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Form, <b>990~T</b>	Exempt Organization Business Income Tax Return				ı L	OMB No 1545-0047			
•	(and proxy tax under section 6033(e))						2040		
	For calendar year 2019 or other tax year beginning, and ending				-	ZU 19			
Department of the Treasury Internal Revenue Service	<b>&gt;</b>	<ul> <li>Go to www.irs.gov/Form990T for in</li> <li>Do not enter SSN numbers on this form as it may</li> </ul>					Open to Public Inspection for 01(c)(3) Organizations Only		
A Check box if address changed	Name of organization ( Check box in name changed and see instructions.)					(Emplo	Employer identification number (Employees' trust, see instructions)		
B Exempt under section	Pnnt CODE_ORG				4	46-0858543			
X 501(c)(3)	or	Number, street, and room or suite no. If a P.O. box	k, see ir	structions.			ted business activity code structions )		
408(e)220(e)	Туре	1501 FOURTH AVENUE, NO. 900			<u> </u>	, , , , , ,	,		
408A 530(a) 529(a)	City or town, state or province, country, and ZIP or foreign postal code SEATTLE, WA 98101								
C Book value of all assets									
at end of year	0.	G Check organization type ► X 501(c) corp	oration	501(c) trust	401(a)	trust	Other trust		
H Enter the number of the	organiza	tion's unrelated trades or businesses.	0		the only (or first) un	related			
trade or business here	SI	BE STATEMENT 1		. If only one,	complete Parts I-V.	If more	than one,		
describe the first in the b	lank spa	ice at the end of the previous sentence, complete Pa	rts I an	d II, complete a Schedule	M for each addition	al trade (	OT		
business, then complete	Parts III	-V							
		ooration a subsidiary in an affiliated group or a parer	it-subs	idiary controlled group?	▶ [	Yes	S No		
		tifying number of the parent corporation.		<u> </u>					
J The books are in care of				<del></del>	one number > 2				
		de or Business Income		(A) Income	(B) Expenses		(C) Net		
1 a Gross receipts or sale	-		١.		• •	1	Į		
b Less returns and allow		c Balance	1c						
2 Cost of goods sold (S		. , , , , , , , , , , , , , , , , , , ,	2				· <u>'</u>		
3 Gross profit. Subtract		• •	3						
4a Capital gain net incom	•	•	48 4b		,				
= ' ''		Part II, line 17) (attach Form 4797)	4c				<del> </del>		
· · · · · · · · · · · · · · · · · · ·			5				· · · · · · · · · · · · · · · · · · ·		
• •									
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· · · · · · · · · · · · · · · · · · ·									
10 Exploited exempt acti			10				<del></del>		
•	vertising income (Schedule J)								
12 Other income (See in:		•	12						
13 Total, Combine lines 3 through 12									
Part II Deductio	ns No	ot Taken Elsewhere (See instructions for	or limita	ations on deductions)					
(Deductions	must b	be directly connected with the unrelated busin	ess in	come)					
14 Compensation of off	icers, dı	rectors, and trustees (Schedule K)		<b>-</b> 7		14	·		
15 Salaries and wages				[	-	15			
16 Repairs and mainten	Repairs and maintenance				•	16	<del></del>		
17 Bad debts 18 Interest (attach schedule) (see instructions) 19 Interest (attach schedule) (see instructions)				17					
18 Interest (attach sche	17 Bad debts 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses					18			
19 Taxes and licenses				1		19			
20 Depreciation (attach		1 00014	UI	20					
•	almed o	n Schedule A and elsew <del>flere on return</del>		21a		216			
22 Depletion						22			
23 Contributions to defe		mpensation plans		•		23	<del></del>		
24 Employee benefit pro	-		•	•	•	24	<del></del>		
25 Excess exempt expe	•	•	-			25			
26 Excess readership co	•	•				26			
27 Other deductions (at		•	٠	•		27	0.		
28 Total deductions. A			 Hina Of		•	28	0.		
		ncome before net operating loss deduction. Subtract				29			
	eraung	loss arising in tax years beginning on or after Januai	ıyı, 20	110		20	0.		
(see instructions)	avabla ::	ncome. Subtract line 30 from line 20		•		30	0.		
31 Unrelated business t	aravie I	ncome. Subtract line 30 from line 29			<u> </u>	1 31 (	Form 990-T (2010)		

