Cand proxy tax under section 6033(e) Decimal of the Transport of the T	Form 990-T	E	Exempt Orga		ine	ss Income 1	Гах Returr	۱	OMB No 1545-0687
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December of the content sits numbers on this form as it may be made public if your organization is a \$10(c)\$. \$20(c)\$ \$2	•	Forcal	-					- 1	ZU 10
Post Solico Post Po		•		-					501(c)(3) Organizations Only
Section Sec					-	•		(Empl	oyees' trust, see
Section Sect	B Exempt under section	Print	ASSOCIATION					9	1-0171250
Good	X 501(cy)3)		Number, street, and room	or suite no. If a P.O. box	, see ir	structions.	•		
Center where of the cognization is unclaimed. NA 98801 Scripus examption interest. See instructions.)	408(e) 220(e)	Туре	1201 S MILL	ER ST.				<u> </u>	·
## Solicy Composition ## So					rforeig	n postal code		621	400
H. Enter the number of the organization's unrelated trade or businesses. Describe the only one, complete Parts IV. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and III, complete a Schedule M for each additional trade or business. Stein complete Parts III. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and III, complete a Schedule M for each additional trade or business. Stein complete Parts III. During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes X No M Yes X No Xes	C Book value of all assets		F Group exemption numb	per (See instructions.)	>				
H. Enter the number of the organization's unrelated trade or businesses. Describe the only one, complete Parts IV. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and III, complete a Schedule M for each additional trade or business. Stein complete Parts III. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and III, complete a Schedule M for each additional trade or business. Stein complete Parts III. During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes X No M Yes X No Xes	418,962,5	89.	G Check organization type	e ▶ X 501(c) corp	oration	501(c) trust	401(a) trust	Other trust
business, then complete Parts IIII-V. I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? I During the tax year, was the corporation as ubsidiary in an affiliated group or a parent-subsidiary controlled group? I During the tax year, was the corporation as ubsidiary in an affiliated group or a parent-subsidiary controlled group? I During the tax year, was the corporation as ubsidiary in an affiliated group or a parent-subsidiary controlled group? I Telephone number	H Enter the number of the o	organiza	ition's unrelated trades or b	iusinesses.	1	Describ	e the only (or first) ui	nrelated	
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During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	describe the first in the bi	lank spa	ice at the end of the previou	us sentence, complete Pa	rts I an	d II, complete a Schedu	le M for each additior	nal trade	0r
If *Yes*, enter the name and identifying number of the parent corporation.								<u> </u>	(T)
The books are in care of JOHN DOYLE		-	-		it-subs	idiary controlled group?	>	Ye	s X No
Part Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net				t corporation.		Talaa	hana numbar 🕨 /	/ F 0 0	\ 660 1511
1		_		ome		· · · · · · · · · · · · · · · · · · ·	1	`	·
Less returns and allowances				00		(A) meeme	(b) Expense	-	(0) 1101
2 Cost of goods sold (Schedule A, Ine 7) 3 Gross proint: Subtract line 2 from line 1c 4 Capital gain net income (fatchs Schedule D) 4 Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts 5 Income (loss) (Form 4797, Part II, line 17) (attach Form 4797) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 8 Interest, annufities, royalties, and rents from a controlled organization (Schedule G) 7 Unrelated debt-financed income (Schedule E) 8 Interest, annufities, royalties, and rents from a controlled organization (Schedule G) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (See instructions; attach schedule) 13 Total. Combine lines 3 through 12 19 Total. Combine lines 3 through 12 10 Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income) Repairs and maintenance 14	•		100,333.	e Ralance	10	168.555.			
3 50 566 . 50 566 . 50 566 . 50 566 . 4a .			Δ line 7)	C Dalatice					
4a Capital gain net income (attach Schedule D) b Net gain (loss) (Frim 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts c Capital loss deduction for trusts lincome (loss) from a partnership or an S corporation (attach statement) Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule G) 10 Unrelated debt-financed income (Schedule E) 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule I) 12 Other income (See instructions; attach schedule) 13 Total. Combine lines 3 through 12 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 10 Chartathe contributions (See instructions) 10 Depreciated (attach Form 4562) 21 Less depleation claimed on Schedule A and elsewhere on return 22 Depletion (attach Form 4562) 23 Depletion (attach Form 4562) 25 Employ® health programs 26 Excess readership costs (Schedule I) 27 Excess readership costs (Schedule I) 28 Other deductions, Clatch officer lite of through 28 19 Total deductions, Clatch officer lite of through 28 10 Unrelated business taxable income before net operating loss deduction, Subtract line 29 from line 13 10 Unrelated business taxable income before net operating loss deduction, Subtract line 29 from line 13 10 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 10 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 10 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 10 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 10 Unrelated business taxable inco	-		•			50,566	1.		50,566.
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32 Unrelated business taxable income. Subtract line 31 from line 30 32 -56,937.				loss deduction. Subtract	line 29	9 from line 13			-56,937.
	31 Deduction for net op	erating l	loss arısıng in tax years bei	ginning on or after Januai	y 1, 20	118 (see instructions)		31	
	32 Unrelated business t	axable ıı	ncome. Subtract line 31 fro	m line 30				32	

