

Form 990-T	E	Exempt Organization Bus	ine	ss Income T	ax Return	ı L	OMB No 1545-0687
		(and proxy tax und					0040
	For ca	lendar year 2018 or other tax year beginning		, and ending		_	2078
Department of the Treasury Internal Revenue Service		Go to www irs gov/Form990T for in Do not enter SSN numbers on this form as it may					Open to Public Inspection for 50 1(c)(3) Organizations Only
A X Check box if address changed				and see instructions)		D Emplo (Emplo	oyer identification number oyees' trust, see ctions)
		SWEDISH HEALTH SERVICES					91-0433740
B Exempt under section X 501(c 23)	Print or						ated business activity code
	Туре	Number, street, and room or suite no. If a P.O. box 1801 LIND AVE SW, ATTN TAX DEPT.		istructions.		(See in	nstructions)
		City or town, state or province, country, and ZIP o		n nostal code		<u> </u>	
408A 530(a) 529(a)		RENTON, WA 98057-9016	rioreig	n postai code		44611	.0
C Book value of all assets at end of year		F Group exemption number (See instructions.)	<u> </u>				
3,294,448,	322.	G Check organization type ► X 501(c) corp	oration	n 501(c) trust	401(a)	trust	Other trust
	-	ition's unrelated trades or businesses	6	Describe	the only (or first) un	related	
trade or business here					complete Parts I-V.		
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	or
business, then complete	Parts III	-V.					
		poration a subsidiary in an affiliated group or a parer	ıt-subsı	idiary controlled group?	Stmt 2	X Ye	s No
		tifying number of the parent corporation.		Wes	7 45	- L	11/1900
		JO ANN ESCASA-HAIGH		Telepho		· ·	381-4000
Part I Unrelated	d Trac	de or Business Income		(A) Income	(B) Expenses	3	(C) Net
1 a Gross receipts or sale	es	898,860.				ĺ	•
b Less returns and allow	wances	c Balance	1c	898,860.			-, 1
2 Cost of goods sold (S	chedule	A, line 7)	2	591,519.			
3 Gross profit. Subtract	line 2 f	rom line 1c	3	307,341.			307,341.
4 a Capital gain net incon	ne (attac	th Schedule D)	4a				
b Net gain (loss) (Form	4797, F	Part II, line 17) (attach Form 4797)	4b				
c Capital loss deduction	for tru	sts	4c				
5 Income (loss) from a	partners	ship or an S corporation (attach statement)	5				
6 Rent income (Schedu	le C)		6				
7 Unrelated debt-finance	ed incor	ne (Schedule E)	7				
8 Interest, annuities, roy	/alties, a	nd rents from a controlled organization (Schedule F)	8		, . .		
9 · Investment income of	a section	on 501(c)(7), (9), or (17) organization (Schedule G)	9				
10 Exploited exempt acti	vity inco	ome (Schedule I)	_10				
11 Advertising income (S		•				, -	
12 Other income (See in:		·	12		-		
13 Total. Combine lines			13	307,341.			307,341.
		ot Taken Elsewhere (See instructions four tour structions four tour structions must be directly connected to the connected structure of the connected struct			ıncome)		
14 Compensation of off	icers, di	rectors, and trustees (Schedule K)				14	
15 Salaries and wages						15	24,160.
16 Repairs and mainten	ance					16	
17 Bad debts						17	
18 Interest (attach sche	dule) (s	ee instructions)				18	
19 Taxes and licenses						19	46.
20 Charitable contributi	ons (Se	e instructions for limitation rules)				20	65,841.
21 Depreciation (attach	Form 4	562)		21	51.		
22 Less depreciation cla	aimed o	n Schedule A and elsewhere on return	En	22a		22b	51.
23 Depletion		n Schedule A and elsewhere on return RECEIV		ol		23	
24 Contributions to defe	erred co		~ ^ 4 4 0	OSO S		24	
25 Employee benefit pro	ograms	Thedule 1)	7019	1991		25	
26 Excess exempt expe	nses (So	chedule I)		RS		26	
27 Excess readership co	osts (Sc	hedule J)	1 11			27	·
28 Other deductions (at	tach scl	hedule J) OGDEN	<u>, U</u>	See Statemen	t 1	28	4,369.
29. Total deductions. A	dd lines					29	94,46/.
30 Unrelated business t	axable i	ncome before net operating loss deduction. Subtrac	t line 29	9 from line 13		30	212,874.
31 Deduction for net op	erating	loss arising in tax years beginning on or after Janua	ry 1, 20	118 (see instructions)		31	1
32 Unrelated business t	axable i	ncome. Subtract line 31 from line 30				32	212,874.
823701 01-09-19 I HA Fr	r Paner	work Reduction Act Notice, see instructions.					Form 990-T (2018)

		<u> </u>		
	,			
(2018) SWEDISH HEALTH SERVICES		91-0433	740	Page 2
Total Unrelated Business Taxable Income				
Total of unrelated business taxable income computed from all unrelated trades or business	ses (see instruct	ons)	33	408,533.
Amounts paid for disallowed fringes			34	202,301.
Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	e instructions)		35	17,265.
Total of unrelated business taxable income before specific deduction. Subtract line 35 from				
lines 33 and 34			36	593,569.
Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			37	1,000.
Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater that	an line 36,			
enter the smaller of zero or line 36			38	592,569.
/ Tax Computation				
Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		. •	39	124,439.
Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the ar	nount on line 38	from:		•
Tax rate schedule or Schedule D (Form 1041)		>	40	
Proxy tax. See instructions		>	41	
Alternative minimum tax (trusts only)			42	
Tax on Noncompliant Facility Income. See instructions			43	
Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	124,439.
Tax and Payments			,,	
Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a			
Other credits (see instructions)	45b			
General business credit. Attach Form 3800	45c			
Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	123,277.		
Total credits Add lines 45a through 45d			45e	123,277.
Subtract line 45e from line 44			46	1,162.
Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8697	orm 8866 [Other (attach schedulo)	47	
Total tax. Add lines 46 and 47 (see instructions)			48	1,162.
2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49	0.
Payments: A 2017 overpayment credited to 2018	50a			
2018 estimated tax payments	50ь	326,000.		
Tax deposited with Form 8868	50c	160,000.	:	
Foreign organizations: Tax paid or withheld at source (see instructions)	50d			
Backup withholding (see instructions)	50e			
Credit for small employer health insurance premiums (attach Form 8941)	501			
Other credits, adjustments, and payments: Form 2439		ı		
Form 4136 Other Tota	1 ► 50g			
Total payments Add lines 50a through 50g			51	486,000.
Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 📖			52	2.
Tay due of line 51 is less than the total of lines 48, 49, and 52, enter amount owed		>	53	

Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see if 35 Total of unrelated business taxable income before specific deduction. Subtract line 35 from t lines 33 and 34 37 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) 38 Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than enter the smaller of zero or line 36 Part IV Tax Computation Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21) Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amo Tax rate schedule or Schedule D (Form 1041) 41 Proxy tax. See instructions 42 Alternative minimum tax (trusts only) 43 Tax on Noncompliant Facility Income. See instructions 44 Total, Add lines 41, 42, and 43 to line 39 or 40, whichever applies Part V Tax and Payments 45a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) b Other credits (see instructions) c General business credit. Attach Form 3800 d Credit for prior year minimum tax (attach Form 8801 or 8827) e Total credits Add lines 45a through 45d 46 Subtract line 45e from line 44 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 48 Total tax. Add lines 46 and 47 (see instructions) 49 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 50 a Payments: A 2017 overpayment credited to 2018 b 2018 estimated tax payments c Tax deposited with Form 8868 d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (attach Form 8941) ___ Form 2439 Other credits, adjustments, and payments: Other Total Form 4136 51 Total payments Add lines 50a through 50g 52 Estimated tax penalty (see instructions). Check if Form 2220 is attached 53 Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed 484,836 54 54 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid 55 Enter the amount of line 54 you want: Credited to 2019 estimated tax Part VI Statements Regarding Certain Activities and Other Information (see instructions) 56 At any time during the 2018 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 have to file FinGEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country х 57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year >\$ Under ponalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sian May the IRS discuss this return with Here EVP/ASSISTANT TREASURER 11/12/2019 Title instructions)? X Yes Signature of officer Date PTIN Print/Type preparer's name Preparer's signature Date Check self- employed Paid 11/11/19 P01286320 EVA NITTA Preparer Firm's name ERNST & YOUNG U.S. Firm's EIN 34-6565596 Use Only 560 MISSION STREET, SUITE 1600 SAN FRANCISCO, CA 94105 Phone no. 415-894-8000 Firm's address 823711 01-09-19 Form 990-T (2018)

Part III

33

34

Schedule A - Cost of Goods	s Sold. Enter	method of invento	ory v	aluation > Lower	of (Cost or Market			
1 Inventory at beginning of year	1.	0.		Inventory at end of year		·	6		0.
2 Purchases	2	591,519.	7	Cost of goods sold. Su	btract l	ine 6			
3 Cost of labor	3			from line 5 Enter here a	and in F	Part I,			
4 a Additional section 263A costs				line 2				591,	519.
(attach schedule)	4a		8	Do the rules of section	263A (1	with respect to		Yes	No
b Other costs (attach schedule)	4b			property produced or a	cquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5	591,519.		the organization?					х
Schedule C - Rent Income	(From Real	Property and	Per	sonal Property Lo	ease	d With Real Prop	ert	y)	
(see instructions)									
1 Description of property									
(1)									
(2)									
(3)									
						,			
		ed or accrued				2(a) Deductions directly	conr	ected with the income in	
(a) From personal property (if the per- rent for personal property is more 10% but not more than 50%)	than	' 'of rent for pe	rsonal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	e	columns 2(a) ar	nd 2(t	o) (attach 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		nter -			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 in	nstru	ctions)					
-			2	Gross income from		3. Deductions directly con to debt-finance			
1. Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	S
(1)							+		
(2)			_				T		
(3)							\top		
(4)					•		\top		
4. Amount of average acquisition debt on or allocable to debt-inanced property (attach schedule)	of or a debt-fina	e adjusted basis allocable to inced property h schedule)	6	. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduction (column 6 x total of column 3(a) and 3(b))	ons umns
(1)				%			\dagger		
(2)				%			1		
(3)				%					
(4)				%			1		
	•					nter here and on page 1, Part I, line 7 column (A)		Enter here and on page Part I, line 7, column (I	
Totals				_		0			0.
Total dividends-received deductions in	ncluded in column	n 8		- 1					0.

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Schedule F - Interest, A	Annuitie	s, Royal	ties, and					tions	(see ins	structio	ns)
				Exempt (Controlled O	rganizatio	ons				
Name of controlled organizate	ion	2. Em identifi num	cation		elated income instructions)		al of specified nents made	include	t of column 4 ed in the contr ation's gross i	rolling	6. Deductions directly connected with income in column 5
(1)									•		· · · · · · · · · · · · · · · · · · ·
(2)											
(3)											
(4)											
Nonexempt Controlled Organi	zations										
7 Taxable Income		nrelated incom see instructions		9. Total	of specified payr made	nents	10. Part of coluin the controllingross	mn 9 that ing organ s income	is included ization's		reductions directly connected th income in column 10
(1)											
(2)											
(3)											
(4)											
							Add colun Enter here and line 8, o		1 Part I,		Add columns 6 and 11 here and on page 1 Part I, line 8, column (8)
Totals Schedule G - Investme	nt Incon	ne of a S	Section	501(c)(7	1 (9) or (17) Oro	anization		· ·		
(see insti		ne or a s	ection	301(0)(7	<i>)</i> , (3), 01 (ii) Oig	jainzation				
	ription of incor	me			2. Amount of	ıncome	3. Deductio directly conne (attach sched	cted	4 Set-	asides chedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)								1			
(2)											
(3)			•								
(4)											
Totals		- · -			Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Schedule I - Exploited	Exempt	Activity	Income	. Other	Than Adv		a Income				
(see instru	-	,		,			3				
Description of exploited activity		e from	3 Exp directly control with pro- of unite business	duction elated	4. Net inconfrom unrelated business (cominus colum gain, computithrough	I trade or dumn 2 n 3) If a a cols 5	5 Gross inco from activity t is not unrelat business inco	hat ed	b. Exp attribut colur	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)					_						
(4)	Enter her page 1 line 10,	Part I	Enter her page 1 line 10,								Enter here and on page 1, Part II, line 26
Totals ► Schedule J - Advertising	a Incon		nstruction						····		
Part I Income From I					solidated	Basis					
Tarti meeme rrom	Cilouio	аіз пер	ortea or		Jonation	Buolo					
1. Name of periodical		2 Gross advertising income		3 Direct ertising costs	4. Advert or (loss) (c col 3) II a g cols 5 th	ol 2 minus ain, computi	5. Circulatincome		6. Reade		7. Excess readership costs (column 6 minus column 5 but not more than column 4)
(1)											
(2)											
(3)					_						
(4)				- 		<i>.</i>					
Totals (carry to Part II, line (5))	•		0.	0							0. Form 990-T (2018)

Part II Income From Peri		ed on a Sena	rate Basis (For ea	ch periodic	al listed in Pa	ort II. fill in	ruge_
columns 2 through 7 on			1410 24515 (1 6) ea	on periodica	ai iistea ii i e		
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. Circula income		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, 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	on of Officers, D	Directors, and	Trustees (see in	structions)			
1 Name			2 Title		Percent of me devoted to business		pensation attributable prelated business
(1)					%		
(2)					%		
(3)			<u> </u>		%		
(4)					%		
Total. Enter here and on page 1, Part II.	line 14				>		0.

Form 990-T (2018)

SWEDISH HEALTH SERVICES

Form 990-T	Other Deductions	Statement 1
Description		Amount
SUPPLIES PURCHASED SERVICES MISC. OTHER		255. 4,109. 5.
Total to Form 990-T, Page 1, 1	ine 28	4,369.

