

Form **990-T****Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))For calendar year 2017 or other tax year beginning 07/01, 2017, and ending 06/30, 2018▶ Go to [www.irs.gov/Form990T](http://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)

**2017**Open to Public Inspection for  
501(c)(3) Organizations OnlyDepartment of the Treasury  
Internal Revenue ServiceA ☐ Check box if  
address changed**B Exempt under section**
☒ 501(c)(3) ☐ 220(e)  
☐ 408(e) ☐ 530(a)  
☐ 408A ☐ 529(a)
C Book value of all assets  
at end of year

3921713607.

Print  
or  
TypeName of organization ( ☐ Check box if name changed and see instructions )

PEACEHEALTH

Number, street, and room or suite no. If a P.O. box, see instructions

1115 SE 164TH AVENUE

City or town, state or province, country, and ZIP or foreign postal code

VANCOUVER, WA 98683

D Employer identification number  
(Employees' trust, see instructions)

91-0939479

E Unrelated business activity codes  
(See instructions)

561499

F Group exemption number (See instructions) ▶

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Describe the organization's primary unrelated business activity ▶ ATTACHMENT 1

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . . . ☐ Yes ☒ No

If "Yes," enter the name and identifying number of the parent corporation ▶

J The books are in care of ▶ JEFF SEIRER

Telephone number ▶ 360-729-1000

**Part I Unrelated Trade or Business Income**

	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance ▶ 1c			
2 Cost of goods sold (Schedule A, line 7) . . . . .			
3 Gross profit Subtract line 2 from line 1c . . . . .			
4a Capital gain net income (attach Schedule D) . . . . .			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . . . . .			
c Capital loss deduction for trusts . . . . .			
5 Income (loss) from partnerships and S corporations (attach statement)	160,243.	ATCH 2	160,243.
6 Rent income (Schedule C) . . . . .			
7 Unrelated debt-financed income (Schedule E) . . . . .			
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10 Exploited exempt activity income (Schedule I) . . . . .			
11 Advertising income (Schedule J) . . . . .			
12 Other income (See instructions, attach schedule) . . . . .	1,344,314.	ATCH 3	1,344,314.
13 Total. Combine lines 3 through 12 . . . . .	1,504,557.		1,504,557.

**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	117,846.
16 Repairs and maintenance . . . . .	16	21,958.
17 Bad debts . . . . .	17	
18 Interest (attach schedule) . . . . .	18	
19 Taxes and licenses . . . . .	19	
20 Charitable contributions (See instructions for limitation rules) . . . . .	20	
21 Depreciation (attach Form 4562) . . . . .	21	14,109.
22 Less depreciation claimed on Schedule A and elsewhere on return . . . . .	22a	22b 14,109.
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) . . . . . ATTACHMENT 4 . . . . .	28	280,440.
29 Total deductions. Add lines 14 through 28 . . . . .	29	434,353.
30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 . . . . .	30	1,070,204.
31 Net operating loss deduction (limited to the amount on line 30) . . . . . ATTACHMENT 5 . . . . .	31	1,070,204.
32 Unrelated business taxable income before specific deduction Subtract line 31 from line 30 . . . . .	32	
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) . . . . .	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 . . . . .	34	0.

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2017)7X2740 2.000 JSA  
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**Part III Tax Computation**

**35 Organizations Taxable as Corporations.** See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here ☐ See instructions and

**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)  
 (1) \$ (2) \$ (3) \$

**b** Enter organization's share of (1) Additional 5% tax (not more than \$11,750) \$  
 (2) Additional 3% tax (not more than \$100,000) \$

