## EXTENDED TO MAY 15, 2019

Form <b>990-T</b>	Exe	empt Orgai	nization Bus	sines	ss Income I	ax Returr	ו ∟	OMB No. 1545-0687
			nd proxy tax und			- 00 001		2017
	For calenda		ar beginning JUL 1,				. 8	201/
Department of the Treasu Internal Revenue Service	ıry ▶ Do		irs.gov/Form990T for in rs on this form as it may					Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address cha			Check box if name c		managed to the second of the s		(Emple	oyer identification number oyees' trust, see ctions.)
B Exempt under sec	D.	TATE UNIVE		DAI	1 OODE		9.	4-2830732
X 501(c)(3	1		or suite no. If a P.O. box	, caa inc	tructions		E Unrela	nted business activity codes
	Typo	NE WASHING		(See in	nstructions.)			
= /=			vince, country, and ZIP of	r foreian	postal code		1	
529(a)			A 95192-02		pootar oodo		532	000
C Book value of all asse	ts F (	Group exemption numb	per (See instructions.)	<b></b>				
14,17	6,346. GC	Check organization type	per (See instructions.)  E X 501(c) corp	oration	501(c) trust	401(a	trust	Other trust
H Describe the organ	nization's primary u	unrelated business acti	vity.   RENTAL			81		
I During the tax year	, was the corporat	ion a subsidiary in an a	affiliated group or a parer	nt-subsic	liary controlled group?	<b>&gt;</b>	Ye	s X No
		ng number of the paren						
The Aller of the Parish State of the State o	THE RESERVE OF THE PARTY OF THE	DRIC WOOLF	A SAN CALLED TO A SAN CALLED T		Telepho	one number 🕨 4	08-	924-6315
Part I Unre	lated Trade	or Business Inc	ome		(A) Income	(B) Expense	S	(C) Net
1a Gross receipts	or sales						· Apas	
<b>b</b> Less returns an			c Balance	1c	A.			
2 Cost of goods s	old (Schedule A, li	ine 7)		2	VIOLA ESTRAL		504 t	
	btract line 2 from l			3	Alloway Salah			
4a Capital gain net	income (attach Sc	chedule D)		4a				
b Net gain (loss)	(Form 4797, Part I	l, line 17) (attach Form	4797)	4b				
c Capital loss dec	luction for trusts			4c				
5 Income (loss) f	rom partnerships a	and S corporations (att	ach statement)	5	7			
6 Rent income (S				6	879,902.	959,2	46.	-79,344.
7 Unrelated debt-	financed income (S	Schedule E)		7				
8 Interest, annuiti	es, royalties, and r	ents from controlled o	rganizations (Sch. F)	8				
		0.000.000.000.000	rganization (Schedule G)					
				10				
				11	6,000.			6,000.
				12				
				13	885,902.	959,2	46.	-73,344.
Part II Dedu (Excep	ictions Not I ot for contribution	aken Elsewherns, deductions must	<b>e</b> (See instructions for be directly connected)	or limitat d with t	tions on deductions.) he unrelated business	s income.)		
14 Compensation	of officers, directo	ors, and trustees (Sche	dule K)				14	
			********				15	
16 Repairs and m							16	
17 Bad debts							17	
							18	
19 Taxes and lice	nses						19	
20 Charitable con	tributions (See ins	tructions for limitation	rules)				20	
	attach Form 4562)				21			
22 Less depreciat	ion claimed on Scl	hedule A and elsewher	e on return		22a		22b	
23 Depletion							23	
24 Contributions	to deferred compe	nsation plans	*****				24	
25 Employee ben	1 2 20						25	
							26	
							27	
28 Other deduction	ons (attach schedu	le)					28	0
29 Total deduction	ons. Add lines 14 tl	hrough 28				************	29	0.
			loss deduction. Subtrac				30	-73,344.
			line 30)				31	72 211
			iction. Subtract line 31 fr				32	-73,344. 1,000.
			structions for exceptions				33	1,000.
1' 00			rom line 32. If line 33 is				34	-73,344.
02								,

723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2017)

Form 990-T (2017)

