ر. 	990-T	Exe	empt Organization		siness Income		'n	OMB No 1545-0687
FOITH	550 .	For calend	and proxy tax dar year 2018 or other tax year begin		·	* *	:0	୭ଲ18
Decart	ment of the Treasury	, c, calone	►Go to www irs gov/Form990					<u> </u>
-	I Revenue Service	▶ Do n	not enter SSN numbers on this form a				:)(3)	Open to Public Inspection for 501(c)(3) Organizations Only
A X			Name of organization (Check bo	ox if nar	ne changed and see instructions	5)	_	ployer identification number
	address changed						(=::::	ployees' trust, see instructions)
ВЕхе	mpt under section		ST. JOSEPH HEALTH SY	YSTE	M FOUNDATION			
X	501(C 2 3)		Number, street, and room or suite no. It	faPO	box, see instructions			0143024
	408(e) 220(e)	or Type						elated business activity code instructions)
	408A530(a)		1801 LIND AVE SW, AT		···· · · · · · · · · · · · · · · · · ·		(000	,
	529(a)]	City or town, state or province, country		IP or foreign postal code			
	ok value of all assets and of year	<u>. </u>	RENTON, WA 98057-901					
_			p exemption number (See instruction				1	
17	79,572,256.	G Chec	k organization type 🕨 🐰 501	(c) coi	rporation 501(c)	trust	401(a	a) trust Other trust
		-	ization's unrelated trades or busine	sses	▶ <u>0</u>	Describe	e the on	ily (or first) unrelated
	ade or business he					•		ore than one, describe the
fır	st in the blank spa	ice at the e	end of the previous sentence, cor	nplete	Parts I and II, complete a Se	chedule M for ea	ch additi	onal
	ade or business, th							
			orporation a subsidiary in an affili				خ	X Yes No
<u>lf</u>	"Yes," enter the n	ame and ic	dentifying number of the parent cor	rporation	on ► ATCH 2.51	<i>ر</i> کی	<u>15 </u>	<u>3589.356</u>
			ANN ESCASA-HAIGH			e number ▶ 94		
Par			r Business Income		(A) Income	(B) Exper	ses	(C) Net
1 a	Gross receipts or	sales						
b	Less returns and allow		c Balance				•	
2	•	•	le A, line 7)	2				
3	•		from line 1c	3				
4 a			tach Schedule D)	<u>4a</u>				
b			Part II, line 17) (attach Form 4797)	4b				
С			usts	4c				
5			an S corporation (attach statement)	5				
6				6				
7			ome (Schedule E)	7				
8			its from a controlled organization (Schedule F)				· - 	
9			(c)(7), (9), or (17) organization (Schedule G)	10				
10	•	-	come (Schedule I)	11				
11			ule J)	12				
12	•		ions, attach schedule)	-	0.			
13	t II Deductio	ne Not T	Taken Elsewhere (See insti	ructio		leductions) (Excent	t for contributions
- 4			be directly connected with t				-AUUP!	. Tor continuations,
14			directors, and trustees (Schedule K)				14	4
15	•	•			THE RECEIVE	FD: 1	19	
16	_						10	· · · · · · · · · · · · · · · · · · ·
17		-			1001	1071	17	
18			see instructions)			019: 6	11	
19	Taxes and license	es			J	[葉 ·	19	
20	Charitable contri	butions (S	ee instructions for limitation rules)		.I.OGDENI.	.I.T I .	20	
21			4562)					
22			on Schedule A and elsewhere on re				22	
23							2:	3
24			ompensation plans					
25	<u> </u>						l l	5
26			chedule I)					
27	•	-	hedule J)					
28	<u> </u>		chedule)					
29			14 through 28					
30	. 7		e income before net operating					1
31	r .		loss arising in tax years beginning					
32		, ,	income Subtract line 31 from line	-	• • •			
_			otice see instructions					#arm 990-T (2018

