| | N | | | • |
|------|----------|---|---------|---------|
| AMEN | RETURN | - | SECTION | 512(a)(|

| 990-T | E | Exempt Organ | nization Bus | sine | ss Inc | ome ' | Tax Ret | turn | | OMB No 1545-0687 | |
|--|-----------|---|----------------------------|-------------|-----------------|-----------------------|------------------|------------|------------------|---|--|
| 1,4 | F | • | nd proxy tax und | er se | | | 1 | QY |) | 2018 | |
| | For ca | lendar year 2018 or other tax yea | ırs gov/Form990T for ın | etructi | | ending atest infor | mation | D# | - | 2010 | |
| repartment of the Treasury | | Do not enter SSN numbe | | | | | | (c)(3) | | Open to Public Inspection for 501(c)(3) Organizations Only | |
| Check box if address changed | | Name of organization (| Check box if name c | hanged | l and see insti | ructions.) | | | (Emp | loyer identification number ployees' trust, see uctions) | |
| Exempt under section | Print | SWEDISH HEALTH SE | ERVICES | _ | | | | | 91-0433740 / | | |
| X 501(c)(3) | Or | Number, street, and room | or suite no. If a P.O. box | x, see 11 | nstructions. | | | | | lated business activity code instructions) | |
| 408(e) 220(e) | Type | 1801 LIND AVE SW | ATTN TAX DEPT. | | | | | | 1 | | |
| 408A 530(a) 529(a) | | City or town, state or pro- RENTON, WA 98057 | , , , | r foreig | n postal code | ! | | | 4461 | 10 | |
| Book value of all assets at end of year | | F Group exemption numb | er (See instructions.) | > | | _ | = | | | | |
| | 322. | G Check organization type | e ► X 501(c) corp | oration | າ 5 | 01(c) trust | | 401(a) |) trust | Other trust | |
| Enter the number of the o | organiza | ition's unrelated trades or b | usinesses 🕨 | 6 | | _ Describ | e the only (or f | ırst) ur | related | l | |
| trade or business here | | | | | | • | e, complete Pa | | | | |
| describe the first in the bl | lank spa | ce at the end of the previou | is sentence, complete Pa | rts I an | d II, complete | e a Schedu | le M for each a | ddition | al trade | e or | |
| business, then complete I | | | | | | | | | | | |
| | | oration a subsidiary in an a | | it-subsi | idiary controll | led group? | Stmt 2 | ▶ [| Χ Υ | es No | |
| | | tifying number of the paren | | | | Talan | | | 040) | 381-4000 | |
| | | o ann escasa-haig de or Business Inc | | | (A) Inc | | 1 | penses | | (C) Net | |
| | _ | 898,860. | OTTIC | | (^) '''' | - COINE | (0) 2 | henses | <u> </u> | . (O) NET | |
| 1 a Gross receipts or sale b Less returns and allov | | | c Balance | 1c | ، ا | 398,860 | _] | | | | |
| 2 Cost of goods sold (S | | A line 7) | C Dalance | 2 | | 591,519 | + | | | | |
| Gross profit Subtract | | • | f · | 3 | | 307,341 | | | | 307,341. | |
| 4a Capital gain net incom | | | \Q | 4a | | | · | | | <u> </u> | |
| | • | art II, line 17) (attach Form | 4797) | 4b | | | 1 | | | | |
| c Capital loss deduction | | | , | 4c | | | | | | | |
| • | | ship or an S corporation (at | tach statement) | 5 | | | | | | ED 18/ | |
| 6 Rent income (Schedul | | on por an o corporation (at | tuon ottatomont, | 6 | | | | | '.E' | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | |
| 7 Unrelated debt-finance | • | ne (Schedule E) | | 7 | | | | 75 | | 7 2020 | |
| | | nd rents from a controlled o | organization (Schedule F) | 8 | | | 1 | | 29. | 1 1000 751 | |
| • | | on 501(c)(7), (9), or (17) or | = | 9 | | | 101 | 14 | 7 4 8 | 15 | |
| Exploited exempt activ | | | , , | 10 | | | 131 | | | EN | |
| 1 Advertising income (S | chedule | · J) | | 11 | | | 1 | | S | EN. UI | |
| 2 Other income (See ins | truction | s, attach schedule) | | 12 | | | | | | | |
| Total. Combine lines | | | | 13 | | 307,341 | | | | 307,341. | |
| | | t Taken Elsewher | | | | | | | | | |
| (Except for c | ontribu | itions, deductions must | be directly connected | with t | he unrelated | d busines | s income) | | | | |
| Compensation of offi | cers, du | rectors, and trustees (Sche | dule K) | | | | | | 14 | | |
| Salaries and wages | | | | | | | | | 15 | 24,160. | |
| Repairs and maintena | ance | | | | | | | | _16 | ļ | |
| 7 Bad debts | | | | | | | | | 17 | | |
| Interest (attach sched | dule) (se | ee instructions) | | | | | | | 18 | | |
| Taxes and licenses | | | | | | 0 + - + | | | 19 | 46. | |
| | • | instructions for limitation | rules) | | See | Stateme | ent 5 | | 20 | 45,611. | |
| Depreciation (attach I | | · | | | | 21 | | 51. | | | |
| · | imed on | Schedule A and elsewhere | on return | | | 22a | . | | 22b | 51. | |
| B Depletion | | | | | | | | | 23 | | |
| Contributions to defe | | npensation plans | | | | | | | 24 | | |
| Employee benefit pro | - | hadola IX | | | | | | | 25 | | |
| Excess exempt expen | | · | | | | | | | 26 | | |
| Excess readership co | • | • | | | 500 | Stateme | ont 1 | | 27 | 4 360 | |
| Other deductions (att | | · | | | ೨೮೮ | Stateme | 1 | 796 | 28 | 4,369. | |
| Total deductions. Ad | | = | loon doduction. Out to a | line 00 | 1 from ! 10 | | | <i>U</i> • | 29 | 74,237. | |
| | | icome before net operating | | | | | | | 3Ö 31 | 233,104. | |
| | | oss arising in tax years beg | | y 1, 20 | io (see instru | ictions) | | 21 | 32 | 233,104. | |
| | | come Subtract line 31 from | | | | | _ | 71 | 32 | Form 990-T (2018) | |