Form 990-T	Parent	Corporation's	Name	and	Identifying	Number	Statement 2
Corporation's	s Name						Identifying No
WESTERN HEAL	THCONNEC	r					45-4171900

Form 990-T	Contributions Summary		Statement	6
Qualified Contributions	Subject to 100% Limit			
Carryover of Prior Years	Unused Contributions			
For Tax Year 2013	4 454 454			
For Tax Year 2014	1,174,151			
For Tax Year 2015	1,342,009			
For Tax Year 2016 For Tax Year 2017	3,107,682 1,208,641			
FOI TAX TEAT 2017				
Total Carryover		6,832,483		
Total Current Year 10% Co	ontributions			
Total Contributions Avail		6,832,483		
Taxable Income Limitation		65,841		
	_	5 755 540	_	
Excess 10% Contributions	_	6,766,642		
Excess 100% Contribution		6,766,642		
Total Excess Contribution		0,700,042		
Allowable Contributions	Deduction		65,	841
Total Contribution Deduc	tion		65,	841

SWEDISH HEALTH SERVICES EIN: 91-0433740 FOR YEAR ENDED 12/31/2018 FORM 990-T

NET OPERATING LOSS CARRYFORWARD

TAX YEAR	AMOUNT GENERATED	* CHARITABLE CONTRIBUTION CONVERTED	NOL UTILIZED IN	NOL UTILIZED IN CY	NOL CARRYFORWARD TO 12/31/2018
12/31/2014	100,503	-	100,503	-	-
12/31/2015*	-	8,033	8,033	-	-
12/31/2016*	-	46,660	46,660		•
12/31/2017*	-	17,265		17,265	
TOTAL NOL GENERATED	100,503				
TOTAL NOL CONVERTED		71,958			
TOTAL CARRYFORWARD UT	ILIZED IN PY		155,196		
TOTAL NOL UTILIZED IN CY				17,265	
NOL CARRYFORWARD					-

^{*} Charitable contribution converted to NOL pursuant to IRC Section 170(d)(2)(B)(ii)

SWEDISH HEALTH SERVICES EIN 91-0433740 FOR YEAR ENDED 12/31/2018 FORM 990-T

FORM 990-T, LINE 20 - CHARITABLE CONTRIBUTIONS CARRYFORWARD

TAX YEAR	GENERATED	USED IN PRIOR YEARS	USED IN CURRENT YEAR	* CONVERTED TO NOL	CARRYOVER
12/31/2014	1,568,965	394,814		-	1,174,151
12/31/2015	1,350,042	•	-	8,033	1,342,009
12/31/2016	3,154,342	-	-	46,660	3,107,682
12/31/2017	1,225,906	-	-	17,265	1,208,641
12/31/2018	1,079,033	-	65,841	-	1,013,192
TOTAL	8,378,288	394.814	65.841	71,958	7,845,675

Total Charitable Contributions Carryforward

7,845,675

^{*}Charitable Contributions Converted to Net Operating Losses Per Section 170(d)(2)(B)

EIN: 91-0433740 FOR THE TAX YEAR ENDED: DECEMBER 31, 2018

1-066

CHARITABLE CONTRIBUTIONS COMPUTATION

•				
i	ľ	3	١	•

Part!, Line 32	Pharmacies				278,715
Schedule M, Line 32	Parking				92,475
Schedule M, Line 32	Retail				86,971
Schedule M, Line 32	Security				16,213
	UB! (excluding fringe benefits)	enefits)			474,374
Part III, Line 34	Add: Total fringe benefits UBI	ts UBI			202,301
	Subtotal:				676,675
	Less: NOL prior to 2018				(17,265)
	Less: Specific Deduction				(1,000)
	Subtotal - Income for CC limitation	C limitation			658,410
	* 10% limitation				10%
	Total				65,841
	2018 Charitable Contributions	utions			6,832,483
	Charitable Contribution Deduction (lesser of the two)	Deduction (I	esser of th	e two)	65,841
			Cha	Charitable	
			Cont	Contribution	
Apportionment			Dec	Deduction	990 Reference
	Pharmacies	41%	\$	27,119	Part II, Line 20
	Parking	14%	❖	866'8	Sch. M, Entity 1, Line 20
	Retail	13%	ب	8,462	Sch. M, Entity 2, Line 20
	Security	2%	ب	1,578	Sch. M, Entity 4, Line 20
	QTF %:	30%	❖	19,684	Part III, Line 33

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172

Identifying number

Department of the Treasury Internal Revenue Service Name(s) shown on return

► Go to www.irs.gov/Form4562 for instructions and the latest information. Business or activity to which this form relates Attachment Sequence No 179

SWEDISH HEALTH SERVICES			446110 - PHAF	RMACIES		91-0433740
Part Election To Expense Certain Pro	perty Under Section 1	79 Note: If you have a	any listed property	, complete Part	V before yo	ou complete Part I
1 Maximum amount (see instructions)					1	
2 Total cost of section 179 property pla	aced in service (see	instructions)			2	
3 Threshold cost of section 179 proper	,	,			3	
4 Reduction in limitation Subtract line	· •				4	
5 Dollar limitation for tax year Subtract line 4 from I		·	v see instructions		5	
6 (a) Description of			t (business use only)	(c) Elected		
	· · · · · · · · · · · · · · · · · · ·					
				·		
7 Listed property Enter the amount fro	m line 20		7			
8 Total elected cost of section 179 pro		e in column (c) lines 6			8	*- * *
9 Tentative deduction Enter the small	· ·		anu r		9	
					10	
10 Carryover of disallowed deduction from the susiness income limitation. Enter the susiness income limitation.	•		in zero) or line 5		11	
12 Section 179 expense deduction Add		,	•		12	
12 Section 179 expense deduction Add 13 Carryover of disallowed deduction to			N IIINE 11		1_12	
Note: Don't use Part II or Part III below for						
Part II Special Depreciation Allow			nclude listed prope	arty)		
14 Special depreciation allowance for qu						
	Jamed property (of	ier triair listeu properi	ry) praced in servic	e during		
the tax year	alaatiaa				14	
15 Property subject to section 168(f)(1)	siection				15	51.
16 Other depreciation (including ACRS) Part III MACRS Depreciation (Dor	at include listed pro	poerty. See instruction	ne \	•	1 10 1	
WACKS Depreciation (Don	T include listed pro	Section A	13)			
47 MACRO deductions for sector place		-	2019		17	
17 MACRS deductions for assets placed 18 If you are electing to group any assets placed in s	•	• •			''-'	
··· ·= ··· · · · · · · · · · · · · · ·		e During 2018 Tax Y		neral Deprecia	tion System	
	(b) Month and	(c) Basis for depreciati	UII (d) Bassuss			<u></u>
(a) Classification of property	year placed in service	(business/investment u only - see instructions	noriod .	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property				-	 	
b 5-year property				-	 	
c 7-year property				+	 	
d 10-year property					 - 	
e 15-year property	-				 	
f 20-year property	-		25 150		S/L	
g 25-year property			25 yrs		1 1	
h Residential rental property	/		27 5 yrs	MM	S/L	
	/		27 5 yrs	MM	S/L	
i Nonresidential real property	<u>'</u>		39 yrs	MM	S/L	
0	/	D 2010 T V.		MM	S/L	
· · · · · · · · · · · · · · · · · · ·	Flaced in Service	During 2018 Tax Ye	ar Using the Alter	TIATIVE DEPREC	1	2111 ——————————————————————————————————
20a Class life	\dashv			-	S/L	
b 12-year			12 yrs_	1,71.7	S/L	
c 30-year	/		30 yrs	MM	S/L	
d 40-year	<u>, </u>	L	40 yrs	MM	S/L	
Part IV Summary (See instructions	· · · · ·				 	
21 Listed property. Enter amount from h					21	<u> </u>
22 Total. Add amounts from line 12, line	•					
Enter here and on the appropriate lin	•	•		r	22	51.
23 For assets shown above and placed	in service during the	e current year, enter th				
portion of the basis attributable to se	ction 263A costs		23		i	