CENTRAL WASHINGTON HEALTH SERVICES

Form 990-				<u>91-0</u>	<u> 1 / 1 2</u>	<u>50</u>		Page Z
Part I	II Total Unrelated Business Taxable Income							
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (s	ee instrud	ctions)	•	33	-	-56,9	37.
34	Amounts paid for disallowed fringes		•		34		33,4	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instr	ructions)	S	rmt 2	35			0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the							
	lines 33 and 34				36	, -	-23,4	72.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)				37		1,0	00.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line	e 36.				1		
	enter the smaller of zero or line 36	,			38	. -	-23,4	72.
Part I					, ,,			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)				▶ 39	Т		0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	t on line 3	8 from:		_ "	+	_	
70	Tax rate schedule or Schedule D (Form 1041)		0 11 0111.		▶ 40	.		
41	Proxy tax See instructions				<u>√</u>			
42	Alternative minimum tax (trusts only)				42		-	
43	Tax on Noncompliant Facility Income. See Instructions				43		-	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies				44			0.
Part \					1 44			<u> </u>
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a				7		
	Other credits (see instructions)	45a 45b			\dashv			
	General business credit. Attach Form 3800				\dashv	İ		
C		45c	 					
	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d				_		
	Total credits. Add lines 45a through 45d				45	1		0.
46	Subtract line 45e from line 44	ncc [7 046		46			0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8	800 [] Other	(attach schedu		-		
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), line 2	1 1			49	+-		0.
	Payments: A 2017 overpayment credited to 2018	50a						
	2018 estimated tax payments	50b						
	Tax deposited with Form 8868	50c				1		
	Foreign organizations: Tax paid or withheld at source (see instructions)	50d				1		
	Backup withholding (see instructions)	50e						
	Credit for small employer health insurance premiums (attach Form 8941)	50f						
9	Other credits, adjustments, and payments: Form 2439							
	Form 4136 Other Total ▶	50g				1		
51	Total payments. Add lines 50a through 50g				51	+		
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached				52	+-		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed				<u>53</u>			
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid				▶ 54	\bot		
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax		_	funded	▶ 55			
Part \	/I Statements Regarding Certain Activities and Other Information	on (se	ınstru	ctions)				
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature	e or other	authorn	ty			Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	n may ha	ve to file	:				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	e foreign	country					
	here						_	X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or t	transferor	to, a fo	reign trust?				X
	If "Yes," see instructions for other forms the organization may have to file.]	
58	Enter the amount of tax-exempt interest received or accrued during the tax year 🛌 \$						<u> </u>	
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and st	tatements,	and to the	best of my kn	owledge an	d belief, it is	; true	
ign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which prepare CHIEF		ĴŤΪΫ	E	May the	IRS discuss	this return	with
<u>lere</u>	11 10 ZOIS OFFICE	R				arer shown l		******
RE	Signature of officer Date Title				instructi	ons)? X	Yes	No
	Print/Type preparer's name Preparer's signature D	ate		Check	ıf P	PTIN		
Paid				self- emplo	_			
Paiu Prepa	ror ROBERT GRANNUM ROBERT GRANNUM 1	1/12	/19			P0035	55876	;
Prepa Use (TO THE TANKS TANKS			Firm's EIN		91-01		
Joe (2707 COLBY AVENUE, SUITE 801		-					
	Firm's address ► EVERETT, WA 98201			Phone no.	425	-259-	-7227	•
23711 01							990-T	