| Form 990-T (2 | SWEDISH HEALTH SERVICES 91-04 | 33740 | Page 2 |
|-------------------------------|--|-------------------------|-----------------------|
| Part III | Total Unrelated Business Taxable Income | | |
| 33 T | otal of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | 33 | 428,763. |
| 34 A | mounts paid for disallowed fringes | 34 | 0. |
| 35 D | eduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) See Statement | 4 35 | 17,265. |
| | otal of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of | | |
| | nes 33 and 34 | 36 | 411,498. |
| | pecific deduction (Generally \$1,000, but see line 37 instructions for exceptions) | | 1,000. |
| | prelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36. | _ 1 1/1 1 | |
| | nter the smaller of zero or line 36 | 38 38 P | 410,498. |
| Part IV | | | |
| 39 0 | rganizations Taxable as Corporations. Multiply line 38 by 21% (0 21) | ▶ 3,9 | 86,205. |
| | rusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: | | |
| | Tax rate schedule or Schedule D (Form 1041) | ▶ 40 | |
| 41 Pi | roxy tax. See instructions | ▶ 41 | |
| | Iternative minimum tax (trusts only) | 42 | |
| | ax on Noncompliant Facility Income. See instructions | 43 | |
| | otal. Add lines 41, 42, and 43 to line 39 or 40, whichever applies | 2 44 | 86,205. |
| Part V | Tax and Payments | - 1 ··· + | |
| | oreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | | |
| | ther credits (see instructions) | ⊣ | |
| | eneral business credit. Attach Form 3800 | 7 | |
| | redit for prior year minimum tax (attach Form 8801 or 8827) | 5. | |
| | otal credits Add lines 45a through 45d | 45e | 86,205. |
| | ubtract line 45e from line 44 | 46 | 0. |
| 47 01 | ther taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule | <u> </u> | |
| 48 To | otal tax. Add lines 46 and 47 (see instructions) | 48 | 0. |
| | 018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 | 49 | 0. |
| | ayments: A 2017 overpayment credited to 2018 | | |
| b 20 | 018 estimated tax payments 50b 326,000 | ō. | |
| | ax deposited with Form 8868 50c 160,00 | ō.] · | |
| | preign organizations; Tax paid or withheld at source (see instructions) 50d | 7] | |
| | ackup withholding (see instructions) 50e | | |
| f Cr | redit for small employer health insurance premiums (attach Form 8941) 50f | 7 | |
| g Ot | ther credits, adjustments, and payments: Form 2439 | 7' | |
| _ | Form 4136 X Other 18,536. Total 50g 18,536 | 6. | |
| 51 To | otal payments. Add lines 50a through 50g See Statement 3 | 5,1 | 504,536. |
| 52 Es | stimated tax penalty (see instructions). Check if Form 2220 is attached | 51 52 | 0. |
| 53 Ta | ax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed | ▶ 53 | |
| 54 Ov | verpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid | ▶ 54 | 504,536. |
| <u>ς</u> 458 En | nter the amount of line 54 you want: Credited to 2019 estimated tax 🕨 504,536. Refunded | > 555 | 0. |
| 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 |
| 0V | ver a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file | | |
| Fır | nCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country | | _ |
| he | ere > | | х |
| 57 Du | uring the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? | | X |
| lf' | "Yes," see instructions for other forms the organization may have to file. | | |
| 58 En | nter the amount of tax-exempt interest received or accrued during the tax year >\$ | | |
| Cian | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | vledge and belief, it i | s true, |
| Sign Here | 1 04/13/20 NEVD/ASSISTANT TREASIDER | May the IRS discus | s this return with |
| nere | BVI/ABSIDIANI INDASONER | the preparer shown | _ ' |
| | Date Finde | instructions)? X | Yes No |
| | Print/Type preparer's name Preparer's signature Date Check | if PTIN | |
| Paid | SUA NETTRA SILIPPO NO SELF- employe | | 200 |
| Prepare | or available of the state of th | P01286 | |
| Use Onl | | 34-65 | 565596 |
| | 560 MISSION STREET, SUITE 1600 | A1E 004 004 | 10 |
| 000711 6: 5: | Firm's address ► SAN FRANCISCO, CA 94105 Phone no. | 415-894-800 | |
| 823711 01-09- | and | Forn | n 990-T (2018) |

Page 3

| Schedule A - Cost of Goods | Sold. Enter | method of invent | ory v | aluation Lower | r of (| Cost or Market | | | |
|---|----------------------|--|--------|--|---------|--|--------------------|---|------|
| 1 Inventory at beginning of year | 11 | 0. | | Inventory at end of yea | | | 6 | | 0. |
| 2 Purchases | 2 | 591,519. | | Cost of goods sold. Su | | line 6 | | | |
| 3 Cost of labor | 3 | | | from line 5. Enter here | | | | | |
| 4 a Additional section 263A costs | | | | line 2 | | | 7_ | 591,5 | 519. |
| (attach schedule) | 4a | | 8 | Do the rules of section | 263A (v | 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 (see instructions) | From Real | Property and | Pers | sonal Property L | ease | d With Real Prop | erty |) | |
| 1 Description of property | | | | | | | | | |
| (1) | | | | | | | | | |
| (2) | | _ | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| | 2. Rent receiv | ed or accrued | | | | | - | | |
| (a) From personal property (if the perconent for personal property is more 10% but not more than 50%) | entage of than | of rent for per | rsonal | nnal property (if the percentag property exceeds 50% or if id on profit or income) | ge | 3(a) Deductions directly columns 2(a) ai | r conne nd 2(b) | cted with the income in (attach schedule) | |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| Total | 0. | Total | | | 0. |] | | | |
| (c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column | (A) | - | | | 0. | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) | <u> </u> | | 0. |
| Schedule E - Unrelated Deb | t-Financed | Income (see in | nstru | ctions) | | | | | |
| | | | 2 | Gross income from | | Deductions directly con to debt-finance | nected ed pro | with or allocable perty | |
| 1. Description of debt-fine | anced property | | - | or allocable to debt- financed property | (a) | Straight line depreciation (attach schedule) | | (b) Other deductions (attach schedule) | |
| (1) | | | | | | | _ | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or a debt-fine | adjusted basis allicable to nced property a 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)) | |
| (1) | - | | | % | | | | | |
| (2) | | | | % | | | | | |
| (3) | | | | % | | | | | |
| (4) | | | _ | % | | <u> </u> | | | |
| | | | | | | nter here and on page 1, art I, line 7, column (A) | | Enter here and on page Part I, line 7, column (B) | |
| Totals | | | | | | 0 | | | Ο. |
| Total dividends-received deductions and | cluded in column | 8 | | | | • | | | 0. |
| | | | | | | | | | |