Form 4562 (2018)	SWEDISH HEALTH SERVICES	91-0	0433740	Page	2

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a,

	24b, columns (a) through (c) of Section A, al	Tof Section B, and	d Section C if appli	cable	•	•			
	Section A -	Depreciation	on and Other Inf	ormation (Cautio	n: See the instruc	tions for lir	nits for pa	ssenge	er automobiles)		
24a	Do you have evidence to s	support the bu	siness/investment i	use claimed?	Yes No	24b If "Y	es," is the	eviden	nce written?	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Methe Conver	od/	(h) Depreciation deduction	(i) Electi section cos	ed 179
25	Special depreciation allo	owance for q	ualified listed pro	perty placed in se	ervice during the ta	x year and					
	used more than 50% in	a qualified bi	usiness use					25			
26	Property used more that	n 50% in a qi	ualified business	use							
			%								
			%								
			%								
27	Property used 50% or le	ss in a qualif	red business use)							
			%				S/L ·				
			%				S/L -]	
			%				S/L·				
28	Add amounts in column	(h), lines 25	through 27 Ente	er here and on line	21, page 1			28			
29	Add amounts in column	(i), line 26 E	nter here and on	line 7, page 1					29		·
			Sec	tion B - Informat	ion on Use of Veh	ııcles	•				

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

		(a		(t	-	(4	-	(6	-	(€	-	(1	-
30	•	Veh	icle	Veh	icle	l Veh	icle	Ven	ıcle	Veh	icle	Veh	icle
	year (don't include commuting miles)					ļ							
31	Total commuting miles driven during the year					ļ							
32	Total other personal (noncommuting) miles					Ì							
	driven												
33	Total miles driven during the year.	ŀ											
	Add lines 30 through 32												
34	Was the vehicle available for personal use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?												
35	Was the vehicle used primarily by a more												
	than 5% owner or related person?	!											
36	Is another vehicle available for personal												
	use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	Yes	No
	employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about		
	the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use?		
	Note: If your answer to 37, 39, 30, 40, or 41 is "Ves." don't complete Section B for the covered vehicles		

Note:	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles									
Part VI	Amortization									
	(a) (b) (c) (d) (e) (f) Description of costs Date amortization begins Amortizable amount section period or percentage for this year									
42 Amorti	zation of costs that begins during your 2	2018 tax year	··							
43 Amorti	43 Amortization of costs that began before your 2018 tax year									
44 Total.	Total. Add amounts in column (f) See the instructions for where to report 44									

816252 12-26-18 Form **4562** (2018)

Unrelated Business Taxable Income for Unrelated Trade or Business

	Entity	1
	OMB No	1545-0687
Н		

2018

Open to Public Inspection for 50 1(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning ______, and ending _______, and ending _______.

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Employer identification number Name of the organization SWEDISH HEALTH SERVICES 91-0433740 812930 Unrelated business activity code (see instructions) PARKING Describe the unrelated trade or business Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 648,966. 1a Gross receipts or sales 648,966. **b** Less returns and allowances c Balance Cost of goods sold (Schedule A, line 7) 2 648,966. 648,966. Gross profit Subtract line 2 from line 1c 3 4 a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach 5 statement) 6 Rent income (Schedule C) Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) 9 organization (Schedule G) Exploited exempt activity income (Schedule I) 10 10 Advertising income (Schedule J) 11 11

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

12

13

648,966.

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	19,980.
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	112,211.
20	Charitable contributions (See instructions for limitation rules)	20	0.
21	Depreciation (attach Form 4562)	5.	
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	107,816.
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) See Statement 3	28	316,484.
29	Total deductions. Add lines 14 through 28	29	556,491.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	92,475.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	1
32	Unrelated business taxable income Subtract line 31 from line 30	32	92,475.

LHA For Paperwork Reduction Act Notice, see instructions.

Other income (See instructions, attach schedule)

Total. Combine lines 3 through 12

Schedule M (Form 990-T) 2018

12

Page	

SWEDISH HEALT	H SERVICES				91-04337	40		age .
Schedule A - Cost of Goods	s Sold. Enter	method of inven	tory valuation N/A					
1 Inventory at beginning of year	1		6 Inventory at end of ye	ar		6		
2 Purchases	2		7 Cost of goods sold. S	Subtract I	ine 6			
3 Cost of labor	3		from line 5 Enter here	e and in l	Part I,			
4 a Additional section 263A costs			line 2		Ļ	7	171	
(attach schedule)	4a		8 Do the rules of section		·		Yes	No
b Other costs (attach schedule)	4b		property produced or	acquired	I for resale) apply to			
5 Total. Add lines 1 through 4b	5		the organization?			·		х
Schedule C - Rent Income	(From Real	Property and	Personal Property I	Lease	d With Real Prope	erty)		
(see instructions)								
1 Description of property								
(1)								
(2)								
(3)								
(4)								
		ed or accrued			0(0)00000000000000000000000000000000000			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	or rent for p	and personal property (if the percent personal property exceeds 50% or if at is based on profit or income)	age	3(a) Deductions directly of columns 2(a) and	d 2(b) (attach sched	ncome 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 1 line 6, column (B)	>		0.
Schedule E - Unrelated Det	ot-Financed	income (see	instructions)	-	0.0.1			
			2 Gross income from		Deductions directly conn- to debt-finance		010	
1. Description of debt-fit	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other of (attach s		s
(1)		-		1				
(2)								
(3)		-			•			
(4)								
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to inced property h schedule)	6 Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8, Allocabl (column 6 x to 3(a) a	e deduction otal of colond 3(b))	ons umns
(1)			%					
(2)			%_	1				
(3)			%	ļ				
(4)			%					
					inter here and on page 1, Part I, line 7, column (A)	Enter here an Part I, line 7,		
Totals			•	ا٠	0.			0.
Total dividends-received deductions	ncluded in columi	n 8						0.
						Form	990-T	(2018

Form 990-T (M)	Other Deductions	Statement 3
Description		Amount
SUPPLIES PURCHASED SERVICES MISC. OTHER		579. 266,907. 48,998.
Total to Schedule M, Part II,	line 28	316,484.