Part I	II Tax Computation				
35	Organizations Taxable as Corporations. See instructions for tax computation.				
	Controlled group members (sections 1561 and 1563) check here ▶ ☐ See instructions an	nd:			
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that orde	er):			
	(1) \$   (2)  \$   (3)  \$	•			
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)  \$				
	(2) Additional 3% tax (not more than \$100,000)				
С	Income tax on the amount on line 34			35c	0.
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount				
	Tax rate schedule or Schedule D (Form 1041)			36	
37	Proxy tax. See instructions			37	
38	Alternative minimum tax			38	
39	Tax on Non-Compliant Facility Income. See instructions			39	•
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies			40	0.
	V Tax and Payments			1 40	<u></u>
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a		T	
41a b					
D .				-	
Ü	General business credit. Attach Form 3800	416			
	Credit for prior year minimum tax (attach Form 8801 or 8827)			144-	
	Total credits. Add lines 41a through 41d			41e	
42	Subtract line 41e from line 40		1 6.1	42	0.
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88			43	
44	Total tax. Add lines 42 and 43	· · · · · · · · · · · · · · · · · · ·	**********************	44	0.
	Payments: A 2016 overpayment credited to 2017				
	2017 estimated tax payments				
	Tax deposited with Form 8868				
	Foreign organizations: Tax paid or withheld at source (see instructions)	45d	***	)42	
е	Backup withholding (see instructions)	45e		i Barrel	
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f			
g	Other credits and payments: Form 2439			100	
	Other credits and payments:	45g			
46	Total payments. Add lines 45a through 45g			46	
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached			47	
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed			48	0.
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid			49	0.
50	Enter the amount of line 49 you want: Credited to 2018 estimated tax		Refunded >	50	
Part \	Statements Regarding Certain Activities and Other Information	on (see	e instructions)		
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature	or other	authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization	may hav	ve to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the				
	here >	_	-		X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tr	ransferor	to, a foreign trust?		X
	If YES, see instructions for other forms the organization may have to file.			*****	
53	Enter the amount of tax-exempt interest received or accrued during the tax year >\$				
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and s	statements	s, and to the best of my kno	owledge and b	pelief, it is true.
Sign	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare	rer has any	y knowledge.		
Here	A A SSOCTA	י איר			scuss this return with nown below (see
	Signature of officer Date Title			structions)?	X Yes No
	Print/Type preparer's name Preparer's signature Da	ıto.		if PTIN	21 100 110
	Digitally signed by Cl	hristy	- 100 NB	1 2 2	
Paid	CHRISTY ENGELMANN Engelmann Date: 2019.05.15 10:1	11.50	self- employed		0745224
Prepa	DOM HO LLD	11:53	Eirm's FIN		-0714325
Use C	1145 BROADWAY PLAZA, SUITE 900	)	Firm's EIN	+4-	0114777
		,	Phonono	( ) 5 2 \ 1	572-7111
	Firm's address ► TACOMA, WA 98402		Phone no.	THE RESERVE TO BE SHOWN	orm 990-T (2017)

Schedule A - Cost of Good	s Sold. Enter	r method of inven	tory valuation   N/A				
1 Inventory at beginning of year	1		6 Inventory at end of year	*******************************	. 6		
2 Purchases	2		7 Cost of goods sold. Su				
3 Cost of labor	3		from line 5. Enter here	and in Part I,			
4 a Additional section 263A costs			line 2		7		
(attach schedule)	4a		8 Do the rules of section			Yes	No
<b>b</b> Other costs (attach schedule)	4b		property produced or a	cquired for resale) apply to			
5 Total. Add lines 1 through 4b	5		the organization?				
Schedule C - Rent Income	(From Real	Property and	Personal Property	Leased With Real F	Proper	ty)	
(see instructions)							
Description of property							
(1)							
(2)							
(3) (4) SEE STATEMENT 2							
(4) DEE STATEMENT Z	2. Rent receiv	ved or accrued					
			nd personal property (if the percenta	ge 3(a) Deductions di	ectly conn	ected with the income	in :
rent for personal property is more 10% but not more than 50%	than	of rent for p	ersonal property exceeds 50% or if t is based on profit or income)	Columns 2	columns 2(a) and 2(b) (attach schedule)  SEE STATEMENT 3		
(1)			1272				
(2)			All Property of the Control of the C				
(3)							
(4)				181			
Total	0.	Total	879,9				
(c) Total income. Add totals of columns there and on page 1, Part I, line 6, column	2(a) and 2(b). Er ı (A)	nter	879,9	(b) Total deduction Enter here and on page Part I, line 6, column (B	1.	959,2	246
Schedule E - Unrelated Deb	ot-Finance	Income (see		O Z T art i, inic o, colamin (2	<i>, ,</i>	333,2	110
			2. Gross income from	<ol> <li>Deductions directly to debt-fi</li> </ol>	connecte	d with or allocable operty	
1. Description of debt-fir	nanced property		or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)	n	(b) Other deductio (attach schedule)	ons !)
(1)					_		
(2)		14376			_		
(3)		***	277				
(4)							
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	e adjusted basis allocable to anced property h schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)		8. Allocable deduc (column 6 x total of co 3(a) and 3(b))	columns
(1)			%		-		
(2)			%				
(3)		***************************************	%				
(4)			%			A PARKET	
		-		Enter here and on page 1, Part I, line 7, column (A).		Enter here and on page	
							_
Totals					0.		0