| Schedule F - Interest, | Annuities, Roya | alties, an | nd Rents | From Co | ntrolle | d Organiza | itions | (see ins | struction | is) |
|---|--|----------------------------------|--|---|---|---|--|--|-----------|--|
| | | | Exempt (| Controlled O | rganızatı | ons | | | | |
| Name of controlled organizat | ıden | Employer tification umber | | elated income instructions) | | tal of specified ments made | included | of column 4 I in the conti ion s gross i | rolling | 6 Deductions directly connected with income in column 5 |
| | | | | | | | | | | |
| (2) | | | | | | | <u> </u> | - | | |
| (3) | | | <u> </u> | | | | | | | |
| (4) | | | | | | | | | | |
| Nonexempt Controlled Organi | zations | | | | | | | | | |
| 7. Taxable Income | 8. Net unrelated inc (see instruction | | 9. Total | of specified payr made | nents | 10 Part of column the controllingross | mn 9 that is ing organiza s income | s included ation's | | ductions directly connected income in column 10 |
| (1) | - | | | | | _ | | | - | |
| (2) | | | | | | | | | | |
| (3) | | | | | - | | **** | | | |
| (4) | | | <u> </u> | | | | | | | |
| | | | | | | Enter here and | nns 5 and 1 on page 1 column (A) | Part I | Enter h | dd columns 6 and 11 ere and on page 1 Part I, line 8, column (B) |
| Totals C. I | | 0 - 4: | 504/-1/7 | 1 (0) (| 171 0 | | | 0. | | 0. |
| Schedule G - Investme | | Section | 501(c)(/ |), (9), or (| (7) Org | janization | | | | |
| (see instr | ription of income | | | 2 Amount of | ncome | 3. Deduction directly conne | cted | 4 Set-a | | 5. Total deductions and set-asides |
| (1) | | | | | | (attach sched | ule) | | | (col 3 plus col 4) |
| (1) (2) | | | | | | | | | | |
| (3) | | | | | | | | | | - |
| (4) | | | - | _ | _ | | | | - | |
| | | | | Enter here and o Part I, line 9, col | | | | <u>-</u> . | | Enter here and on page 1, Part I line 9, column (B) |
| Totals Schedule I - Exploited I | • | y Incom | e, Other | Than Adv | 1 | g Income | | , | | <u></u> |
| (see instru 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | directly of with pro of un | spenses connected oduction related is income | 4. Net incom from unrelated business (col minus column gain, compute through | trade or lumn 2 3) If a cols 5 | 5 Gross inco from activity the is not unrelate business income | hat ed | 6. Expi attributa colum | ble 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) | page 10, | re and on 1, Part I , col (B) | | | | | | | Enter here and on page 1, Part II, line 26 |
| Schedule J - Advertisin | | | | | | | | | | |
| Part I Income From F | | | | olidated (| Basis | | | *** | | |
| 1. Name of periodical | 2 Gross advertising income | | 3 Direct ertising costs | 4. Adverti or (loss) (co col 3) If a ga cols 5 thi | l 2 minus in, compute | 5 Circulati | ion | 6 Reade | | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
| (1) | | | | | | | | | | |
| (2) | | | | ╛ | | | | | | |
| (3) | | | | _ | | | | | | • |
| (4) | | | | _ | | | | | | |
| Fotals (carry to Part II, line (5)) | • | 0. | 0 | • | | | | | | 0. |
| | | | | | | | | | | Form 990-T (2018) |

| orm | 990-T | (2018) | SWEDISH | HEALTH | SERVICES |
|-----|-------|--------|---------|--------|----------|

91-0433740 Page 5

| Part II | Income From Perio | dicals 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 | 1 . | 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. Circulation income | 6 Readership costs | 7 Excess readership costs (column 6 minus column 5, but not more than column 4) |
|-----------------------------|-------------|---|---|--|-----------------------|--------------------|---|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | <u></u> | | | | |
| (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 1 line 11 col (B) | , | | | Enter here and on page 1 Part II, line 27 |
| Totals, Part II (lines 1-5) | > | 0. | 0. | | | |) 0 |

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

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

Form 990-T (2018)

SWEDISH HEALTH SERVICES Taxpayer Certainty and Disaster Tax Relief Act of 2019

EIN: 91-0433740 Tax Year Ending 12-31-2018

SWEDISH HEALTH SERVICES ("Taxpayer")
1801 LIND AVE. SW ATTN: TAX DEPT.
RENTON, WA 98057-9016

EIN: 91-0433740

Pursuant to Section 302 of the newly enacted "Taxpayer Certainty and Disaster Tax Relief Act of 2019", the above-referenced Taxpayer is amending its previously-filed return for the tax year ended 12/31/2018 to request a refund of any excess unrelated business income tax paid under IRC Section 512(a)(7) for any qualified transportation fringe benefits.

The following lines of the amended Form 990-T have changed from the originally filed return::

Line Number

- Form 990-T, Part II, Lines 20, 29, 30, 32
- Form 990-T, Part III, Lines 33, 34, 36, 38
- Form 990-T, Part IV, Lines 39, 44
- Form 990-T, Part V, Lines 45d, 45e, 46, 48, 50g, 51, 52, 54, 55
- Form 8827, Lines 5, 6, 7, 8a, 8b, 8c, 9

Reason for Change

- Section 512(a)(7) Repeal

| 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 | Name | | | | | | Identifying No |
| WESTERN HEALT | HCONNEC' | Г | | | | | 45-4171900 |

| Form 990-T | Other Credits and Payments | Statement 3 |
|------------------------|---------------------------------|-------------|
| Description | | Amount |
| Form 8827, line 8c | | 18,536. |
| Total included on Form | 990-T, Page 2, Part V, line 50g | 18,536. |

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 | - | 45,611 | - | 1,033,422 |
| TOTAL | 8,378,288 | 394,814 | 45,611 | 71,958 | 7,865,905 |

Total Charitable Contributions Carryforward

7,865,905

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

SWEDISH HEALTH SERVICES EIN: 91-0433740 FOR THE TAX YEAR ENDED: DECEMBER 31, 2018 FORM 990-T

CHARITABLE CONTRIBUTIONS COMPUTATION

| | 1 |
|-----------|---|
| 8 | Ì |
| \supset | 1 |

| Part I, 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 |
| | UBI (excluding fringe benefits) | : benefits) | | | 474,374 |
| | Subtotal: | | | | 474,374 |
| | Less: NOL prior to 2018 | 118 | | | (17,265) |
| | Less: Specific Deduction | lon | | | (1,000) |
| | Subtotal - Income for CC limitation | r CC limitation | _ | | 456,109 |
| | * 10% limitation | | | | 10% |
| | Total | | | | 45,611 |
| | 2018 Charitable Contributions | itributions | | | 6,832,483 |
| | Charitable Contribution Deduction (lesser of the two) | tion Deduction | (lesser of tl | ne two) | 45,611 |
| | | | ភ | Charitable | |
| | | | Con | Contribution | |
| Apportionment | | | De | Deduction | |
| | Pharmacies | %65 | \$ | 26,798 | |
| | Parking | 19% | ❖ | 8,891 | |
| | Retail | 18% | Ş | 8,362 | |
| | Security | 3% | \$ | 1,559 | |

4562 Form

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172

Sequence No

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form4562 for instructions and the latest information. Name(s) shown on return Business or activity to which this form relates SWEDISH HEALTH SERVICES 446110 - PHARMACIES 91-0433740 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 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 5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost 7 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 9 10 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 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 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 the tax year 14 15 15 Property subject to section 168(f)(1) election 51. 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Don't include listed property See instructions) 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 (b) Month and (c) Basis for depreciation (business/investment use (d) Recovery period (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction year placed (business/investment use only - see instructions) in service 19a 3-year property b 5-year property 7-year property c d 10-year property 15-year property е 20-year property f 25 yrs S/L 25-year property q 27 5 yrs MM S/L Residential rental property h 1 27 5 yrs MM S/L 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 20a Class life b 12-year 12 yrs S/L 30 yrs ММ 30-year S/I C 40 yrs 40-year MM S/L d Part IV | Summary (See instructions) 21 21 Listed property Enter amount from line 28

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

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21

Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr

Form 4562 (2018)

22

portion of the basis attributable to section 263A costs

23

51.

| orm | 4562 | (201 | 8) |
|-----|------|------|----|

91-0433740

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, all of Section B, and Section C if applicable

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) 24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? No Yes Yes (c) (1) (e) (f) (a)
Type of property (a) (h) (d) Date Business/ Basis for depreciation Elected Cost or Recovery Method/ Depreciation placed in investment (business/investment section 179 (list vehicles first) period Convention deduction other basis use only) service use percentage cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25 26 Property used more than 50% in a qualified business use % % % 27 Property used 50% or less in a qualified business use % % S/L -% S/L 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