Form 4562

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

2018

2018
Attachment
Sequence No 179

Name(s) shown on return Business or activity to which this form relates Identifying number 812930 - PARKING 91-0433740 SWEDISH HEALTH SERVICES Part I Election To Expense Certain Property Under Section 179 Note. If you have any listed property, complete Part V before you complete Part I 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (c) Elected cost (a) Description of property (b) Cost (business use only) 7 Listed property Enter the amount from line 29 7 8 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2019 Add lines 9 and 10, less line 12 ▶ 13 Note: Don't use Part II or Part III below for listed property Instead, use Part V Special Depreciation Allowance and Other Depreciation (Don't include listed property) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 15 Property subject to section 168(f)(1) election 15 107,816. 16 16 Other depreciation (including ACRS) Part III | MACRS Depreciation (Don't include listed property See instructions) Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2018 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System (c) Dasis for depreciation (b) Month and (d) Recovery period (a) Classification of property ousiness/investment us only - see instructions) (f) Method (a) Depreciation deduction 19a 3-year property 5-year property b 7-year property 10-year property d 15-year property 20-year property S/L 25-year property 25 yrs а MM S/L 27 5 yrs Residential rental property h MM S/L 27 5 yrs MM S/L 39 yrs Nonresidential real property MM S/L Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System S/L 20a Class life 12-year 12 yrs S/L b MM 30-year 30 yrs S/L С 40 yrs ММ 40-year S/L Part IV | Summary (See instructions) 21 21 Listed property. Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 107,816. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr 22

816251 12-26-18 LHA For Paperwork Reduction Act Notice, see separate instructions.

23 For assets shown above and placed in service during the current year, enter the

Form 4562 (2018)

23

portion of the basis attributable to section 263A costs

4562 (2018)	SWEDISH HEALTH SERVICES	91-0	433740 Page 2

Form 4562	(2018)	SWEDISH HEALTH SERVICES	
Part V		perty (Include automobiles, certain other vehicles, certain aircraft, and property uent, recreation, or amusement)	sed for

	Note: For any v 24b, columns (venicle for w a) through (c	hich you are c) of Section i	using the A, all of S	ection B	d milead , and Se	ge rate of ection Ci	r dedu ıf applı	cting lease cable	e expens	e, comp	lete or	ny 24a,		
_			on and Other							nits for p	asseng	er auton	nobiles)		
242	Do you have evidence to s						es		24b If "Y					Yes	No
=,:	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business investmen use percent	s/ nt	(d) Cost or		(e) Basis for depreciation (business/investment use only)		(f) Recovery period	(g)		(h) Depreciation deduction		(i) Elected section 179 cost	
 25	Special depreciation allo	·	· ·		placed i	n servic	e during	the ta	x year and	<u> </u>	- I				, <u>ot</u>
	used more than 50% in a qualified business use														
26	Property used more than			ness use											
				%				_							
_				%											
				%									-		
27	Property used 50% or le	ss in a qualif	fied business	use											
				%	_				_	S/L -					
				%						S/L -					
				%						S/L -					
28	Add amounts in column	(h), lines 25	through 27	Enter her	e and on	line 21,	page 1				28				
<u>29</u>	Add amounts in column	(i), line 26 E	nter here an	d on line	7, page 1								29		
	mplete this section for ve your employees, first answ		•		artner, or	other "	more tha	an 5%	owner," or					/ehicles	
				(a)	(b)		(c)	(4	 d)	(e)	(f	<u> </u>
30	Total business/investment i		uring the	Ve	hicle	Ve	hicle	\ \ \	/ehicle	Veh	ıcle	Vel	hicle	Veh	icle
31	Total commuting miles of		the year					ļ — — —							
	Total other personal (not driven														
33	Total miles driven during	the vear													
	Add lines 30 through 32														
34	Was the vehicle available		al use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
35	Was the vehicle used pr	marily by a	more												
	than 5% owner or relate	d person?			ļ								ļ		
36	Is another vehicle availa	ble for perso	nal									I			
	use?				l									i	
	swer these questions to o	determine if y		-	•				•				ren't		
	re than 5% owners or relation to the contract of the contract				ll serses	al uso s	f vobiolo	امما م	udina com	mutina	byyour			Vac	No
31	employees?	n policy stat	ement that p	oronibits a	ııı person	iai use c	or veriicie	s, inci	uaing com	muang,	by your			Yes	No
38	Do you maintain a writte							-			ur				
	employees? See the inst	tructions for	vehicles use	d by corp	orate off	icers, di	rectors,	or 1%	or more ov	vners					<u> </u>
	Do you treat all use of ve	•	• •											 	
40	Do you provide more that		•			nformat	on from	your e	mployees	about					
	the use of the vehicles, a														
41	Do you meet the require									-1					
D.	Note: If your answer to 3	37, 38, 39, 4	u, or 41 IS "Y	es, aon	comple	re Secti	on B for	тие со	vered ven	cies					
ئے	art VI Amortization (a)			(b)		(c)		\neg	(d)		(e)			(f)	
	Description of	costs	Da	ite amortization begins		Amortizat			Code section		Amortiza period or peri		Ar fo	nortization r this year	
42	Amortization of costs the	at begins du	rıng your 201	•	ır						or pur				
	The state of the s		, , , , , , , , , , , , , , , , , , ,	,				\top	_						
_					†			\top			_				

43 Amortization of costs that began before your 2018 tax year 44 Total. Add amounts in column (f) See the instructions for where to report

Form **4562** (2018)

43

44

Unrelated Business Taxable Income for Unrelated Trade or Business

Entity	2
OMB No	1545-0687

2010

Department of the Treasury Internal Revenue Service (99) ▶ Go to www.irs.gov/Form990T for instructions and the latest information.
 ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