**c** Income tax on the amount on line 34. **35c**

**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from ☐ Tax rate schedule or ☐ Schedule D (Form 1041). **36**

**37 Proxy tax.** See instructions. **37**

**38 Alternative minimum tax** **38** 13,392.

**39 Tax on Non-Compliant Facility Income.** See instructions. **39**

**40 Total.** Add lines 37, 38 and 39 to line 35c or 36, whichever applies. **40** 13,392.

**Part IV Tax and Payments**

**41 a** Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116). **41a**

**b** Other credits (see instructions). **41b**

**c** General business credit. Attach Form 3800 (see instructions). **41c**

**d** Credit for prior year minimum tax (attach Form 8801 or 8827). **41d**

**e** Total credits. Add lines 41a through 41d. **41e**

**42** Subtract line 41e from line 40. **42** 13,392.

**43** Other taxes. Check if from ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule). **43**

**44** Total tax. Add lines 42 and 43. **44** 13,392.

**45 a** Payments. A 2016 overpayment credited to 2017. **45a**

**b** 2017 estimated tax payments. **45b**

**c** Tax deposited with Form 8868. **45c**

**d** Foreign organizations. Tax paid or withheld at source (see instructions). **45d**

**e** Backup withholding (see instructions). **45e**

**f** Credit for small employer health insurance premiums (Attach Form 8941). **45f**

**g** Other credits and payments ☐ Form 2439 ☐ Form 4136 ☐ Other Total **45g**

**46** Total payments. Add lines 45a through 45g. **46**

**47** Estimated tax penalty (see instructions). Check if Form 2220 is attached. **47**

**48** Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed. **48** 13,392.

**49** Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid. **49**

**50** Enter the amount of line 49 you want Credited to 2018 estimated tax Refunded **50**

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

**51** At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here **Yes** **No**

**52** 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 **Yes** **No**

**53** Enter the amount of tax-exempt interest received or accrued during the tax year **\$**

**Sign Here** Under penalties 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.

Signature of officer *Lisa M Meyer* Date *10/30/2017* Title *EVP & CFO*

**Paid Preparer Use Only** Print/Type preparer's name *LISA M MEYER* Preparer's signature *Lisa M Meyer* Date *4/30/2019* Check ☐ if self-employed PTIN *P01490170*

Firm's name *KPMG LLP* Firm's EIN *13-5565207*

Firm's address *1918 EIGHTH AVENUE, SUITE 2900, SEATTLE, WA 98101* Phone no *206-913-4000*

Form 990-T (2017)

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ►

1	Inventory at beginning of year . . . . .	1		6	Inventory at end of year . . . . .	6	
2	Purchases . . . . .	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2. . . . .	7	
3	Cost of labor . . . . .	3					
4a	Additional section 263A costs (attach schedule) . . . . .	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? . . . . .	Yes	No
b	Other costs (attach schedule) . . . . .	4b					X
5	Total. Add lines 1 through 4b . . . . .	5					

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**  
(see instructions)

## 1. Description of property

(1)
(2)
(3)
(4)

## 2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . . ►

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ►

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach 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)		%		
			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals . . . . . ►				
Total dividends-received deductions included in column 8 . . . . . ►				

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
<b>Totals</b> .....				

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)
<b>Totals</b> .....				

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2 Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26
<b>Totals</b> .....						

**Schedule J - Advertising Income** (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b> .....						

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

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I.</b> . . . . . ▶						
	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
<b>Totals, Part II (lines 1-5)</b> . . . . . ▶						

**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) ATTACHMENT 5		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 . . . . . ▶			

Form 990-T (2017)

Department of the Treasury  
Internal Revenue Service

▶ Attach to the corporation's tax return.

▶ Go to [www.irs.gov/Form4626](http://www.irs.gov/Form4626) for instructions and the latest information.**2017**