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

| 30 | Total business/investment miles driven during the | (a Veh | a) ncle | 1 | b) ricle | | c) ncle | | d) ucle | 1 ' | e) ncle | (i Veh | f) nicle |
|----|---|-----------|------------|-----|-------------|-----|------------|----------|------------|-----|------------|-----------|-------------|
| | year (don't include commuting miles) | | | | | | | | | | | | |
| 31 | Total commuting miles driven during the year | | | | | | | | | | | | |
| 32 | Total other personal (noncommuting) miles | | | | | | | | | | | | |
| | driven | | | | | l | | <u> </u> | | | | | |
| 33 | Total miles driven during the year | | | | | | | | | | | | |
| | 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? | | | | | | | | | | | | ĺ |

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 | 1 1 | |
| | 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? | | |
| | No. 16 and a second of the control o | | |

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) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|---|------------------------------|------------------------------|------------------------|---------------------------------------|--------------------------------------|
| 42 Amortization of costs that begins during | ng your 2018 tax year | | | | |
| | | | | | |
| | | | | | |
| 43 Amortization of costs that began before | 43 | | | | |
| 44 Total. Add amounts in column (f) See | 44 | | | | |
| 816252 12-26-18 | | | | | Form 4562 (20) |

Form **4562** (2018)

Unrelated Business Taxable Income for Unrelated Trade or Business

| Entity | • |
|--------|-----------|
| OMB No | 1545-0687 |

2018

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.

SWEDISH HEALTH SERVICES

▶ Go to www.irs.gov/Form9901 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).

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

Employer identification number 91-0433740

| | Unrelated business activity code (see instructions) 812930 PARKING | | <u></u> | | | |
|-----------|--|-----|------------|-------------|-----|-------------------|
| Pa | | | (A) Income | (B) Expense | ·s | (C) Net |
| 1 a | Gross receipts or sales 648,966. | | | | | |
| b | Less returns and allowances c Balance | 1c | 648,966. | | | |
| 2 | Cost of goods sold (Schedule A, line 7) | 2 | | | | |
| 3 | Gross profit Subtract line 2 from line 1c | 3 | 648,966. | | | 648,966. |
| 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 | | | | |
| <u>13</u> | Total. Combine lines 3 through 12 | 13_ | 648,966. | <u> </u> | | 648,966. |
| Pai | Deductions Not Taken Elsewhere (See instruction deductions must be directly connected with the understanding the connected with the connected with the connected with the connected with the understanding the connected with the connected witeration with the connected with the connected with the connected | | | | 1 | or contributions, |
| 14 | Compensation of officers, directors, and trustees (Schedule K) | | | | 14 | |
| 15 | Salaries and wages | | | | 15 | 10.000 |
| 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) | | 1 1 | | 20 | 0, |
| 21 | Depreciation (attach Form 4562) | | 21 | 107,816. | | |
| 22 | Less depreciation claimed on Schedule A and elsewhere on return | | _22a | | 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 | |

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

Schedule M (Form 990-T) 2018

28

29

30

instructions)

27

28

29

31

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

See Statement 4

316,484,

556,491,

92,475

92,475.

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 28

Other deductions (attach schedule)

| crcy | _ | |
|------|------|---|
| | Page | 3 |

| SWEDISH HEALT | | | | | 91-04337 | 40 | | |
|--|----------------------|--|--|----------|---|--|--|--|
| Schedule A - Cost of Good | s Sold. Enter | method of inve | ntory valuation N/A | | | | | |
| 1 Inventory at beginning of year | 1 | <u> </u> | 6 Inventory at end of year | ır | | 6 | | |
| 2 Purchases 2 7 Cost of goods sold | | | | | Subtract line 6 | | | |
| 3 Cost of labor | 3 | | from line 5 Enter here | and in l | Part I, | | | |
| 4 a Additional section 263A costs | | | line 2 | | L | 7 | | |
| (attach schedule) | 4a | | 8 Do the rules of section | 263A (| with respect to | Yes No | | |
| b Other costs (attach schedule) | 4b | | property produced or a | acquired | for resale) apply to | | | |
| 5 Total. Add lines 1 through 4b | 5 | | the organization? | | | х | | |
| Schedule C - Rent Income | (From Real | Property and | d Personal Property L | .ease | d With Real Prope | erty) | | |
| (see instructions) | | | | | · · · · · · · · · · · · · · · · · · · | | | |
| 1 Description of property | | | | | | | | |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| | 2. Rent receiv | ed or accrued | | | 2/) 2 | | | |
| rent for personal property is more than for personal property is more than | | | and personal property (if the percentage personal property exceeds 50% or if ent is based on profit or income) | ge | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (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 | 1 (A) | > | | 0. | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) | . | | |
| Schedule E - Unrelated Deb | t-Financed | Income (see | e instructions) | | | | | |
| | | | 2 Gross income from or allocable to debt- | <u> </u> | 3. Deductions directly conne to debt-finance | d property | | |
| 1. Description of debt-fit | nanced property | | financed property | (a) | Straight line depreciation (attach schedule) | (D) Other deductions (attach schedule) | | |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| Amount of average acquisition debt on or allocable to debt-linanced property (attach schedule) | of or a debt-fina | adjusted basis allocable to nced property a schedule) | 6 Column 4 divided by column 5 | | 7. Gross income reportable (column 2 x column 6) | 8 Allocable deductions (column 6 x total of columns 3(a) and 3(b)) | | |
| (1) | | | % | | | - | | |
| (2) | | | % | | | | | |
| (3) | | | % | | | | | |
| (4) | | | % | | <u> </u> | | | |
| | | | | | nter here and on page 1, Part I, line 7, column (A) | Enter here and on page 1, Part I, line 7, column (B) | | |
| Totals | | | ▶ | | 0. | 0. | | |
| Total dividends-received deductions in | cluded in column | 18 | | | > | 0. | | |
| | | | | | <u></u> | • | | |

| Form 990-T (M) | Other Deductions | Statement 4 |
|---|------------------|-----------------------------|
| Description | , | Amount |
| SUPPLIES PURCHASED SERVICES MISC. OTHER | | 579. 266,907. 48,998. |
| Total to Schedule M, Part II, | line 28 | 316,484. |

Form. 4562

Name(s) shown on return

Department of the Treasury Internal Revenue Service (99) **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.