Form 990	0-T (2019)	CODE.ORG					4	6-085854	3	Page 2
Part	THE T	Total Unrelated Business Taxa	ble Income							
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)					32			0.	
33	Amounts paid for disallowed fringes				33					
34	Charitable contributions (see instructions for limitation rules)				34			0.		
35		related business taxable income before pre-20	•	uction. Subtract	line 34 from the sum	of lines 32 and 33	35			
36		on for net operating loss arising in tax years t	•				36			
37		unrelated business taxable income before spi		•	•	•	37	†		
38		deduction (Generally \$1,000, but see line 38			-	-	38	<u> </u>	1	000.
39	-	ed business taxable income. Subtract line 3	•		. 37	•				
33		e smaller of zero or line 37	0 110111 111116 37 11 11116 30 13	greater than inte	. ur,		39	1		٥.
Part		Tax Computation	· · · · · · · · · · · · · · · · · · ·	<del> </del>	· · ·		1 33	<del> </del>		
		<del></del>	a 20 hi: 219/ /0.21)				<b>40</b>	T		0.
40	-	ations Taxable as Corporations. Multiply lin	. , ,	u on the emount	 Lan han 10 frame		40	<u>†</u>		<del></del>
41		axable at Trust Rates. See instructions for t	•	X OII LIE AINOUIII	t Oil tille 39 HOIII		ا برا			
		x rate schedule or Schedule D (Form	1 1041)				41	<del> </del>		
42	-	x. See instructions		-	• •		42	<del> </del>		
43		ive minimum tax (trusts only)			• •	-	43	<del> </del>		
44		Noncompliant Facility Income. See instruction					44	<del>                                     </del>		
45		dd lines 42, 43, and 44 to line 40 or 41, which	never applies			· · · · · · · · · · · · · · · · · · ·	45	<u> </u>		<u> 0.</u>
Part		<del></del>	A M. 6 E 4440		T 42 T		1	T		
	_	tax credit (corporations attach Form 1118; tri	usts attach Form 1116)		46a					
b		edits (see instructions)	•		46b					
C		business credit. Attach Form 3800		•	46c					
d		or prior year minimum tax (attach Form 8801	or 8827)		_46d					
е		edits. Add lines 46a through 46d	·				46e	<del> </del>		
47		t line 46e from line 45			·	-	47	<b>!</b>		0.
48	Other ta	xes. Check if from: Form 4255	Form 8611 Form 8	697 Form	8866    Othe	(attach schedule		<u> </u>		
49	Total ta	x. Add lines 47 and 48 (see instructions)					49	ļ		0.
50	2019 ne	t 965 tax liability paid from Form 965-A or Fo	rm 965-B, Part II, column	(k), line 3			. 50	ļ		0.
51 a	Paymen	ts: A 2018 overpayment credited to 2019			51a	79:	<b>∸</b> l	1		
b	2019 es	timated tax payments			. 51b	4,50	ᆜ			
C	Tax dep	osited with Form 8868			51c		_			
đ	Foreign	organizations Tax paid or withheld at source	(see instructions)		51d	,	<b>⊣</b>			
е	Backup	withholding (see instructions)			51e		_			
f	Credit fo	or small employer health insurance premiums	(attach Form 8941)	-	51f		_			
g	Other cr	edits, adjustments, and payments:	orm 2439				1			
	Fo	rm 4136 0	ther	Total	► 51g			ļ		
52	Total pa	lyments Add lines 51a through 51g					52		5,	291.
53	Estimate	ed tax penalty (see instructions). Check if Fore	m 2220 is attached 🕨				53	<u> </u>		
54	Tax due	If line 52 is less than the total of lines 49, 50	D, and 53, enter amount ow	red .		. •	54			
55	Overpay	ment. If line 52 is larger than the total of line	s 49, 50, and 53, enter am	ount overpaid	•	•	<b>5</b> 5		5,	291.
56	Enter th	e amount of line 55 you want: Credited to 20	20 estimated tax		F	Refunded	<b>56</b>		5,	291.
Part	VI S	Statements Regarding Certain	<b>Activities and Oth</b>	er informa	tion (see insti	uctions)				
57	At any t	me during the 2019 calendar year, did the or	ganization have an interest	ın or a signature	e or other authorit	y			Yes	No
	over a fi	nancial account (bank, securities, or other) in	a foreign country? If "Yes,	the organization	n may have to file			[		
	FINCEN	Form 114, Report of Foreign Bank and Financ	ial Accounts If "Yes," enter	the name of the	e foreign country					*
	here	<b>&gt;</b>								X
58		he tax year, did the organization receive a dis	tribution from, or was it th	e grantor of, or t	transferor to, a for	eign trust?				X
	_	see instructions for other forms the organization	•	-	•	_		· · · ·		
59		e amount of tax-exempt interest received or a	-	▶ \$						
	Un	der penalties of perjury, I declare that I have examined	this return, including accompar	ying schedules and	statements, and to t	he best of my know	vledge and	bellef, it is true		
Sign	~	rrect, and complete, Declaration of preparer (other than		ation of which prep	oarer has any knowled	ige ∎				
Here			10/29/20	CHIEF EX	ECUTIVE OFF	ICER	-	RS discuss this er shown below		nth
		Signature of officer	Date	Title				s)? X Ye		No
<del></del>		Print/Type preparer's name	Preparer's signature		Date	Check	ıf PT	IN		
<b>6</b> - • •		τιποιχρο μισματοί ο παιπο	. ropuror o orginaturo		2410	self- employe	- 1			
Paid		JENNIFER BECKER HARRIS	JENNIFER BECKER H	IARRIS	10/19/20	acii-ciripidyt	- 1	00183358		
-	oarer	Firm's name CLARK NUBER, PS				Firm's EIN		91-11940	16	
Use	Only		TREET, SUITE 1400			THILL S EIN	-			
			•			Phone no.	425-45	4-4919		
		Firm's address   BELLEVUE, WA 98	2004			Frione no.				

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1 BUSINESS ACTIVITY

THE ORGANIZATION DID NOT HAVE UNRELATED BUSINESS INCOME DURING 2019. THE FORM 990-T IS BEING USED TO TRANSMIT FILINGS RELATED TO FOREIGN ACTIVITIES.

TO FORM 990-T, PAGE 1