Name **PEACEHEALTH** Employer identification number **91-0939479**

**Note:** See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e)

<b>1</b>	Taxable income or (loss) before net operating loss deduction . . . . .	<b>1</b>	<b>1,070,204</b>
<b>2</b>	<b>Adjustments and preferences:</b>		
<b>a</b>	Depreciation of post-1986 property . . . . .	<b>2a</b>	<b>-274</b>
<b>b</b>	Amortization of certified pollution control facilities . . . . .	<b>2b</b>	
<b>c</b>	Amortization of mining exploration and development costs . . . . .	<b>2c</b>	
<b>d</b>	Amortization of circulation expenditures (personal holding companies only) . . . . .	<b>2d</b>	
<b>e</b>	Adjusted gain or loss . . . . .	<b>2e</b>	<b>-320</b>
<b>f</b>	Long-term contracts . . . . .	<b>2f</b>	
<b>g</b>	Merchant marine capital construction funds . . . . .	<b>2g</b>	
<b>h</b>	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) . . . . .	<b>2h</b>	
<b>i</b>	Tax shelter farm activities (personal service corporations only) . . . . .	<b>2i</b>	
<b>j</b>	Passive activities (closely held corporations and personal service corporations only) . . . . .	<b>2j</b>	
<b>k</b>	Loss limitations . . . . .	<b>2k</b>	
<b>l</b>	Depletion . . . . .	<b>2l</b>	
<b>m</b>	Tax-exempt interest income from specified private activity bonds . . . . .	<b>2m</b>	
<b>n</b>	Intangible drilling costs . . . . .	<b>2n</b>	
<b>o</b>	Other adjustments and preferences . . . . .	<b>2o</b>	
<b>3</b>	Pre-adjustment alternative minimum taxable income (AMTI) Combine lines 1 through 2o . . . . .	<b>3</b>	<b>1,069,610</b>
<b>4</b>	<b>Adjusted current earnings (ACE) adjustment:</b>		
<b>a</b>	ACE from line 10 of the ACE worksheet in the instructions . . . . .	<b>4a</b>	
<b>b</b>	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions . . . . .	<b>4b</b>	<b>-1,069,610</b>
<b>c</b>	Multiply line 4b by 75% (0.75). Enter the result as a positive amount . . . . .	<b>4c</b>	<b>802,208</b>
<b>d</b>	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. <b>Note:</b> You must enter an amount on line 4d (even if line 4b is positive) . . . . .	<b>4d</b>	
<b>e</b>	ACE adjustment • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount } . . . . .	<b>4e</b>	
<b>5</b>	Combine lines 3 and 4e. If zero or less, stop here, the corporation does not owe any AMT. . . . .	<b>5</b>	<b>1,069,610</b>
<b>6</b>	Alternative tax net operating loss deduction. See instructions . . . . .	<b>6</b>	<b>962,650</b>
<b>7</b>	<b>Alternative minimum taxable income.</b> Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions . . . . .	<b>7</b>	<b>106,960</b>
<b>8</b>	<b>Exemption phase-out</b> (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c)		
<b>a</b>	Subtract \$150,000 from line 7. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0- . . . . .	<b>8a</b>	
<b>b</b>	Multiply line 8a by 25% (0.25) . . . . .	<b>8b</b>	
<b>c</b>	Exemption. Subtract line 8b from \$40,000. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0- . . . . .	<b>8c</b>	<b>40,000</b>
<b>9</b>	Subtract line 8c from line 7. If zero or less, enter -0- . . . . .	<b>9</b>	<b>66,960</b>
<b>10</b>	Multiply line 9 by 20% (0.20) . . . . .	<b>10</b>	<b>13,392</b>
<b>11</b>	Alternative minimum tax foreign tax credit (AMTFTC). See instructions . . . . .	<b>11</b>	
<b>12</b>	Tentative minimum tax. Subtract line 11 from line 10. . . . .	<b>12</b>	<b>13,392</b>
<b>13</b>	Regular tax liability before applying all credits except the foreign tax credit . . . . .	<b>13</b>	<b>NONE</b>
<b>14</b>	<b>Alternative minimum tax.</b> Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return . . . . .	<b>14</b>	<b>13,392</b>

For Paperwork Reduction Act Notice, see separate instructions.

Form **4626** (2017)

ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.

PEACEHEALTH'S UNRELATED BUSINESS ACTIVITIES INVOLVE HIHNET AND EHI WORKS WHICH PROVIDE SERVICES, PRODUCTS, AND TECHNOLOGY TO INDEPENDENT PHYSICIANS.

ATTACHMENT 2FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS .

PANTHEON GLOBAL SECONDARY FUND III A, LP	634.
PANTHEON USA FUND VII, LP	38,400.
PREMIER HEALTHCARE ALLIANCE, LP	121,209.
INCOME (LOSS) FROM PARTNERSHIPS	<u>160,243.</u>



ATTACHMENT 3PART I, - LINE 12 - OTHER INCOME

EH1 COMMUNITY	1,145,368.
COST OF EMPLOYEE BUS PASSES	94,809.
COST OF EMPLOYEE RIDE SHARE BENEFITS	14,586.
COST OF EMPLOYEE PARKING	89,551.

