797) 4c Capital loss deduction for trusts 5 Income (loss) from a partnership or an S corporation (attach statement) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 8 Interest, annutries, royalthes, and rotals from a controlled organization (Schedule G) 9 Investment income of a section 50 (fc)(7), (9), or (17) organization (Schedule G) 10 Exploited exempl activity income (Schedule I) 11 CyAdvertising mome (Schedule I) 12 Other income (See instructions; attach schedule) 13 Total, Combine lines 3 through 12 (Except for contributions, deductions must be directly connected with the unrelated business income) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 15 Compensation of officers, directors, and trustees (Schedule K) 16 Repars and maintenance 16 Repars and maintenance 17 Bad debts 18 Interest (attach schedule) (see instructions for limitations on deductions) 19 Interest (attach schedule) (see instructions for limitation rules) 20 Depletion 21 Depreciation (attach Form 4562) 22 Less deprecation claimed on Schedule A and elsewhere on return 22 Depletion 23 Depletion 24 Contributions to deferred compensation plans 25 Employee benefit programs 26 Excess readership costs (Schedule I) 27 Cxcess readership costs (Schedule I) 28 Cxess readership costs (Schedule I) 29 O. Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 20 Unrelated business taxable income before net operating on or after January 1, 2018 (see instructions) 30 Unrelated business taxable income. Subtract line 31 from line 30 31 Unrelated business taxable income. Subtract line 31 from line 30 32 Unrelated business taxable income.				ALI	/A				1				
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32 Unrelated business taxable income. Subtract line 31 from line 30 0.			• •						1	<u>0.</u>			
				nuary 1, 20	18 (see II	nstructions)		_					
								<u> </u>					