Business or activity to which this form relates

OMB No 1545-0172

2018

Attachment Sequence No 179

| SWEDISH HEALTH | | | | | 2930 - | | <u> </u> | | 91-0433740 |
|----------------------------|---|--|----------------------------|---------------------------|----------------|-------------------|----------------|-------------|--|
| Part I Election | o Expense Certain Proper | ty Under Section 1 | 79 Note: If yo | u have any | isted pro | operty, | complete Part | V before | you complete Part I |
| 1 Maximum amou | ınt (see instructions) | | | | | | | 1 2 | |
| 2 Total cost of se | 2 Total cost of section 179 property placed in service (see instructions) | | | | | | | | |
| 3 Threshold cost | of section 179 property | before reduction | ın lımıtatıon | | | | | 3 | |
| 4 Reduction in lim | nitation Subtract line 3 f | from line 2 If zero | or less, ente | r -0- | | | | 4 | |
| 5 Dollar limitation for ta | x year Subtract line 4 from line | | -0- If married filing | | | | | 5 | |
| 6 | (a) Description of pro | pperty | | (b) Cost (bus | ness use o | nly) | (c) Elected | cost | 4 |
| | | | | | | | | | 4 |
| | | | | | | | | | 4 |
| | | | | | | | | | 4 |
| | | | | | | | | _ | 4 |
| | Enter the amount from | | | | l | 7 | | | |
| | st of section 179 prope | - | | i, lines 6 and | 17 | | | 8_ | |
| | tion Enter the smaller | | | | | | | 9 | |
| • | allowed deduction from | • | | | | _ | | 10 | |
| | e limitation. Enter the sr | | • | | | e 5 | | 11 | |
| , | pense deduction Add lir | | | | ٠ ٦ | 40 | | 12 | |
| | allowed deduction to 20 t II or Part III below for I | | | | | 13 | | | |
| D-AUL | | | | | do listad | proper | +1/ 1 | | |
| | al Depreciation Allowa | | <u> </u> | | • | | | | <u> </u> |
| • | ation allowance for qual | mea property (our | ier than listed | property) p | iaced in | service | auring | | |
| the tax year | t to cootion 169(8/1) als | at.a. | | | | | | 14 | |
| | t to section 168(f)(1) ele | Cuon | | | | | | 1 <u>5</u> | 107,816. |
| D-4 111 | on (including ACRS) S Depreciation (Don't | include listed ord | nerty See in | structions) | | | | | 1 207,020. |
| T TOTAL | 3 Depreciation (Don't | include listed pre | <u> </u> | ction A | | | | | |
| 17 MACRS deduct | ons for assets placed in | service in tax ve | | | | | | 17 | <u> </u> |
| | group any assets placed in service | = | | | | , hare | _ | - " | <u> </u> |
| 10 in you are executing to | Section B - Assets | | | | | _ | eral Deprecia | tion Syst | em |
| (a) Classific | ation of property | (b) Month and year placed | (c) Basis for (business/in | depreciation vestment use | (d) A | lecovery eriod | (e) Convention | (f) Method | (g) Depreciation deduction |
| | | in service | only - See i | nstructions) | - | | | | |
| 19a 3-year prope | | 4 | | | - | | | | |
| b 5-year prope | | - | | | | <u>-</u> | | | |
| c 7-year prope | | | | | + | | | | |
| d 10-year prop | | - | | | | | | <u> </u> | |
| e 15-year prop | | - | | | + | | | - | |
| f 20-year prop | | - | <u> </u> | | 75 | | - | C/I | |
| g 25-year prop | perty | | | | | yrs | - NANA | S/L | |
| h Residential i | ental property | / | | | | 5 yrs | MM MM | S/L S/L | |
| | | / | | | 1 | 5 yrs | | | |
| i Nonresident | al real property | / | | | - 38 | yrs | MM_ MM | S/L S/L | |
| | Section C - Assets Pl | aced in Service | During 2018 | Tay Vear II | sing the | Altern | | | tem |
| On Class life | Section O - Assets Fi | aced in Service | During 2010 | Tax Tear O | 1 | Aiteili | ative Depreci | | 1 |
| 20a Class life | | | | | 10 | | | S/L | |
| b 12-year | | | | | | yrs yrs | MM | S/L | |
| c 30-year | | | | | | yrs | MM | S/L S/L | |
| d 40-year Part IV Summ | ary (See instructions) | <u> </u> | | | 1 40 | yıs | 1 IVIIVI | 3/L | <u> </u> |
| | | 20 | | | | | | 7 | T |
| | Enter amount from line | | 10 00 | ın ook ımın /- | 1 and 1 | 21 | | 21 | |
| | unts from line 12, lines 1 in the appropriate lines (| | | | | | | 22 | 107,816. |
| 23 For assets show | n above and placed in s | ervice during the | current year, | enter the | | | | | <u>'</u> |
| | ore ettributable to coetic | | | | | امما | | | 1 1 |

| • | | | | | | | | | | | | | | |
|---|--|---|------------------------|--|---------------------|---|--|-----------------|--------------|-----------------------------|------------------|--------------------|-------------------------|-----------------------|
| Form 4562 (2018) | | ISH HEALTH | | | | | | | | | 91- | -043374 | 0 | Page 2 |
| Part V Listed Proper entertainment, | | | | her vehic | cles, cer | taın airci | raft, an | d property | used fo | r | | | | |
| Note: For any | vehicle for w | hich you are u | Ising the | | | | | | e expens | se, com | olete o r | ıly 24a, | | |
| 24b, columns Section A | | on and Other | | | | | | | mits for | passeno | er autor | nobiles) | | |
| 24a Do you have evidence to s | | | | | | 'es | | 24b if "Y | | | | | Yes | No |
| (a) | (b) | (c) | 1 | (d) | | (e) | | (f) | Г | (g) | T | (h) | | (1) |
| Type of property (list vehicles first) | Date placed in service | Business/ investment use percenta | t _ | Cost or ther basis | l (b) | sis for depr isiness/inve use onl | estment | Recovery period | Me | thod/ /ention | Depr | eciation uction | section | cted on 179 ost |
| 25 Special depreciation alle | • | | property | / placed | ın servic | e during | the ta | x year and | 1 | | | | | |
| used more than 50% in | | | | | | | | | | 25 | <u> </u> | | | |
| 26 Property used more tha | n 50% in a qi | | | | | | | Ι | Γ | | т— | | 1 | |
| | | | % % | | -+- | | | | | | | | | |
| | | - | % % | - | _ | | | | | | | | | |
| 27 Property used 50% or le | ss in a qualif | | | | | | | | | | L | | | |
| | | | % | | | | - | | S/L - | | | | | |
| | | (| % | | | - | | | S/L· | | | | | |
| | | | % | | | | | | S/L· | | | | | |
| 28 Add amounts in column | (h), lines 25 | through 27 E | nter her | e and on | line 21, | page 1 | | | | 28 | <u> </u> | | | |
| 29 Add amounts in column | (i), line 26 E | nter here and | on line | 7, <u>p</u> age 1 | 1 | | | | | | | 29 | | |
| | | | | B - Infor | | | | | | | | | | |
| Complete this section for ve | | | | - | | | | | | | | | rehicles | |
| to your employees, first ans | wer the ques | tions in Section | on C to | see if you | u meet a | n excep | tion to | completin | ig this se | ection fo | r those v | /ehicles | | |
| | | | | (a) | Τ , | b) | Т | (c) | 1 | d) | T | e) | - " | n |
| 30 Total business/investment | miles driven di | uring the | | (a) hicle | 1 | hicle | v | ehicle | 1 | ncle | 1 ' | e) hicle | | ııcle |
| year (don't include commu | | uring the | · · · · | IIIOIC | | illoio | | Vehicle Vehicle | | | 1010 | V C.1 | | |
| 31 Total commuting miles | • , | the vear | | | | | \vdash | | | | | | | |
| 32 Total other personal (no | _ | • | | | | | | | | | | | | |
| driven | - | | | | | | | | | | | | | |
| 33 Total miles driven during | the year | | | | | | | | | | | ļ | | |
| Add lines 30 through 32 | | | | | <u> </u> | | <u> </u> | | Ĺ | | | | | |
| 34 Was the vehicle availab | le for persona | al use | Yes | No_ | Yes | No | _Yes | No | Yes | No | Yes | No | Yes_ | No_ |
| during off-duty hours? | | | | | | | ├ | | <u> </u> | | | | | |
| 35 Was the vehicle used pi | | more | | İ | | | | | | | | , | | |
| than 5% owner or relate 36 Is another vehicle availa | • | nal | <u> </u> | | ļ | - | | + | | | | | | _ |
| use? | ole for persor | IIai | | | | | | | | | | | | |
| | Section C | - Questions f | or Emp | lovers W | /ho Prov | vide Veh | icles f | or Use by | Their E | mploye | es | | | |
| Answer these questions to d | determine if y | ou meet an ex | ception | to com | oleting S | Section E | for ve | hicles use | d by em | ployees | who a | ren't | | |
| more than 5% owners or rela | ated persons | | | | | | | | | | | | | |
| 37 Do you maintain a writte employees? | en policy state | ement that pro | ohibits a | ill persor | nal use o | f vehicle | s, inclu | iding com | muting, | by your | | | Yes | No |
| 38 Do you maintain a writte | n policy state | ement that pro | ohibits p | ersonal | use of v | ehicles, | except | commuti | ng, by yo | our | | | | _ |
| employees? See the ins | tructions for | vehicles used | by corp | orate off | icers, di | rectors, | or 1% (| or more o | wners | | | | | <u> </u> |
| 39 Do you treat all use of ve | ehicles by em | nployees as pe | ersonal (| use? | | | | | | | | | | - |
| 40 Do you provide more that | | • | • | | nformatı | on from | your e | mployees | about | | | | | |
| the use of the vehicles, | | | | | | | | | | | | | | ├─- |
| 41 Do you meet the require | | • . | | | | | | طمن امميمي | ole - | | | | - | |
| Note: If your answer to : Part VI Amortization | 37, 36, 39, 40 | <u> </u> | s, don | Comple | ite Section | OII B IOI | trie co | vereu veri | cies | | | | | |
| (a) | | | (b) | | (c) | | 7 | (d) | _ | (e) | | | (f) | |
| Description of | costs | Date | amortization begins | | Amortizab amount | ole | | Code section | 1, | Amortiza: period or peri | | An fo | ortization this year | |
| 42 Amortization of costs th | at begins dur | ing your 2018 | | ır | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 43 Amortization of costs that | at began befo | ore your 2018 | tax yea | r | | | | | | | 43 | | | |