PART I - LINE 12 - OTHER INCOME

1,344,314.

ATTACHMENT 4FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

## DOMESTIC PRODUCTION ACTIVITIES DEDUCTION UNDER SECTION 199

SUPPLIES	513.
UTILITIES	226,504.
TRAVEL	3,199.
OTHER OPERATING EXPENSES	50,224.

PART II - LINE 28 - OTHER DEDUCTIONS	<u>280,440.</u>
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A STATEMENT ATTACHED TO AND MADE A PART OF THE ABOVE-REFERENCED RETURN.

FEDERAL NET OPERATING LOSS DEDUCTION CARRYFORWARD.

LOSS YEAR ENDING	ORIGINAL LOSS	LOSS USED IN PRIOR YEARS	LOSS USED IN CURRENT YEAR	LOSS AVAILABLE FOR CARRYFORWARD
6/30/2002	611,189	180,217	430,972	-
6/30/2003	202,512		202,512	-
6/30/2004	719,520		436,720	282,800
6/30/2005	1,728,320			1,728,320
6/30/2006	1,996,625			1,996,625
6/30/2007	1,527,921			1,527,921
6/30/2008	1,815,102			1,815,102
6/30/2009	1,341,618			1,341,618
6/30/2010	2,425,258			2,425,258
6/30/2011	44,874			44,874
6/30/2012	5,735,818			5,735,818
6/30/2013	6,284,212			6,284,212
6/30/2014	8,724,828			8,724,828
6/30/2015	9,084,475			9,084,475
6/30/2016	10,514,049			10,514,049
6/30/2017	13,181,297			13,181,297
	<b>65,937,618</b>	<b>180,217</b>	<b>1,070,204</b>	<b>64,687,197</b>

A STATEMENT ATTACHED TO AND MADE A PART OF THE ABOVE-REFERENCED RETURN.

AMT NET OPERATING LOSS DEDUCTION CARRYFORWARD.

LOSS YEAR ENDING	ORIGINAL LOSS	LOSS USED IN PRIOR YEARS	LOSS USED IN CURRENT YEAR	LOSS AVAILABLE FOR CARRYFORWARD
6/30/2002	611,189	180,217	430,972	-
6/30/2003	202,512		202,512	-
6/30/2004	719,520		329,166	390,354
6/30/2005	1,728,320			1,728,320
6/30/2006	1,996,625			1,996,625
6/30/2007	1,527,921			1,527,921
6/30/2008	1,815,102			1,815,102
6/30/2009	1,341,618			1,341,618
6/30/2010	2,425,258			2,425,258
6/30/2011	44,874			44,874
6/30/2012	5,735,818			5,735,818
6/30/2013	6,284,212			6,284,212
6/30/2014	8,724,828			8,724,828
6/30/2015	9,084,475			9,084,475
6/30/2016	10,514,049			10,514,049
6/30/2017	13,181,297			13,181,297
	<b>65,937,618</b>	<b>180,217</b>	<b>962,650</b>	<b>64,794,751</b>

A STATEMENT ATTACHED TO AND MADE A PART OF THE ABOVE-REFERENCED RETURN.

FEDERAL CAPITAL LOSS CARRYFORWARD.

LOSS YEAR ENDING	ORIGINAL LOSS	PREVIOUSLY USED LOSS	LOSS AVAILABLE
6/30/2017	5,566		5,566
CAPITAL LOSS AVAILABLE			5,566
CAPITAL GAINS TO BE OFFSET WITH CAPITAL LOSSES			4,451
CAPITAL LOSS CARRYFORWARD			1,115

PEACEHEALTH FEIN 91-0939479

FORM 990-T JUNE 30, 2018

A STATEMENT ATTACHED TO AND MADE A PART OF THE ABOVE-REFERENCED RETURN.

**STATEMENT REQUIRED UNDER REG 1.382-11(A)**

THE FOLLOWING IS SUBMITTED IN ACCORANCE WITH REG. 1.382-11(A) FOR THE TAX YEAR ENDING JUNE 30, 2018:

TESTING DATES OCCURRING DURING THE TAX YEAR: NONE

TESTING DATES ON WHICH AN OWNERSHIP CHANGE OCCURRED: NONE

AMOUNT OF ATTRIBUTES CAUSING CORPORATING TO BE A LOSS CORPORATION:.