Form 990-	Г (2018)	CITY UNIVERSITY OF SEATTLE					23-74	2122	4		Page (
Part I	<u> </u>	Total Unrelated Business Taxa	ble Income			_					
33	Total	of unrelated business taxable income comput	ed from all unrelated trades or bu	isinesses (see instruct	tions)			33		0.
34		ints paid for disallowed fringes				,			34		
35	Dedu	ction for net operating loss arising in tax year			35						
36		of unrelated business taxable income before									
		33 and 34							36		
37		fic deduction (Generally \$1,000, but see line 3	37 instructions for exceptions)				38		3 7	1	000.
38		ated business taxable income. Subtract line	00	۲	<u> </u>						
		the smaller of zero or line 36							38		0.
Part I	<u>v </u>	Tax Computation							<u> </u>		
39		nizations Taxable as Corporations Multiply	line 38 by 21% (0.21)	•				▶	39		0.
40		s Taxable at Trust Rates See instructions fo		the amour	nt on line 38	3 from:	•				
		Tax rate schedule or Schedule D (Fo					•	▶ ¯	40		
41	Proxy	tax. See instructions	•					▶ □	41		
42	Alterr	native minimum tax (trusts only)							42		
43	Tax o	n Noncompliant Facility Income See instruc	ctions					Г	43		
44	Total	Add lines 41, 42, and 43 to line 39 or 40, wh	ichever applies					Γ	44		0.
Part \	/]	Tax and Payments									
45 a	Foreig	gn tax credit (corporations attach Form 1118;	trusts attach Form 1116)		45a			\Box			
b	Other	credits (see instructions)			45b						
C	Gener	al business credit. Attach Form 3800			45c						
d	Credi	t for prior year minimum tax (attach Form 880)1 or 8827)		45d						
е	Total	credits. Add lines 45a through 45d							15e		
46		act line 45e from line 44							46		0.
47	Other	taxes Check if from: Form 4255	Form 8611 Form 8697 _	Form t	8866	Other (a	ttach schedule	, L	47		
48	Total	tax. Add lines 46 and 47 (see instructions)							48		0.
49	2018	net 965 tax liability paid from Form 965-A or	Form 965-B, Part II, column (k), l	ine 2				L	49		0.
50 a	Paym	ents: A 2017 overpayment credited to 2018		611	50a			_			
b	2018	estimated tax payments		516	2 <u>56b</u>		10,00	٥.			
C	Tax d	eposited with Form 8868			50c			_			
d	Foreig	on organizations: Tax paid or withheld at sour	ce (see instructions)		50d			_			
		ip withholding (see instructions)			50e			4			
		t for small employer health insurance premiur	,		50f			_	i		
g			orm 2439								
			ther	Total 🕨	► <u>50g</u>						
51		payments Add lines 50a through 50g						_	51	10,	000.
52		ated tax penalty (see instructions). Check if Fo					_		52		
53		ue. If line 51 is less than the total of lines 48,	•				55	_	53 -/	• • •	200
54	•	eayment. If line 51 is larger than the total of li		overpaid		1	- 55 P	17	5/4		000.
Part \		the amount of line 54 you want: Credited to 3 Statements Regarding Certain		formati	on (see		inded56	<u> </u>	55	10,	000.
						ınstruc				Tv	T
56		y time during the 2018 calendar year, did the	•			•				Yes	No
		t financial account (bank, securities, or other)									
		N Form 114, Report of Foreign Bank and Fina CANADA	ncial Accounts. If Yes, enter the	name of tr	ie ioreign co	ountry				- <u>-</u> -	
57		g the tax year, did the organization receive a c	hetribution from or was it the are	ntor of or	transforor t	to a fora	uga truat?				х
31		s," see instructions for other forms the organi	,	11101 01, 01	liansieroi t	tu, a 1016	านายา			 	┢╧
58		the amount of tax-exempt interest received or	•	r							
		der genalties of perjury, I declare that I have examined	· · · ·		statements, ar	nd to the b	est of my know	vledae	and belief, it is tre	18.	<u>. </u>
Sign		rrect, and complete Declaration of preparer (other than									
Here		Axis.	17.14.20 N VI	CE CHAN	CELLOR	PTNA	ICE		he IRS discuss th		with
		Signature of officer	Date Title		,				eparer shown bell ctions)? X		No
		Print/Type preparer's name	Preparer's signature		Date	Τ,	Check	ıf	PTIN		.40
D-1-1		Trime Type proparer 3 haine	Troparor 3 Signature		Jaic		self- employe		1 1114		
Paid		PATRICIA J. MAYER	Katricia jo Mayer		06/24/20		on employe	,u	P0018864	3	
Prepa		Firm's name MOSS ADAMS LLP	1.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Firm's EIN		91-0189		
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		/	-								

Form **990-T** (2018)

823711 01-09-19

Firm's address SAN DIEGO, CA 92121

Phone no. 858-627-1400

Schedule A - Cost of Goods	s Sold. Enter	method of inver	ntory v	aluation N/A									
1 Inventory at beginning of year 1				6 Inventory at end of year 6									
2 Purchases	Purchases 2			Cost of goods sold. S									
3 Cost of labor 3				from line 5. Enter here	and in F	Part I,							
4a Additional section 263A costs		line 2		:	7								
(attach schedule)	(attach schedule) 4a					8 Do the rules of section 263A (with respect to							
 Other costs (attach schedule) 		property produced or acquired for resale) apply to											
5 Total. Add lines 1 through 4b	5		<u> </u>	the organization?									
Schedule C - Rent Income (see instructions)	(From Real I	Property and	l Per	sonal Property L	.ease	d With Real Prop	erty)						
1. Description of property													
(1)		-				· <u> </u>	-						
(2)		···											
(3)		-											
(4)													
	2. Rent receive	ed or accrued											
(a) From personal property (if the per- rent for personal property is more 10% but not more than 50%)	than	of rent for p	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) ai	connected (b) (ted with the incom attach schedule)	e in				
(1)						-							
(2)													
(3)													
(4)													
Total	0.	Total			0.								
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.				
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ctions)									
			١,	. Gross income from		Deductions directly con to debt-finance							
Description of debt-financed property				or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		ions le)				
(1)													
(2)													
(3)													
(4)													
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule)			6	. Column 4 divided by column 5		7. Gross income reportable (column 2 x cotumn 6)		8, Allocable deductions (column 6 x total of columns 3(a) and 3(b))					
(1)				%			Î						
(2)				%									
(3)				%									
(4)				%			1						
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on p Part I, line 7, colun					
Totals				•		0			0.				
Total dividends-received deductions in	ncluded in column	18		•		Þ	,		0.				
				· -	· · · · · · · · · · · · · · · · · · ·				= /22 / 21				