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Schedule F - Interest, Annuities, Boyalties, and Bents From Controlled Organizations (

Schedule F - Interest,				ontrolled O						
1. Name of controlled organiz	identii			lated income nstructions)		al of specified nents made	include	t of column 4 ed in the contration's gross i	rolling	6. Deductions directly connected with income in column 5
/1)										
(1)										
(2)										
(3)										
(4)	ainations.									
Nonexempt Controlled Organ			0 -			10 -			44 -	
7 . Taxable Income	8. Net unrelated inco (see instruction		9. Total of	f specified payr made	nents	10. Part of colum in the controllin gross				ductions directly connected income in column 10
(1)										
(2)										
(3)										
(4)										
					á	Add colum Enter here and line 8, c	on page	1, Part I, \).	Enter h	d columns 6 and 11. ere and on page 1, Part I, line 8, column (B).
Totals						<u>.</u>		0.		0
Schedule G - Investm	ent Income of a structions)	Section 5	υ1(c)(7	), (9), or	(1/) Or	ganization				
	scription of income			2. Amount of	income	3. Deduction directly connect (attach schedu	cted	4. Set-		5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				TO CARL	40					
(2)				and the same of th						
(3)	Karan da ana ana ana ana ana ana ana ana an		Æ.	private to the	14681					
(4)			68	Viii						
		***************************************		Enter here and			91861			Enter here and on page
				Part I, line 9, co	lumn (A).					Part I, line 9, column (B).
Totals			<b>&gt;</b>		0.					0
Schedule I - Exploited	d Exempt Activity ructions)	y Income,	Other	Than Ad	vertisi	ng Income	1			
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expension directly connumber with product of unrelated business income.	nected ction ted	4. Net incom from unrelated business (co minus column gain, compute through	trade or lumn 2 n 3). If a e cols. 5	5. Gross inco from activity the is not unrelate business inco	nat ed	6. Exp attribut: colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)								35.40		
(4)										
(1)	Enter here and on page 1, Part I, line 10, col. (A).	Enter here at page 1, Pa line 10, col	art I,	<del> </del>		-				Enter here and on page 1. Part II, line 26.
Totals	0.		0.							0
Schedule J - Advertis		instructions)								
	Periodicals Rep		a Cons	solidated	Basis					
1. Name of periodical	2. Gross advertising income		Direct ling costs	4. Advert or (loss) (co col. 3). If a ga cols. 5 th	ol. 2 minus iin, compute	5. Circulati income	on	6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) SPONSHORSHIP	6,00	0.	0.				0.		0.	
(2)	1 3,30									
(3)				1						
				-		-				
(4)										
(4)										
(4)  Totals (carry to Part II, line (5))	6,00	0.	0 .	. 6	,000					0

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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	6,000.	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).	1			Enter here and on page 1. Part II, line 27.
Totals, Part II (lines 1-5)	6,000.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

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

Form 990-T (2017)

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 1
		LOSS PREVIOUSLY	LOSS	AVAILABLE
TAX YEAR	LOSS SUSTAINED	APPLIED	REMAINING	THIS YEAR
06/30/07	235,779.	0.	235,779.	235,779.
06/30/08	216,676.	0.	216,676.	216,676.
06/30/09	157,508.	0.	157,508.	157,508.
06/30/10	219,267.	0.	219,267.	219,267.
06/30/11	338,776.	0.	338,776.	338,776.
06/30/12	329,986.	0.	329,986.	329,986.
06/30/13	220,140.	0.	220,140.	220,140.
06/30/14	124,648.	0.	124,648.	124,648.
06/30/15	34,636.	0.	34,636.	34,636.
06/30/16	175,853.	0.	175,853.	175,853.
06/30/17	97,419.	0.	97,419.	97,419.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	2,150,688.	2,150,688.

