Department of the Treasury Internal Revenue Service A X Check box if address changed B Exempt under section X 501(c)(3) A 08(e) 220(e) 408(e) 220(e) 408 A 530(a) 529(a) C Book value of all assets at end of year 35,094,141. G Check organization type M 2 501(c) corporation 35,094,141. G Check organization type M 2 501(c) corporation 501(c) corporation 501(c) trust Check box if name ending postal code postal code instructions. Describe the only (or first) unrelated businesses. For calendar year 2018 or other tax year beginning , and ending
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 Inspections on 501(c)(3) organizations on 501(c)(3). Open to Public Inspections on 501(c)(3) organization is a 501(c)(3). Open to Public Inspections on 501(c)(3) organization is a 501(c)(3). Open to Public Inspections on 501(c)(3). Open to Public Inspections on 501(c)(3) organization is a 501(c)(3). Open to Public Inspections on 501(c)(3). Open to Public Inspection Inspection on 501(c)(3). Open to Public Inspection Insp
A Check box if address changed B Exempt under section X 501(c M3) 408(e) 220(e) 408A 530(a) 529(a) C Book value of all assets at end of year 35,094,141. Name of organization (
X 501(c 013) Or Type Number, street, and room or suite no. If a P.O. box, see instructions. E Unrelated business activity code (See instructions)
Number, street, and room or suite no. If a P.O. box, see instructions. 1801 LIND AVE SW, ATTN TAX DEPT. City or town, state or province, country, and ZIP or foreign postal code RENTON, WA 98057-9016 C Book value of all assets at end of year 35,094,141. G Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust
408(e) 1220(e) 1801 EIND AVE SW, ATTN TAX BEFT. 408A
S29(a) C Book value of all assets at end of year 35,094,141. G Check organization type ▶ X 501(c) corporation 501(c) trust 401(a) trust Other trust
35,094,141. G Check organization type X 501(c) corporation 501(c) trust 401(a) trust
H Enter the number of the organization's unrelated trades or businesses.
to de la
trade or business here See Statement 1 . If only one, complete Parts I-V. If more than one,
describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Stmt 2 X Yes No
If "Yes," enter the name and identifying number of the parent corporation.
J The books are in care of ► JO ANN ESCASA-HAIGH Telephone number ► 949-381-4000
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 lack c Balance
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 a partnership or an S corporation (attach statement) 5
6 Rent income (Schedule C)
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)
10 Exploited exempt activity income (Schedule I)
11 Advertising income (Schedule J) 12 Other income (See instructions; attach schedule) 13 II
13 Total. Combine lines 3 through 12 13 0. 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)
15 Salaries and wages 15
16 Repairs and maintenance RECEIVED 16
17 Rad dehts 17
18 Interest (attach schedule) (see instructions) NOV 1 4 2019
19 Taxes and licenses NOV 1 4 2019
20 Charitable contributions (See instructions for literature rules) 20
21 Depreciation (attach Form 4562) OGDEN, UT
22 Less depreciation claimed on Schedule A and elsewhere on return 22a 22b
23 Depletion Z
24 Contributions to deferred compensation plans
25 Employee benefit programs 25
26 Excess exempt expenses (Schedule I)
27 Excess readership costs (Schedule J) 27
28 Other deductions (attach schedule) 28
29 Total deductions. Add lines 14 through 28 29 29 30 Unrelated business tayable income before net operating loss deduction. Subtract line 29 from line 13
of the lated pashies taxable meeting belong that operating loss deduction database and 25 ment and 15
Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31 Unrelated business taxable income. Subtract line 31 from line 30 32
32 Unrelated business taxable income. Subtract line 31 from line 30 823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions. 132 Form 990-T (20)