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Form	° 990-T (201	8)				Р	age 2
Par	t III	Total Unrelated Business Taxable Income					
33	Total of	unrelated business taxable income computed from all unrelated trades or businesses (see	•				
	instructio	ns)	. 33	<u> </u>			
34	Amounts	paid for disallowed fringes ,	. 34				
35	Deductio	n for net operating loss arising in tax years beginning before January 1, 2018 (see	,				
		ns)					
36	Total of	unrelated business taxable income before specific deduction. Subtract line 35 from the sur	ı 🗀			_	
	of lines 3	3 and 34	. 36				_
37	Specific	deduction (Generally \$1,000, but see line 37 instructions for exceptions)	. 37	\top			
38		d business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36					
	enter the	smaller of zero or line 36	. 38	1			0.
Par	t IV	Fax Computation					
39	Organiza	itions Taxable as Corporations. Multiply line 38 by 21% (0 21)	▶ 39				
40	Trusts	Taxable at Trust Rates. See instructions for tax computation Income tax or	۱				
	the amou	int on line 38 from Tax rate schedule or Schedule D (Form 1041)	▶ 40				
41	Proxy ta	k. See instructions	▶ 41				
42		ve minimum tax (trusts only)					
43	Tax on f	Ioncompliant Facility Income. See instructions	. 43				
44	Total. Ac	d lines 41, 42, and 43 to line 39 or 40, whichever applies	. 44	\perp			
Par	t V	Tax and Payments					
45 a	Foreign	ax credit (corporations attach Form 1118, trusts attach Form 1116) 45a					
ь	Other cr	edits (see instructions)					
		business credit Attach Form 3800 (see instructions)					
d	Credit fo	r prior year minimum tax (attach Form 8801 or 8827)		}			
е	Total cre	dits. Add lines 45a through 45d	. 450	e			
46		line 45e from line 44					
47	Other tax	es Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule). 47				
48	Total tax	Add lines 46 and 47 (see instructions)	. 48	<u> </u>			<u>0.</u>
49	2018 ne	965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	. 49				
		s A 2017 overpayment credited to 2018	_				
		imated tax payments · · · · · · · · · · · · · · · · · · ·	_				
		osited with Form 8868	_				
d		organizations Tax paid or withheld at source (see instructions)	_				
е		withholding (see instructions) · · · · · · · · · · · · · · · · · · ·	_				
		r small employer health insurance premiums (attach Form 8941) 50f	_				
9		edits, adjustments, and payments. Form 2439	Ì				
- 4	_	rm 4136 Other Total ▶ 50g					
		yments. Add lines 50a through 50g	<u>. 51</u>				
52 52		d tax penalty (see instructions) Check if Form 2220 is attached	_ 52				
53 54		If line 51 is less than the total of lines 48, 49, and 52, enter amount owed					
54		ment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	: —				
55 Pat		amount of line 54 you want Credited to 2019 estimated tax ► Refunded Statements Regarding Certain Activities and Other Information (see instruct		Щ			
56		time during the 2018 calendar year, did the organization have an interest in or a signature		<u> </u>	hority	Yes	No
•		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization					
		Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the					
	here ▶	The state of the s	1010	igir co	,unity		x
57		ne tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fo	reics to	21012	—		X
٠,		see instructions for other forms the organization may have to file.	veiāu (ustr			
58		e amount of tax-exempt interest received or accrued during the tax year > \$			}		1
<u></u> -	Un	der penalties of perjury, i declare that I have examined this return, including accompanying schedules and statements, and to ti	e best o	f my kn	owledge s	nd bel	ief, it is
Sig	l to	correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge					
Her		11/12/19 EVP, ASSIST TREAS			discuss		
•		nature of officer Date Title			X Ye		No
		Print/Type preparer's name Preparer's signature Date C		_	PTIN		*****
Paic		↑₽₽₽\$ ₩₽₹₽₩\$₹\$ \ ₩ \$\\$\$\\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	neck l ilf-emplo	ved	P0064	1948	5
	parer	PRINCE C VOUNC II C TIP	m's EIN	24	-656	_	
US6	Only			-	535-7		