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)											
				Exempt	Controlled O	rganizatio	ons				
1. Name of controlled organizat	ion	2. Em Identifi num	cation		elated income e instructions)	4. Total paym	al of specified nents made	5. Part of column 4 that is included in the controlling organization's gross income		rolling	Deductions directly connected with income in column 5
(1)	 -										
(2)											
(3)	.				·			_			
(4)											
Nonexempt Controlled Organi	zations			L							
7. Taxable Income		nrelated incom	o (loca)	n Total	of specified payr	nonte	10. Part of colu	mn Q thai	t is included	11 00	ductions directly connected
7. Taxable illcome		ee instructions		g. rotar	made	nems	in the controlli	ng organ s income	ızatıon's		nincome in column 10
(1)						Ì					, ***
(2)				_		<u> </u>					
(3)						1		_	-		
(4)											
(4)	<u> </u>			L			Add colun	nns 5 and	i 10	Ac	ld columns 6 and 11
							Enter here and line 8, o	on page column (A			ere and on page 1, Part I, line 8, column (B)
Totals									0.		0.
Schedule G - Investme	nt Incon	ne of a S	Section	501(c)(7	') (9) or (17) Ora	anization				
(see insti		iic oi a c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	00.(0)(.	,, (5), 51 (.,, O.g	umzacion				
<u>`</u>	ription of incor	me	•••		2. Amount of	ıncome	3. Deduction directly conne (attach sched	cted	4. Set-	asıdes schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)						Ì		,			,
(2)											
(3)											
(4)											
(4)					Enter here and	n nage 1					Enter here and on page 1,
					Part I, line 9, co						Part I, line 9, column (B)
Totals				>		0.					0.
Schedule I - Exploited (see instru	-	Activity	Income	e, Other	Than Adv	ertisin	g Income				
1. Description of exploited activity	2. Gross unrelated business unrelated business		onnected oduction elated	4. Net incom from unrelated business (co minus columi gain, compute through	sted trade or column 2 from activity that is not unrelated business income		hat ed	6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)						Î					
(2)	<u> </u>					İ					
(3)	l		_		1	İ			•		
(4)						İ					
	Enter her page 1, line 10,	, Part I, col (A)							-		Enter here and on page 1, Part II, line 26
Totals	<u> </u>	0.]		0.	<u> </u>						0.
Schedule J - Advertisin					1 cl 1	Da-!-					
Part I Income From I	Periodic	ais Repo	orted oi	n a Cons	solidated	Basis					
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ain, compute	5. Circulat income		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)			1								
(3)					7						
(4)					7		-				
• • •			+		-		 				
Totals (carry to Part II, line (5))	•	 	0.	<u> </u>	0.			•			0. Form 990-T (2018

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Part II Income From Perio columns 2 through 7 on a			rate Basis (For ear	ch periodical	listed in Pa	art II, fill in	
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation	n 6.	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)		•			<u> </u>		
(2)							<u></u>
(3)							
(4)	_						
Totals from Part I	0.	0.		·			0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)					Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.					0.
Schedule K - Compensation	n of Officers, D	Directors, and	Trustees (see in	structions)			
1. Name			2. Title	time	Percent of devoted to ousiness		pensation attributable related business
(1)					%		
(2)					%		•
(3)					%		
(4)	· ·				%		
Total. Enter here and on page 1, Part II, I	ine 14			•			0.

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