	INCOME FROM REAL PROPERTY TY LEASED WITH REAL PROPE	
1. DESCRIPTION OF PROPERTY		TIVITY UMBER
ROOM RENTAL/AV		2
2. RENT RECEIVED A. FROM PERSONAL PROPERTY IF % OF RENT IS > 10% BUT LESS THAN 50%	OR ACCRUED  B.  FROM REAL AND PERSONAL  PROPERTY IF % OF RENT  > 50% OR BASED ON INC.	3. DEDUCTION DIRECTLY CONNECTED WITH INC. IN COL. 2A OR 2B
	36,458.	33,641.
1. DESCRIPTION OF PROPERTY		TIVITY UMBER
AQUATIC CENTER		3
2. RENT RECEIVED A. FROM PERSONAL PROPERTY IF % OF RENT IS > 10% BUT LESS THAN 50%	B. FROM REAL AND PERSONAL	3. DEDUCTION DIRECTLY CONNECTED WITH INC. IN COL. 2A OR 2B
1. DESCRIPTION OF PROPERTY		FIVITY JMBER
SPORT CLUB		4
2. RENT RECEIVED A. FROM PERSONAL PROPERTY IF % OF RENT IS > 10% BUT LESS THAN 50%	OR ACCRUED  B.  FROM REAL AND PERSONAL PROPERTY IF % OF RENT  > 50% OR BASED ON INC.  33,225.	3. DEDUCTION DIRECTLY CONNECTED WITH INC. IN COL. 2A OR 2B  317,719.

1. PESCRIPTION OF PROPERTY		FIVITY UMBER
TM/ECBO		5
2. RENT RECEIVED A. FROM PERSONAL PROPERTY IF % OF RENT IS > 10% BUT LESS THAN 50%	B. FROM REAL AND PERSONAL PROPERTY IF % OF RENT > 50% OR BASED ON INC.  38,538.	3. DEDUCTION DIRECTLY CONNECTED WITH INC. IN COL. 2A OR 2B  123,110.
1. DESCRIPTION OF PROPERTY		TIVITY UMBER
ARENA INCOME		6
2. RENT RECEIVED A. FROM PERSONAL PROPERTY IF % OF RENT IS > 10% BUT LESS THAN 50%	OR ACCRUED  B.  FROM REAL AND PERSONAL  PROPERTY IF % OF RENT  > 50% OR BASED ON INC.	3. DEDUCTION DIRECTLY CONNECTED WITH INC. IN COL. 2A OR 2B
	747,481.	455,243.
DESCRIPTION OF PROPERTY BOWLING CENTER		PIVITY UMBER 7
2. RENT RECEIVED		2
A. FROM PERSONAL PROPERTY IF % OF RENT IS > 10% BUT LESS THAN 50%	B. FROM REAL AND PERSONAL PROPERTY IF % OF RENT > 50% OR BASED ON INC.	3. DEDUCTION DIRECTLY CONNECTED WITH INC. IN COL. 2A OR 2B
	24,200.	29,533.
TOTALS	879,902.	959,246.

FORM 990-T	DEDUCTIONS	CONNECTED	WITH	RENTAL	INCOME	STATEMENT	3
			Δ	CTIVITY			
DESCRIPTION				NUMBER	AMOUNT	TOTAL	
		- SUBTOTA	- - -	2	33,641.	33,6	41.
		- SUBTOTAL	. –	4	317,719.	317,7	19.
		- SUBTOTA		5	123,110. 455,243.	123,1	10.
		- SUBTOTAL		6	0.	455,2	43.
		- SUBTOTAL		7	29,533.	29,5	33.
TOTAL TO FORM 99	0-т, schedui	LE C, COLUI	MIN 3			959,2	46.