Schedule A - Cost of Goods	s Sold. Enter	method of inver	ntory v	valuation ► N/A					
1 Inventory at beginning of year	1	· · · · · · · · · · · · · · · · · · ·	\neg	Inventory at end of yea	r		6		
2 Purchases	2		7	Cost of goods sold. St	ubtract I	ine 6			
3 Cost of labor	3			from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs			7	line 2		Į	7		
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes	s No
b Other costs (attach schedule)	4b		_	property produced or a	cquired	for resale) apply to		<u> </u>	_]
5 Total. Add lines 1 through 4b	5	<u></u>		the organization?					
Schedule C - Rent Income ((see instructions)	(From Real	Property and	d Per	rsonal Property L	ease	d With Real Prop	erty)		
1. Description of property									
(1)									
(2)									
(3)									
(4)									
		ed or accrued				2/a) Dodustions directly		ad with the income	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	of rent for	persona	sonal property (if the percenta il property exceeds 50% or if sed on profit or income)	ge	3(a) Deductions directly columns 2(a) an	id 2(b) (a	ttach schedule)	
(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	ınstrı	uctions)					
				2 Gross income from		 Deductions directly confit to debt-finance 			
1. Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deducti (attach schedul	
			+-				+		
(1)			+		-		+		
(2)			+		-		+		
(3)			+				+		
			+		ļ	* .	1	•	
 Amount of average acquisition debt on or allocable to debt-inanced property (attach schedule) 	of or a debt-fina	adjusted basis illocable to nced property n schedule)		6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(4	8 Allocable dedu column 6 x total of 3(a) and 3(b)	columns
(1)				%		-	1		
(2)				%					
(3)				%		,			
(4)				%					
						nter here and on page 1 Part I, line 7, column (A)		nter here and on po Part I, line 7, colum	
Totals				•		0 .	.		0.
Total dividends-received deductions in	ncluded in columi	18				>			0.
								Form 990 -	T (2018)

Schedule F - Interest,	Annuitie	s, Royal	ties, an	d Rents	From Co	ntrolle	d Organiza	tions	(see ins	struction	s)	
				Exempt	Controlled O	rganizati	ons				<u> </u>	
Name of controlled organiza	tion	2. Em identifi num	cation	3. Net unr (loss) (see	elated income instructions)		4. Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income		connected with income	
(1)												
(2)			•									
(3)							_		-			
(4)					•							
Nonexempt Controlled Organi	zations	L		1			7.0		-		· · · · · · · · · · · · · · · · · · ·	
7. Taxable Income	8. Net u	nrelated incom		9. Total	of specified pays made	nents	10. Part of column the controlling gross	nn 9 thai ng organ income	is included ization s		ductions directly connected income in column 10	
	 											
<u>(1)</u>						•					<u>-</u>	
(2)	1											
(3)	1											
(4)												
							Add colun Enter here and line 8, c		1, Part I,		id columns 6 and 11 ere and on page 1, Part I, line 8, column (B)	
Totals						▶			0.		0.	
Schedule G - Investme	ent Incon	ne of a S	Section	501(c)(7	'), (9), or (17) Org	ganization					
1. Desc	cription of inco	me			2. Amount of	ıncome	3. Deduction directly connected (attach scheduler)	cted	4. Set- (attach s	esides schedule)	5. Total deductions and set-asides (col 3 plus col 4)	
(1)												
(2)												
(3)												
(4)												
					Enter here and Part I, line 9, co						Enter here and on page 1 Part I, line 9, column (B)	
Totals				>		0.					0.	
Schedule I - Exploited (see instri	-	Activity	Income	e, Other	Than Adv	ertisin	g Income					
Description of exploited activity	unrelated	Gross business e from business	directly of with pro of uni	penses connected oduction related s income	4. Net incon from unrelated business (co minus colum gain, comput through	I trade or olumn 2 n 3) If a e cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	6. Exp attribut colui		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)												
(2)												
(3)					-							
(4)	1											
	Enter her page 1 fine 10,		page 1	re and on I, Part I, col (B)							Enter here and on page 1, Part II, line 26	
Totals -	<u> </u>	0.		0.	<u> </u>] 0.	
Schedule J - Advertisi Part I Income From		•			solidated	Basis				<u> </u>		
	<u> </u>							-				
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs			5. Circulate income		6. Read		Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)												
(2)					_]							
(3)												
(4)												
Totals (carry to Part II, line (5))	•	(0.	0	•						0.	
											Form 990-T (2018	

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I	▼	0.	0.				0.
		Enter here and on page 1, Part I, tine 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 of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
OTHER DIRECT EXPENSES OVERHEAD ALLOCATION		15,042. 26,969.
TOTAL TO FORM 990-T, PAGE 1, LI	NE 28	42,011.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/06	44,154.	1,043.	43,111.	43,111.
12/31/09	69,254.	0.	69,254.	69,254.
12/31/10	514,048.	0.	514,048.	514,048.
12/31/12	3,265.	0.	3,265.	3,265.
12/31/13	89,237.	0.	89,237.	89,237.
12/31/14	51,255.	0.	51,255.	51,255.
12/31/15	37,176.	0.	37,176.	37,176.
12/31/16	55,234.	0.	55,234.	55,234.
12/31/17	93,962.	0.	93,962.	93,962.
NOL CARRYO	VER AVAILABLE THIS	YEAR	956,542.	956,542.