For calendar year 2018 or other tax year beginning

Open to Public Inspection for 501(c)(3) Organizations Only

Interna	ternal Revenue Service (99) Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).							
Name	Name of the organization SWEDISH HEALTH SERVICES Employer identification number 91-0433740							
	Unrelated business activity code (see instructions) 452000			<u> </u>				
	Describe the unrelated trade or business RETAIL							
Pa	t I Unrelated Trade or Business Income		(A) In	come		(B) Expense	s	(C) Net
1 a	Gross receipts or sales 328,865.							
b	Less returns and allowances c Balance ▶	1c		328,86	5.			
2	Cost of goods sold (Schedule A, line 7)	2		174,68	9.			
3	Gross profit Subtract line 2 from line 1c	3		154,17	6.			154,176.
4 a	Capital gain net income (attach Schedule D)	4a						
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b						-
С	Capital loss deduction for trusts	4c						
5	Income (loss) from a partnership or an S corporation (attach							
	statement)	5						
6	Rent income (Schedule C)	6						
7	Unrelated debt-financed income (Schedule E)	7						
8	Interest, annuities, royalties, and rents from a controlled							
	organization (Schedule F)	8						
9	Investment income of a section 501(c)(7), (9), or (17)							
	organization (Schedule G)	9						
10	Exploited exempt activity income (Schedule I)	10						
11	Advertising income (Schedule J)	11						
12	Other income (See instructions, attach schedule)	12						
13	Total. Combine lines 3 through 12	13		154,17	6.			154,176.
Pai	Deductions Not Taken Elsewhere (See instructions deductions must be directly connected with the undertaken Elsewhere)							or contributions,
14	Compensation of officers, directors, and trustees (Schedule K)						14	F0 1F0
15	Salaries and wages						15	52,158.
16	Repairs and maintenance						16	
17	Bad debts						17	
18	Interest (attach schedule) (see instructions)						18	
19	Taxes and licenses						19	0.
20	Charitable contributions (See instructions for limitation rules)			ایما			20	<u></u>
21	Depreciation (attach Form 4562)			21				
22	Less depreciation claimed on Schedule A and elsewhere on return			22a			22b	
23	Depletion						23	
24	Contributions to deferred compensation plans						24	
25	Employee benefit programs						25	
26	Excess exempt expenses (Schedule I)						26	
27	Excess readership costs (Schedule J)		904	e Stater	nen+	Δ	27	15 047
28	Other deductions (attach schedule)		266	= State	uenc	-	28	15,047.
29	Total deductions. Add lines 14 through 28	, .		00.6			29	67,205.
30	Unrelated business taxable income before net operating loss deduce					•	30	86,971.
31	Deduction for net operating loss arising in tax years beginning on o	r atter	January 1, 2	ะบาช (see				
	instructions)						31	

LHA For Paperwork Reduction Act Notice, see instructions.

32 Unrelated business taxable income Subtract line 31 from line 30

Schedule M (Form 990-T) 2018

Form 990-T (2018)							01 0422	740		Page :
Schedule A - Cost of Goods				b	/ 3		91-0433	740		
	S JOIG. Enter	method of invent						Τ.		
1 Inventory at beginning of year	1	174,689.	1	Inventory at end o	•	1	6	-6		
2 Purchases	2	174,005.	l '	Cost of goods sold						
3 Cost of labor	3		ł	from line 5 Enter l	nere anu	mr	raiti,	,	174	689.
4 a Additional section 263A costs			١,	line 2 3 Do the rules of sec	stion 262	A /.	with reapport to		Yes	No.
(attach schedule)	4a	 	8			•	•		103	+ "
b Other costs (attach schedule)	46	174,689.	ł	the organization?	or acqu	Irea	for resale) apply to			- x
5 Total. Add lines 1 through 4b Schedule C - Rent Income (From Real	•	Pei		v I ea	Sec	d With Real Pro	hert		1
(see instructions)	i i om riour	roporty and		. conair roport	,	-	a		,	
1 Description of property										
(1)										
(2)										
(3)										
(4)										
		ed or accrued					3(a) Deductions directl	lv conn	ected with the income in	n
rent for personal property is more than				sonal property (if the perc al property exceeds 50% (sed on profit or income)	centage or if) (attach schedule)	
(1)										
(2)										
(3)										
_(4)									· - · · · · · · · · · · · · · · · · · ·	
Total	0.	Total			(0.				
(c) Total income. Add totals of columns		iter					(b) Total deductions. Enter here and on page 1,			
here and on page 1, Part I, line 6, column		<u> </u>				0.	Part I, line 6, column (B)	<u> </u>		0.
Schedule E - Unrelated Deb	t-Financed	income (see	nstr	uctions)						
				2. Gross income from			Deductions directly co- to debt-finar			
1. Description of debt-fin	anced property			or allocable to debt- financed property		(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	
(1)								†		
(2)										
(3)		·								
(4)										
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to inced property h schedule)		6. Column 4 divided by column 5			7. Gross income reportable (column 2 x column 6)		8. Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)					%					
(2)					%					
(3)	-				%					
(4)				,	%					
							nter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7 column (
Tatalo								o. l		0

0.

Total dividends-received deductions included in column 8

Form 990-T (M)	Other Deductions	Statement 4
Description		Amount
SUPPLIES PURCHASED SERVICES MISC. OTHER		15,225. 48. -226.
Total to Schedule M, Part II,	line 28	15,047.

Name of the organization

Unrelated Business Taxable Income for Unrelated Trade or Business

Entity	3
OMB No	1545-0687

2018

Department of the Treasury
Internal Revenue Service (99)

For calendar year 2018 or other tax year beginning

SWEDISH HEALTH SERVICES

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
 ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

, and ending

Open to Public Inspection for 501(c)(3) Organizations Only

Employer identification number

91-0433740

	Inrelated business activity code (see instructions) > 722514			.	
C	escribe the unrelated trade or business CAFETERIA				
Par	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 60,670.				
b	Less returns and allowances c Balance	1c	60,670.		
2	Cost of goods sold (Schedule A, line 7)	2	35,949.		
3	Gross profit Subtract line 2 from line 1c	3	24,721.		24,721.
4 a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12			
13	Total. Combine lines 3 through 12 13 24,721.				24,721.
Pai	Deductions Not Taken Elsewhere (See instructions deductions must be directly connected with the undertaken Elsewhere)				t for contributions,
14	Compensation of officers, directors, and trustees (Schedule K)			10	
15	Salaries and wages				38,278.
16	Repairs and maintenance			_10	6
17	Bad debts			17	7
18	Interest (attach schedule) (see instructions)			11	3
19	Taxes and licenses				9
20	Charitable contributions (See instructions for limitation rules)		1 1	20)
21	Depreciation (attach Form 4562)		21		
22	Less depreciation claimed on Schedule A and elsewhere on return		22a	22	b
23	Depletion			23	3
24	Contributions to deferred compensation plans			24	1
25	Employee benefit programs			_2:	
26	Excess exempt expenses (Schedule I)			20	5
27	Excess readership costs (Schedule J)				500
28	Other deductions (attach schedule)		See Statemen	 -	20.000
29	Total deductions. Add lines 14 through 28			29	14 005
30	Unrelated business taxable income before net operating loss deduce			13	<u>-14,087.</u>
31	Deduction for net operating loss arising in tax years beginning on o	r after	January 1, 2018 (see		
	instructions)			3	44.00=
32	Unrelated business taxable income. Subtract line 31 from line 30			3:	
LHA	For Paperwork Reduction Act Notice, see instructions.			Schee	dule M (Form 990-T) 2018