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Form 990-1				31-103	, 0 3 0			-5
Part II	Total Unrelated Business Taxable Income							
33	Total of unrelated business taxable income computed from all unrelated trades or busi	nesses (s	ee instructioi	ns)	33	3		0.
`34	Amounts paid for disallowed fringes				34	4		
	Deduction for net operating loss arising in tax years beginning before January 1, 2018	3	5					
	Total of unrelated business taxable income before specific deduction. Subtract line 35							
	lines 33 and 34				36	6		
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	7					
	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greate							
	enter the smaller of zero or line 36		·		38	в		0.
Part I	/ Tax Computation		-					
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)				. 39	9		0.
	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the	ne amount	on line 38 fr	om:				
	Tax rate schedule or Schedule D (Form 1041)			>	- 40	0		
41	Proxy tax. See instructions			>	· 4	1		
	Alternative minimum tax (trusts only)				42	2		
	Tax on Noncompliant Facility Income. See instructions				43	3		
	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies				44	4		0.
Part V								
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		45a					
b	Other credits (see instructions)		45b					
С	General business credit. Attach Form 3800		45c					
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		45d					
	Total credits. Add lines 45a through 45d				45	e		
46	Subtract line 45e from line 44				46	6		0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697	Form 8	866 🔲 0	ther (attach schedule)	47	7		
48	Total tax. Add lines 46 and 47 (see instructions)				48	В		0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), lin	e 2			49	9		0.
50 a	Payments: A 2017 overpayment credited to 2018		50a					
Ь	2018 estimated tax payments		50b					
C	Tax deposited with Form 8868		50c					
ď	Foreign organizations Tax paid or withheld at source (see instructions)		50d					
е	Backup withholding (see instructions)		50e		_			
f	Credit for small employer health insurance premiums (attach Form 8941)		50f		_]			
	Other credits, adjustments, and payments: Form 2439	_						
•	Form 4136 Other	Total 🕨	50g					
51	Total payments. Add lines 50a through 50g				5	1		
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲				51	2		
	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed			•	- 5	3		
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount of	verpaid		•	- 54	4		
55	Enter the amount of line 54 you want Credited to 2019 estimated tax			Refunded >	- 5	5		
Part V	I Statements Regarding Certain Activities and Other Info	ormatio	on (see in	structions)				,
56	At any time during the 2018 calendar year, did the organization have an interest in or a	a signature	e or other aut	hority			Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the o	rganızatıo	n may have t	o file				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the na	ame of the	e foreign cou	ntry				
	here							Х
57	During the tax year, did the organization receive a distribution from, or was it the grant	tor of, or t	ransferor to,	a foreign trust?				Х
	If "Yes," see instructions for other forms the organization may have to file.]
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$						l	
Ci	Under penalties of perjury, I declare that I have examined this return, including accompanying scherocorrect, and complete Declaration of preparer (other than taxpayer) is based on all information of w	dules and st hich prepar	tatements, and er has any knov	to the best of my know vledge	ledge a	nd belief, it is tru	e,	
Sign	0/1/4			Г	May the	e IRS discuss thi	s return v	with
Here		CUTIVE	DIRECTOR			parer shown belo		٦.,
	Signature of officer Date Title					ions)? X Y	es	No
	Print/Type preparer's name Preparer's signature	D	ate	Check		PTIN		
Paid	PUR NITTA SUN NITTA	.	11/10/10	self- employe	d	D0100505		
Prepa			11/12/19	1	\perp	P01286320		
Use O	nly Firm's name ► ERNST & YOUNG US LLF			Firm's EIN		34-6565	296	
	560 MISSION STREET, SUITE 1600			Di	A1 E	904 9000		
	Firm's address SAN FRANCISCO, CA 94105			Phone no.	412-	894-8000	00 T	(0.5.1/
823711 01-	09-19					Form 9	3U- I	(2018)

Page 3

Schedule A - Cost of Goods	Sold. Enter	method of inven	tory v	aluation N/A	··-·				
1 Inventory at beginning of year	1		6	Inventory at end of yea	r		6		
2 Purchases	2		7	Cost of goods sold. St	ıbtract lı	ne 6			
3 Cost of labor	3			from line 5. Enter here	and in P	art I,	<u>'</u>		
4a Additional section 263A costs			1	line 2			7	·	
(attach schedule)	4a		8	Do the rules of section	263A (v	vith 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			the organization?					Х
Schedule C - Rent Income (I (see instructions)	From Real	Property and	Per	sonal Property L	eased	d With Real Prop	erty) 	
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 to 10% but not more than 50%)	entage of than	of rent for p	ersonai	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) ai	conne nd 2(b)	cted with the income in (attach schedule)	ı
(1)									
(2)		ĺ							
(3)									
(4)									
Total	0.	Total			0.	-			
c) Total income. Add totals of columns 2 nere and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	•	•	0.
Schedule E - Unrelated Deb		Income (see	ınstru	ctions)					
		,	2	. Gross income from		3 Deductions directly con to debt-finance			
1. Description of debt-fina	anced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	ıs
(1)		•					\top		
(2)			 			,	1		
(3)									
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property h schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8 Allocable deducti (column 6 x total of co 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 pag Part I, line 7, column (
Totals				•		0	<u> </u>		0.
Total dividends-received deductions inc	cluded in columi	า 8					•		0.
								Form 990-T	(2018)

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

	2 Gross advertising income	3 Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6 Readership costs	7. Excess reader costs (column 6 m column 5, but not reader than column 4)	inus nore
						-	
]				j
							1
\perp						-	
		_					_
	0.	0.		. — . — . — . — . — . — . — . — . — . —		<u> </u>	0.
	>	advertising	advertising advertising costs	advertising income 3 Direct or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	advertising income 3 Direct advertising costs 3 Direct advertising costs or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 5. Circulation income	Advertising income 3 Direct advertising costs or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 5. Circulation income 6 Readership costs	2 Gross advertising income 3 Direct advertising costs costs costs costs (col 2 minus col 3) If a gain, compute cols 5 through 7 5. Circulation income costs costs column 5, but not in than column 4

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Total. Enter here and on page 1, Part II, line 14

(2010)							
Part II Income From Perio	•	-	rate Basis (For ea	ch periodic	al listed in Pa	art II, fill in	
1. Name of periodical	2 Gross advertising income	3. Direct advertising costs	Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circuta		Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)	-						
(3)							
(4)			Ī				
Totals from Part I	0.	0.			The state of		0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)] ·			-	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.	. · . .		_	_	0.
Schedule K - Compensatio	n of Officers, I	Directors, and	Trustees (see in	nstructions)			<u> </u>
1 Name			2. Title		Percent of me devoted to business		pensation attributable prelated business
(1)					%)	
(2)					%		
(3)	-				%		
						l	

Form 990-T (2018)

Form 990-T Description of Organization's Primary Unrelated Statement 1
Business Activity

PROVIDENCE ST. PETER FOUNDATION DOES NOT HAVE UNRELATED BUSINESS INCOME. PROVIDENCE ST. PETER FOUNDATION IS FILING FORM 990-T TO REPORT FOREIGN ACTIVITY. SEE ATTACHED FORMS 926.

To Form 990-T, Page 1

Form 990-T	Parent	Corporation's	Name	and	Identifying	Number	Statement 2
Corporation'	s Name						Identifying No
PROVIDENCE S	T. JOSEPI	н неагтн					81-1244422