%

%

%

%

Enter here and on page 1, Part I, line 7, column (B) Enter here and on page 1,

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(1)

(2)

(3)

(4)

Total dividends-received deductions included in column 8

Part I, line 7, column (A)

Page 4

Schedule F—Interest, Annu	nues, Royalues			ntrolled Org			inons (see	manucio	,,,,,,		
Name of controlled organization	2 Employer identification number		3 Net unrelated income (loss) (see instructions)		4 Total of specified payments made		ed included	5 Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5	
(1)										· · · · · · · · · · · · · · · · · · ·	
(2)											
(3)											
(4)					ł						
Nonexempt Controlled Organiz	ations										
7 Taxable Income	8 Net unrelated in (loss) (see instruct	I .		Total of specific ayments made	' included in the contr		ntrolling conn		Deductions directly nected with income in column 10		
(1)	. <u> </u>										
(2)											
(3)						-					
(4)	· · · · · · · · · · · · · · · · · · ·										
Totals	come of a Sec	tion 501	 c)(7),	(9), or (17		Par	Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A) nization (see instructions)			Enter here and on page 1, Part I, line 8, column (B)	
1 Description of income	2 Amount of	ıncome		3 Deduction directly cor (attach sch	nnected			t-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)	
(1)											
(2)			_								
(3)									-	_	
(4)	Enter here and o Part 1, line 9, co									Enter here and on page 1 Part I, line 9, column (8)	
Totals ▶ Schedule I-Exploited Exe	mpt Activity Inc	come, Ot	her Th	an Advert	ising Ir	come	(see instru	ctions)			
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Exper direct connecte producti unrela business i	ises ly d with on of led	4 Net incor from unrelat or business 2 minus co If a gain, c cols 5 thre	ne (loss) led trade (column lumn 3) ompute	5 Gr from is no	oss income activity that of unrelated less income	6 Expe attributa colum	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)			•								
(2)											
(3)											
(4)							_		-		
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, F line 10, co	Part I,							Enter here and on page 1, Part II, line 26	
Schedule J- Advertising In	come (see instri	uctions)		1							
Part I Income From Peri			onsol	idated Bas	sis						
art income From Cit			011301	4 Adver	tising					7 Excess readership costs (column 6	
1 Name of periodical	2 Gross advertising income	3 Dire advertising		gain or (los 2 minus co a gain, co cols 5 thro	ol 3) If mpute	I	Circulation ncome	6 Read	-	minus column 5, but not more than column 4)	
(1)											
(2)											
(3)										1	
(4)]							
Totals (carry to Part II, line (5))	<u></u>										

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)

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)
		•			
	<u> </u>	·	,		
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
		-			
	advertising income	advertising advertising costs Enter here and on page 1, Part I,	2 Gross advertising income 3 Direct advertising costs 2 minus col 3) If a gain, compute cols 5 through 7 Enter here and on page 1, Part I, line 11, col (A) Enter here and on page 1, Part I, line 11, col (B)	2 Gross advertising income 3 Direct advertising costs 3 Direct advertising costs 3 Direct advertising costs 4 minus col 3) If a gain, compute cols 5 through 7 5 Circulation income 5 Circulation income	2 Gross advertising income 3 Direct advertising costs 3 Direct advertising costs 3 Direct advertising costs 4 minus col 3) If a gain, compute cols 5 through 7 5 Circulation income 6 Readership costs 6 Readership costs

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		>	

Form **990-T** (2018)

ATTACHMENT 1

ST. JOSEPH HEALTH SYSTEM FOUNDATION DOES NOT HAVE UNRELATED BUSINES INCOME. IT IS FILING FORM 990-T TO REPORT FOREIGN ACTIVITY. SEE ATTACHED FORMS 926.

ATTACHMENT 2

NAME AND FEIN OF PARENT CORPORATION

ST. JOSEPH HEALTH SYSTEM 95-3589356

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