816252 12-26-18

44 Total. Add amounts in column (f) See the instructions for where to report

Form 4562 (2018)

Unrelated Business Taxable Income for Unrelated Trade or Business

| Entity | |
|--------|----------|
| OMB No | 1545-068 |

Department of the Treasury Internal Revenue Service (99)

Name of the organization

For calendar year 2018 or other tax year beginning ► 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).

501(c)(3) Organizations Only

Employer identification number

| | SWEDISH HEALTH SERVICES | | | 91-043374 | .0 |
|-----|---|-----------|--------------------------|--|---|
| | Unrelated business activity code (see instructions) 452000 | | | | |
| | Describe the unrelated trade or business RETAIL | | | | |
| Pa | t I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
| 1 a | Gross receipts or sales 328,865. | r : † | | | |
| b | Less returns and allowances c Balance | 1c | 328,865. | | |
| 2 | Cost of goods sold (Schedule A, line 7) | 2 | 174,689. | | |
| 3 | Gross profit Subtract line 2 from line 1c | 3 | 154,176. | | 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 | | | <u>- · · · · · · · · · · · · · · · · · · ·</u> | |
| | 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 | | | <u></u> . | |
| | 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 | 154,176. | | 154,176. |
| | Deductions Not Taken Elsewhere (See instructions deductions must be directly connected with the undertaken Elsewhere) | | | .) | |
| 14 | Compensation of officers, directors, and trustees (Schedule K) | | | 14 | |
| 15 | Salaries and wages | | | 15 | |
| 16 | Repairs and maintenance | | | 16 | |
| 17 | Bad debts | | | 17 | |
| 18 | Interest (attach schedule) (see instructions) | | | 18 | |
| 19 | Taxes and licenses | | | 19 | |
| 20 | Charitable contributions (See instructions for limitation rules) | | 1 1 | 20 | 0. |
| 21 | Depreciation (attach Form 4562) | | 21 | | - |
| 22 | Less depreciation claimed on Schedule A and elsewhere on return | | 22a | 221 | |
| 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) | | See Statement | 27 | |
| 28 | Other deductions (attach schedule) | | see statement | <u> -20</u> | |
| 29 | Total deductions. Add lines 14 through 28 | | barrana tima 00 fili ili | 29 | |
| 30 | Unrelated business taxable income before net operating loss deduc | | | 3 30 | 00,3/1. |
| 31 | Deduction for net operating loss arising in tax years beginning on or | r aπer Ja | muary 1, 2018 (see | ــــا | _ |

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

Schedule M (Form 990-T) 2018

instructions)

| Form,990-T (2018) | | | | | | | Page : |
|--|----------------------|--|--|--|---|---|-------------------------------------|
| · SWEDISH HEALT | | | | | 91-04337 | 40 | |
| Schedule A - Cost of Good | s Sold. Enter | r method of invent | ory valuation N/A | | | | |
| 1 Inventory at beginning of year | 1 | | 6 Inventory at end of ye | ear | | 6 | |
| 2 Purchases | _2 | 174,689. | 7 Cost of goods sold. S | Subtract | line 6 | | |
| 3 Cost of labor | 3 | | from line 5. Enter her | e and in l | Part I, | | |
| 4 a Additional section 263A costs | | | line 2 | | | 7_ | 174,689. |
| (attach schedule) | 4a | | 8 Do the rules of section | n 263A (| with respect to | | Yes No |
| b Other costs (attach schedule) | 4b | _ | property produced or | acquired | for resale) apply to | | |
| 5 Total. Add lines 1 through 4b | 5 | 174,689. | the organization? | | | | x |
| Schedule C - Rent Income | (From Real | Property and | Personal Property | Lease | d With Real Prop | erty) | |
| (see instructions) | | | | | | | |
| 1 Description of property | - | | - | | | | |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| | 2. Rent receiv | red or accrued | | | | | <u> </u> |
| (a) From personal property (if the per rent for personal property is more 10% but not more than 50%) | e than | of rent for pe | d personal property (if the percent ersonal property exceeds 50% or if is based on profit or income) | age | 3(a) Deductions directly columns 2(a) and | connected with the inc d 2(b) (attach schedule | ome in |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | _ | | | | | | |
| (4) | | | | | | | |
| Total | 0. | Total | | 0. | | | |
| (c) Total income Add totals of columns | 2(a) and 2(b) En | iter | | | (b) Total deductions | | |
| here and on page 1, Part I, line 6, column | | > | | 0. | Enter here and on page 1, Part I, line 6, column (B) | > | 0. |
| Schedule E - Unrelated Det | t-Financed | Income (see) | nstructions) | | | | |
| | | | | | 3. Deductions directly conn to debt-finance | ected with or allocable | 3 |
| • - | | | 2 Gross income from or allocable to debt- | (a) | Straight line depreciation | (b) Other dec | ductions |
| Description of debt-fit | nanced property | | financed property | `~' | (attach schedule) | (attach sch | edule) |
| | | | | <u> </u> | | | |
| (1) | | | | | | <u> </u> | |
| (2) | | | | | | | |
| (3) | | | | | | <u> </u> | |
| (4) | | | | <u> </u> | | <u></u> | |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or a debt-fina | adjusted basis allocable to nced property h schedule) | 6 Column 4 divided by column 5 | reportable (column 6 x | | | deductions of columns i 3(b)) |
| (1) | | | | | | <u> </u> | |
| (2) | | | % | | | <u> </u> | |
| (3) | | | % | | | | |
| (4) | <u> </u> | · | % | 1 | | | |
| <u>, , , , , , , , , , , , , , , , , , , </u> | | | , | | nter here and on page 1, Part I, line 7, column (A) | Enter here and c | |
| Totale | | | > | | 0. | | 0. |
| Totals Total dividends-received deductions in | ncluded in column | n 8 | | <u> </u> | | ' | <u>0.</u> |
| LOTAL GIALGELIAG LECCIAER REGRESSING | iorauca ili colullii | | | | | 1 | ٠. |