NET OPERATING LOSS CARRYFORWARD	\$ 64,688,312
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**SCHEDULE D  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No 1545-0123

**2017**

Name

PEACEHEALTH

Employer identification number

91-0939479

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . . . .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .	23.			23.
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) . . . . .			<b>6</b>	( 5,566.)
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h . . . . .			<b>7</b>	-5,543.

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . . . .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .	-5,208.			-5,208.
<b>11</b> Enter gain from Form 4797, line 7 or 9 . . . . .			<b>11</b>	9,636.
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .			<b>13</b>	
<b>14</b> Capital gain distributions (see instructions) . . . . .			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h . . . . .			<b>15</b>	4,428.

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) . . . . .	<b>16</b>	
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) . . . . .	<b>17</b>	
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. If the corporation has qualified timber gain, also complete Part IV . . . . .	<b>18</b>	

Note: If losses exceed gains, see Capital losses in the instructions.

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2017

**Sales and Other Dispositions of Capital Assets**

OMB No 1545-0074

Department of the Treasury  
Internal Revenue Service▶ Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

**2017**Attachment  
Sequence No **12A**

Name(s) shown on return

PEACEHEALTH

Social security number or taxpayer identification number

91-0939479

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I** **Short-Term.** Transactions involving capital assets you held 1 year or less are short term. For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions).

You **must** check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)  
☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS  
☒ (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) Date sold or disposed of (Mo, day, yr)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	SCHEDULE(S) K-1 - SHORT TERM	VARIOUS	VARIOUS	23				23.
<b>2 Totals</b>	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶			23				23

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8949** (2017)



Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on other side

PEACEHEALTH

Social security number or taxpayer identification number

91-0939479

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II** Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You **must** check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)  
☐ (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS  
☒ (F) Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example 100 sh XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	SCHEDULE(S) K-1 - LONG TERM	VARIOUS	VARIOUS	-5,208.				-5,208
<b>2</b>	Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶			-5,208.				-5,208

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

**Depreciation and Amortization**  
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No 1545-0172

**2017**Attachment  
Sequence No **179**

Name(s) shown on return

PEACEHEALTH

Identifying number

91-0939479

Business or activity to which this form relates

**GENERAL DEPRECIATION****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)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	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 2018 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.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Don't include listed property) (See instructions)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	14,109.
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 2017 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(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						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

**Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System**

20a Class life				S/L	
b 12-year			12 yrs	S/L	
c 40-year			40 yrs	MM	S/L

**Part IV Summary (See instructions)**

21	Listed property Enter amount from line 28	21	
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 instructions.	22	14,109.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, certain computers, 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)**

<b>24a</b> Do you have evidence to support the business/investment use claimed?				Yes	<input checked="" type="checkbox"/>	No	<b>24b</b> If "Yes," is the evidence written?		Yes	<input checked="" type="checkbox"/>	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) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) . . . . .							<b>25</b>				
<b>26</b> Property used more than 50% in a qualified business use											
		%									
		%									
		%									
<b>27</b> Property used 50% or less in a qualified business use											
		%				S/L -					
		%				S/L -					
		%				S/L -					
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . . . . .							<b>28</b>				
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 . . . . .								<b>29</b>			

**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.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
<b>30</b> Total business/investment miles driven during the year (don't include commuting miles) . . .						
<b>31</b> Total commuting miles driven during the year . . .						
<b>32</b> Total other personal (noncommuting) miles driven . . . . .						
<b>33</b> Total miles driven during the year. Add lines 30 through 32 . . . . .						
<b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .						
<b>36</b> 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 (see instructions).

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .		
<b>38</b> 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 . . . . .		
<b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .		
<b>40</b> 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? . . . . .		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . . . .		

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
<b>42</b> Amortization of costs that begins during your 2017 tax year (see instructions)					
<b>43</b> Amortization of costs that began before your 2017 tax year . . . . .					<b>43</b>
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report . . . . .					<b>44</b>