823741 01-28-19

							Entity	•	3
Form 990-T (2018)								ı	Page 3
SWEDISH HEALTH						91-0433	740		
Schedule A - Cost of Goods	Sold. Enter	method of invent	ory v	valuation N/A					
1 Inventory at beginning of year	1		6	Inventory at end of yea	r		6		
2 Purchases	2	35,949.	7	Cost of goods sold St	ıbtract lı	ine 6			
3 Cost of labor	3			from line 5 Enter here	and in F	Part I,			
4 a Additional section 263A costs				line 2			7		949.
(attach schedule)	4a		8	Do the rules of section	263A (v	with respect to		Yes	No
Other costs (attach schedule)	4b			property produced or a	cquired	for resale) apply to		ŀ	
5 Total Add lines 1 through 4b	5	35,949.		the organization?				<u>l</u>	х
Schedule C - Rent Income (From Real	Property and	Per	sonal Property L	ease	d With Real Prop	erty)		
(see instructions)									
1 Description of property									
(1)									
(2)									
(3)									
(4)									
		ed or accrued				3(a) Deductions directly	y connected with the	e income in	
' rent for personal property is more than of rent for per				sonal property (if the percentag I property exceeds 50% or if sed on profit or income)	ge	columns 2(a) a	nd 2(b) (attach sche	dule)	
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			٥.				
(c) Total income. Add totals of columns there and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Deb		Income (see)	nstru	uctions)					
		(000				3. Deductions directly con		able	
				2 Gross income from or allocable to debt-	4.3	to debt-finan			
1. Description of debt-fin	anced property		!	financed property	(a)	Straight line depreciation (attach schedule)	(D) Other	(b) Other deductions (attach schedule)	
(1)						-			
(2)									
(3)					ļ				
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis altocable to inced property h schedule)	İ	6 Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6 x	ble deductr total of col and 3(b))	1
(1)				%					
(2)			L	%					
(3)				<u>%</u>					
(4)			L	%	<u> </u>				
						nter here and on page 1,	Enter here a	and on page	

Total dividends-received deductions included in column 8

Form 990-T (M)	Other Deductions	Statement 5
Description		Amount
SUPPLIES PURCHASED SERVICES MISC. OTHER		66. 347. 117.
Total to Schedule M, Part II, 1	ine 28	530.

SWEDISH HEALTH SERVICES EIN 91-0433740 FOR YEAR ENDED 12/31/2018 FORM 990-T

NET OPERATING LOSS CARRYFORWARD - CAFETERIA

TAX YEAR	AMOUNT GENERATED	* CHARITABLE CONTRIBUTION CONVERTED	NOL UTILIZED IN	NOL UTILIZED IN	NOL CARRYFORWARD TO 12/31/2018
12/31/2018	14,087				14,087
TOTAL NOL GENERATED	14,087				
TOTAL NOL CONVERTED					
TOTAL CARRYFORWARD UTILIZ	ZED IN PY				
TOTAL NOL UTILIZED IN CY				-	
NOL CARRYFORWARD					14,087

^{*} Charitable contribution converted to NOL pursuant to IRC Section 170(d)(2)(B)(ii)

Unrelated Business Taxable Income for Unrelated Trade or Business

Fucica	4
OMB No	1545-0687

2010

Department of the Treasury Internal Revenue Service (99)

Name of the organization For calendar year 2018 or other tax year beginning _______, and ending _______, and ending _______.

• Go to www.irs.gov/Form990T for instructions and the latest information.

> SECURITY

SWEDISH HEALTH SERVICES

Unrelated business activity code (see instructions)

Part I Unrelated Trade or Business Income

Describe the unrelated trade or business

► Go to www.irs.gov/Form990T for instructions and the latest information.

► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

(A) Income

Open to Public Inspection for 501(c)(3) Organizations Only

(C) Net

Employer identification number

91-0433740

(B) Expenses

1 a	Gross receipts or sales 42,848.					
b	Less returns and allowances c Balance ▶	1c	42,848.			1
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit Subtract line 2 from line 1c	3	42,848.			42,848.
4 a	Capital gain net income (attach Schedule D)	4a_				
þ	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		<u> </u>		
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)				ľ	
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10		,		· · · · · · · · · · · · · · · · · · ·
11	Advertising income (Schedule J)	11				<u> </u>
12	Other income (See instructions, attach schedule)	12				
13	Total. Combine lines 3 through 12	13	42,848.			42,848.
			ited business incom			
14	Compensation of officers, directors, and trustees (Schedule K)			· · · · · · · · · · · · · · · · · · ·	14	h
14 15	Compensation of officers, directors, and trustees (Schedule K) Salaries and wages				14 15	26,635.
			-2		15 16	
15	Salaries and wages				15 16 17	
15 16	Salaries and wages Hepairs and maintenance Bad debts Interest (attach schedule) (see instructions)				15 16 17 18	
15 16 17	Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses	***************************************			15 16 17 18 19	26,635.
15 16 17 18	Salaries and wages Hepairs and maintenance Bad debts Interest (attach schedule) (see instructions)				15 16 17 18	
15 16 17 18 19	Salaries and wages Hepairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Charitable contributions (See instructions for limitation rules) Depreciation (attach Form 4562)		21		15 16 17 18 19 20	26,635.
15 16 17 18 19 20	Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Charitable contributions (See instructions for limitation rules)				15 16 17 18 19 20	26,635.
15 16 17 18 19 20 21	Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Charitable contributions (See instructions for limitation rules) Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return Depletion		21		15 16 17 18 19 20 22b 23	26,635.
15 16 17 18 19 20 21 22 23 24	Salaries and wages Hepairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Charitable contributions (See instructions for limitation rules) Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return Depletion Contributions to deferred compensation plans		21		15 16 17 18 19 20 22b 23 24	26,635.
15 16 17 18 19 20 21 22 23	Salaries and wages Hepairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Charitable contributions (See instructions for limitation rules) Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs		21		15 16 17 18 19 20 22b 23 24 25	26,635.
15 16 17 18 19 20 21 22 23 24	Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Charitable contributions (See instructions for limitation rules) Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I)		21		15 16 17 18 19 20 22b 23 24 25 26	26,635.
15 16 17 18 19 20 21 22 23 24 25	Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Charitable contributions (See instructions for limitation rules) Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J)		21		15 16 17 18 19 20 22b 23 24 25 26 27	26,635.
15 16 17 18 19 20 21 22 23 24 25 26	Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Charitable contributions (See instructions for limitation rules) Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule)		21		15 16 17 18 19 20 22b 23 24 25 26 27 28	0.
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29	Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Charitable contributions (See instructions for limitation rules) Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 28		21 22a		15 16 17 18 19 20 22b 23 24 25 26 27 28 29	26,635. 0. 26,635.
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Charitable contributions (See instructions for limitation rules) Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductrons. Add lines 14 through 28 Unrelated business taxable income before net operating loss deductions	ction S	21 22a 22a		15 16 17 18 19 20 22b 23 24 25 26 27 28	0.
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29	Salaries and wages Hepairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Charitable contributions (See instructions for limitation rules) Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction for net operating loss arising in tax years beginning on the second control of the secon	ction S	21 22a 22a		15 16 17 18 19 20 22b 23 24 25 26 27 28 29 30	26,635. 0. 26,635.
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	Salaries and wages Hepairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Charitable contributions (See instructions for limitation rules) Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction for net operating loss arising in tax years beginning on our instructions)	ction S	21 22a 22a		15 16 17 18 19 20 22b 23 24 25 26 27 28 29 30	26,635. 0. 26,635. 16,213.
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Charitable contributions (See instructions for limitation rules) Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction for net operating loss arising in tax years beginning on or instructions) Unrelated business taxable income Subtract line 31 from line 30	ction S	21 22a 22a	13	15 16 17 18 19 20 22b 23 24 25 26 27 28 29 30	26,635. 0. 26,635.