| Form 990-T (M) | Statement 5 | |
|---|-------------|-------------------------|
| Description | | Amount |
| SUPPLIES PURCHASED SERVICES MISC. OTHER | | 15,225. 48. -226. |
| Total to Schedule M, Part II, 1 | ine 28 | 15,047. |

Unrelated Business Taxable Income for Unrelated Trade or Business

| Entity | | 3 |
|--------|--|---|
| | | |

OMB No 1545-0687

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

Employer identification number Name of the organization SWEDISH HEALTH SERVICES 91-0433740 Unrelated business activity code (see instructions) ► CAFETERIA Describe the unrelated trade or business Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 60,670. 1a Gross receipts or sales 60,670. **b** Less returns and allowances c Balance 35,949. Cost of goods sold (Schedule A, line 7) 24,721. 24,721. 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 statement) Rent income (Schedule C) 6 7 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 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 24,721. 24,721. Total. Combine lines 3 through 12 13

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)

| 14 | Compensation of officers, directors, and trustees (Schedule K) | 14 | |
|----|--|-----|-------------|
| 15 | Salaries and wages | 15 | 38,278. |
| 16 | Repairs and maintenance | 16 | |
| 17 | Bad debts | 17 | |
| 18 | Interest (attach schedule) (see instructions) | 18 | |
| 19 | Taxes and licenses | 19 | |
| 20 | Charitable contributions (See instructions for limitation rules) | 20 | |
| 21 | Depreciation (attach Form 4562) | | |
| 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) | 27 | |
| 28 | Other deductions (attach schedule) See Statement 6 | 28 | 530. |
| 29 | Total deductions. Add lines 14 through 28 | 29 | 38,808. |
| 30 | Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | 30 | -14,087. |
| 31 | Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see | | |
| | instructions) | 31 | |
| 32 | Unrelated business taxable income Subtract line 31 from line 30 | 32 | -14,087. |
| | | | |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

| 1111 220 1 | (2010) | | | |
|------------|--------|---------|--------|----------|
| _ | | CMEDICU | BEALTH | CEDVICEC |

91-0433740

| _ | | |
|-----|-----|-----|
| Pai | ne. | - : |

| Schedule A - Cost of Good | s Sold. Enter | r method of invent | ory v | aluation N/A | | | | · · · · · · · · · · · · · · · · · · · | |
|--|-------------------|---|----------|--|---------|---|-------------|--|------|
| 1 Inventory at beginning of year | 1 | | | Inventory at end of yea | ır | | 6 | | |
| 2 Purchases | 2 | 35,949. | 7 | Cost of goods sold St | ubtract | line 6 | | | |
| 3 Cost of labor | 3 | | | from line 5 Enter here | and in | Part I, | | | |
| 4 a Additional section 263A costs | | | | line 2 | | | 7 | 35,9 |)49. |
| (attach schedule) | 4a | | 8 | Do the rules of section | 263A (| with respect to | | Yes | No |
| b Other costs (attach schedule) | 4b | | | property produced or a | cquirec | d for resale) apply to | | [- [| _ 4 |
| 5 Total Add lines 1 through 4b | 5 | 35,949. | <u> </u> | the organization? | | | | | x |
| Schedule C - Rent Income (see instructions) | (From Real | Property and | Per | sonal Property L | ease | d With Real Prop | erty | ·) | |
| 1. Description of property | | | | | | | | | |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | = |
| (4) | | | | | | | | | |
| | | ed or accrued | | | | 2/a) Daduations directly | | ated with the income in | |
| (a) From personal property (if the per rent for personal property is mor 10% but not more than 50% | e than | of rent for pe | ersonai | onal property (if the percentag property exceeds 50% or if ed on profit or income) | je | 3(a) Deductions directly columns 2(a) an | | (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, columns | | nter - | | | 0. | (b) Total deductions. Enter here and on page 1, Part I line 6, column (B) | > | | 0. |
| Schedule E - Unrelated Del | bt-Financed | Income (see I | nstru | ctions) | | | | | |
| | | | 2 | Gross income from | | Deductions directly conn to debt-finance | | | |
| 1. Description of debt-fi | inanced property | | | or allocable to debt- financed property | (a) | Straight line depreciation (attach schedule) | | (b) Other deductions (attach schedule) | |
| (1) | | | | | | | + | | |
| (2) | | | | | | | \top | | |
| (3) | | | | | | | 1 | | |
| (4) | | | | | | | | | |
| 4. Amount of average acquisition debt on or allocable to debt-inanced 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. Allocable deduction (column 6 x total of colum 3(a) and 3(b)) | |
| (1) | | | _ | % | | | \dagger | | |
| (2) | | | | % | | | | | |
| (3) | | | | % | | | | <u> </u> | |
| (4) | | | | % | | | | | |
| | | | | | | nter here and on page 1, Part I line 7, column (A) | | Enter here and on page 1 Part I, line 7, column (8) | |
| Totals | | | | ▶ | | 0 | | | 0. |
| Total dividends-received deductions u | ncluded in column | n 8 | | , | | | 1- | | 0. |

| Form 990-T (M) | Other Deductions | Statement 6 |
|-------------------------------|------------------|-------------|
| Description | | Amount |
| SUPPLIES PURCHASED SERVICES | | 66. 347. |
| MISC. OTHER | | 117. |
| Total to Schedule M, Part II, | line 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 | | | | <u> </u> | |
| 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

| Entity | 4 |
|--------|-----------|
| OMB No | 1545-0687 |
| | |

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.

▶ 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).

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

| Name | of the organization SWEDISH HEALTH SERVICES | | | Employer identific | |
|-----------|--|--------|--|--------------------|--|
| | Inrelated business activity code (see instructions) | | | | |
| | Describe the unrelated trade or business SECURITY | | | | |
| Pa | | | (A) Income | (B) Expenses | (C) Net |
| 1 a | Gross receipts or sales 42,848. | | | | |
| b | Less returns and allowances c Balance | 1c | 42,848. | | |
| 2 | Cost of goods sold (Schedule A, line 7) | 2 | | | i |
| 3 | Gross profit Subtract line 2 from line 1c | 3 | 42,848. | | 42,848. |
| 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 | | | |
| <u>13</u> | Total. Combine lines 3 through 12 | 13 | 42,848. | | 42,848. |
| | Deductions Not Taken Elsewhere (See instruction deductions must be directly connected with the understanding the connected with the connected with the understanding the connected with the connected | ons fo | or limitations on deduted business income. |) | _ |
| 14 | Compensation of officers, directors, and trustees (Schedule K) | | | 14 | 11 11 11 |
| 15 | Salaries and wages | | | 15 | |
| 16 | Repairs and maintenance | | | 16 | |
| 17 | Bad debts | | | 17 | |
| 18 | Interest (attach schedule) (see instructions) | | | 18 | |
| 19 | Taxes and licenses | | | 19 | |
| 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 | 221 | |
| 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) | | | 28 | |
| 29 | Total deductions. Add lines 14 through 28 | | | 29 | , |

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 31 from line 30

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Schedule M (Form 990-T) 2018

30

31

instructions)

31

16,213.