Page 3

SWEDISH HEALTH SERVICES					91-0433740				
Schedule A - Cost of Good	s Sold. Enter	method of invei	ntory valuation N/A						
1 Inventory at beginning of year	1	-	6 Inventory at end of year	ar		6			
2 Purchases	Purchases 2 7 Cost of goods sold. Subtract line 6			line 6					
3 Cost of labor	3								
4 a Additional section 263A costs			line 2		·	7			
(attach schedule)	4a		8 Do the rules of section	263A (1	with respect to		Yes	No	
b Other costs (attach schedule)	4b		property produced or a	•				,	
5 Total Add lines 1 through 4b	5		the organization?	,	,			x '	
Schedule C - Rent Income	(From Real	Property and	Personal Property L	.ease	d With Real Prop	erty)			
(see instructions)									
Description of property									
(1)									
(2)									
(3)					<u>.</u>				
(4)									
	2. Rent receiv	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	and personal property (if the percenta personal property exceeds 50% or if int is based on profit or income)	ige	3(a) Deductions directly columns 2(a) ar			1	
(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)	<u> </u>		0.	
Schedule E - Unrelated Det	ot-Financed	Income (see	instructions)						
			2 Gross income from		Deductions directly confitted to debt-finance		or allocable		
1. Description of debt-fit	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b	Other deduction attach schedule)	ns	
				<u> </u>					
(1)				<u> </u>		<u> </u>			
(2)				<u> </u>					
(3)				ļ		+			
(4)				ļ		+			
 Amount of average acquisition debt on or allocable to debt-linanced property (attach schedule) 	of or a	adjusted basis allocable to nced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		Allocable deducti mn 6 x total of col 3(a) and 3(b))		
(1)			%						
(2)			%						
(3)		-	%						
(4)			%						
					inter here and on page 1, Part I, line 7, column (A)		here and on page I, line 7, column (
Totals			•		0			0.	
Total dividends-received deductions in	ncluded in columi	n 8	•		>	.]		0.	
							Form 990-T	(2012)	

Unrelated Business Taxable Income for Unrelated Trade or Business

Entity	5
OMB No	1545-0687

2018

Department of the Treasury Internal Revenue Service (99) ► Go to www.irs.gov/Form990T for instructions and the latest information.

900099

For calendar year 2018 or other tax year beginning

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only Employer identification number Name of the organization SWEDISH HEALTH SERVICES 91-0433740

Unrelated business activity code (see instructions) ▶ INVESTMENT INCOME Describe the unrelated trade or business Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses -181,064, 1a Gross receipts or sales -181,064 c Balance ▶ b Less returns and allowances 2 Cost of goods sold (Schedule A, line 7) -181,064 -181,064. Gross profit Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) Rent income (Schedule C) 6 7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Exploited exempt activity income (Schedule I) 10 10 Advertising income (Schedule J) 11 11 Other income (See instructions, attach schedule) 12 -181,064. -181,064. Total, Combine lines 3 through 12

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

LHA	For Paperwork Reduction Act Notice, see instructions.	Sch	edule	M (Form 990-T) 2018
32	Unrelated business taxable income Subtract line 31 from line 30	;	32	-181,064.
	instructions)	نا	31	
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from	om line 13	30	-181,064.
29	Total deductions. Add lines 14 through 28	<u></u> :	29	0.
28	Other deductions (attach schedule)		28	
27	Excess readership costs (Schedule J)	<u></u>	27	
26	Excess exempt expenses (Schedule I)		26	
25	Employee benefit programs		25	
24	Contributions to deferred compensation plans		24	
23	Depletion		23	
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	2	22b	
21	Depreciation (attach Form 4562)			
20	Charitable contributions (See instructions for limitation rules)	<u>, </u>	20	
19	Taxes and licenses	_	19	
18	Interest (attach schedule) (see instructions)		18	
17	Bad debts		17	
16	Repairs and maintenance		16	
15	Salaries and wages		15	
14	Compensation of officers, directors, and trustees (Schedule K)	L	14	

SWEDISH HEALTH SERVICES EIN 91-0433740 FOR YEAR ENDED 12/31/2018 FORM 990-T

NET OPERATING LOSS CARRYFORWARD - INVESTMENT INCOME

TAX YEAR	AMOUNT GENERATED	* CHARITABLE CONTRIBUTION CONVERTED	NOL UTILIZED IN PY	NOL UTILIZED IN CY	NOL CARRYFORWARD TO 12/31/2018
12/31/2018	181,064		-		181,064
TOTAL NOL GENERATED	181,064				
TOTAL NOL CONVERTED					
TOTAL CARRYFORWARD UTI	LIZED IN PY				
TOTAL NOL UTILIZED IN CY				-	
NOL CARRYFORWARD					181,064

^{*} Charitable contribution converted to NOL pursuant to IRC Section 170(d)(2)(B)(ii)



Credit for Prior Year Minimum Tax - Corporations

OMB No 1545-0123

2018

Department of the Treasury Internal Revenue Service ► Attach to the corporation's tax return

• Go to www irs.gov/Form8827 for the latest information

Name		Employer identification number		
SWEDISH HEALTH SERVICES		91-0433740		
1 Alternative minimum tax (AMT) for 2017. Enter the amount from line 14 of the 2017 Form 4626	1	25,653.		
2 Minimum tax credit carryforward from 2017. Enter the amount from line 9 of the 2017 Form 8827	2	97,624.		
3 Enter any 2017 unallowed qualified electric vehicle credit (see instructions)	3			
4 Add lines 1, 2, and 3	4	123,277.		
5 Enter the corporation's 2018 regular income tax liability minus allowable tax credits (see instructions)	5	124,439.		
6 Enter the refundable minimum tax credit (see instructions)	6	0.		
7 Add lines 5 and 6	7	124,439.		
8a Enter the smaller of line 4 or line 7 If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions	8a	123,277.		
b Current year minimum tax credit Enter the smaller of line 4 or line 5 here and on Form 1120, Schedule J, Part I, line 5d (or the applicable line of your return). If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions. If you made an entry on line 6, go to line 8c. Otherwise, skip line 8c.	86	123,277.		
c Subtract line 8b from line 8a. This is the current year refundable minimum tax credit. Include this amount on Form 1120, Schedule J, Part II, line 20c (or the applicable line of your return)	8c			
9 Minimum tax credit carryforward to 2019. Subtract line 8a from line 4. Keep a record of this amount to carry forward and use in future years	9			