16,213.

| • | | | | | | | Entity | • | 4 |
|--|----------------------|--|-----------------|---|-----------|---|--------------------|--|------|
| Form 990-T (2018) | | | | | | 0. 0.400 | | Р | age |
| Schedule A - Cost of Goods | | | | | | 91-04337 | 40 | | |
| | \neg | method of inve | | | | | | | |
| 1 Inventory at beginning of year | 1 - | | | Inventory at end of yea | | <u> </u> | 6_ | | |
| 2 Purchases | 2 | | ⊣ ′ | Cost of goods sold. S | | | | | |
| 3 Cost of labor | 3 | | _ | from line 5 Enter here | and in i | Paπ I, | , | | |
| 4 a Additional section 263A costs | | | | line 2 | 2624 / | L | 7 | Yes | No |
| (attach schedule) b Other costs (attach schedule) | 4a | | - ⁸ | Do the rules of section property produced or a | | • | | 1-03 | -140 |
| 5 Total Add lines 1 through 4b | 4b 5 | | \dashv | the organization? | icquii cu | i ioi resaic) apply to | | - | х |
| Schedule C - Rent Income (I | | Property and | d Per | | ease | d With Real Prope | ertv) | | |
| (see instructions) | | | | | | | | | |
| 1 Description of property | | | | | | | | | |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | , | | | |
| | | ed or accrued | | | | 3(a) Deductions directly of | connected with the | income in | |
| (a) From personal property (if the perce rent for personal property is more t 10% but not more than 50%) | entage of han | of rent for | personal | onal property (if the percental property exceeds 50% or if led on profit or income) | ge | columns 2(a) and | 2(b) (attach sched | fule) | |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | - | | | | | |
| Total | 0. | Total | | | 0. | | | | |
| c) Total income Add totals of columns 2 here 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 Debt | -Financed | Income (see | e instru | ictions) | | | | | |
| | | | 2 | 2 Gross income from | | Deductions directly connected to debt-finance | | eldi | |
| 1 Description of debt-fina | nced property | | | or ellocable to debt- financed property | (a) | Straight line depreciation (attach schedule) | | deductions schedule) | |
| (1) | | | ļ | | | | | | |
| (2) | · | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | _ | | | | ļ <u>.</u> | | |
| Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or a debt-fina | adjusted basis illocable to nced property i schedule) | 6 | Column 4 divided by column 5 | | 7. Gross income reportable (column 2 x column 6) | (column 6 x t | le deduction otal of colur ind 3(b)) | |
| (1) | | | | % | | | | | |
| (2) | | | | % | | | | | |
| (3) | | | | % | | | | | |
| (4) | | | | % | | | | | |
| | | | | | | nter here and on page 1, | Enter here an | | |

Form 990-T (2018)

0.

Total dividends-received deductions included in column 8

Unrelated Business Taxable Income for Unrelated Trade or Business

| ntı | tу | 5 |
|-----|----|---|
| | | |

OMB No 1545-0687

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

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

| Name | of the organization SWEDISH HEALTH SERVICES | | | | Employer identificati 91-0433740 | on number |
|------|--|----------|---------------------|----------|-------------------------------------|------------------|
| U | nrelated business activity code (see instructions) 900099 | | | | | |
| D | escribe the unrelated trade or business INVESTMENT INC | COME | | | | |
| Par | t I Unrelated Trade or Business Income | | (A) Income | | (B) Expenses | (C) Net |
| | Gross receipts or sales -181,064. | | | | | |
| | Less returns and allowances c Balance ▶ | 1c | -181,064 | · | | |
| | Cost of goods sold (Schedule A, line 7) | 2 | 101 064 | ┿ | | 101 064 |
| | Gross profit Subtract line 2 from line 1c | 3 | -181,064 | | | -181,064. |
| | Capital gain net income (attach Schedule D) | 4a | | | | |
| | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | 4b | | | | |
| | Capital loss deduction for trusts | 4c | | - | | |
| 5 | Income (loss) from a partnership or an S corporation (attach | _ | | | | |
| _ | statement) | 5 | | | | |
| | Rent income (Schedule C) | 6 | | + | | |
| | Unrelated debt-financed income (Schedule E) | 7 | | + | | |
| | Interest, annuities, royalties, and rents from a controlled | 8 | | | | |
| | organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) | | | + | | |
| | organization (Schedule G) | 9 | | | | |
| | Exploited exempt activity income (Schedule I) | 10 | | + | | |
| | Advertising income (Schedule J) | 11 | · | 1 | | |
| | Other income (See instructions, attach schedule) | 12 | | 1 | | |
| | Total, Combine lines 3 through 12 | 13 | -181,064 | | | -181,064. |
| 14 | deductions must be directly connected with the u Compensation of officers, directors, and trustees (Schedule K) | nrelate | ed business inco | me.) | 14 | |
| | Salaries and wages | | | | 15 | |
| | Repairs and maintenance | | | | 16 | |
| 17 | Bad debts | | | | 17 | |
| 18 | Interest (attach schedule) (see instructions) | | | | 18 | - |
| 19 | Taxes and licenses | | | | 19 | |
| 20 | Charitable contributions (See instructions for limitation rules) | | | | 20 | |
| 21 | Depreciation (attach Form 4562) | | 21 | | | |
| 22 | Less depreciation claimed on Schedule A and elsewhere on return | | 22a | | 22b | |
| 23 | Depletion | | | | 23 | |
| | Contributions to deferred compensation plans | | | | 24 | |
| | Employee benefit programs | | | | 25 | |
| | Excess exempt expenses (Schedule I) | | | | 26 | |
| | Excess readership costs (Schedule J) | | | | 27 | |
| | Other deductions (attach schedule) | | | | 28 | |
| | Total deductions. Add lines 14 through 28 | | | | 29 | 0. |
| | Unrelated business taxable income before net operating loss deduc | | | ne 13 | 30 | -181,064. |
| | Deduction for net operating loss arising in tax years beginning on oi instructions) | atter Ja | anuary 1, 2018 (see | | 31 | |
| | Unrelated business taxable income Subtract line 31 from line 30 | | | | 32 | -181,064. |
| | | | | | | M (F 000 T) 0040 |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

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 UTIL | IZED 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)

Form: 8827

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 ide | entification 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 | 86,205. |
| 6 Enter the refundable minimum tax credit (see instructions) | 6 | 18,536. |
| 7 Add lines 5 and 6 | 7 | 104,741. |
| 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 | 104,741. |
| 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 | | 06.005 |
| excess credits, see instructions. If you made an entry on line 6, go to line 8c. Otherwise, skip line 8c | 8b | 86,205. |
| 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 | 18,536. |
| 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 | 18,536. |