r .	(and proxy tax	Business Income Tax Return sunder section 6033(e))	2040
	For calendar year 2019 or other tax year beginning	and ending	ZU 19
artment of the Treasury nal Revenue Service		for instructions and the latest information. the latest information is a 501(c)(3)	Open to Public Inspection for 501(c)(3) Organizations Only
X Check box if address changed	Name of organization (Check box if na	(Er	nployer (dentification number nployees' trust, see structions)
Exempt under section	Print PROVIDENCE ST. PETER FOUNDATI		91-1097056
501(c)(3	Print PROVIDENCE ST. PETER FOUNDATION OF Number, street, and room or suite no. If a P.	2 hay and instructions	related business activity code
408(e) 220(e)	Type 1801 LIND AVE SW, ATTN: TAX D	1,00	e instructions)
408A 530(a)	City or town, state or province, country, and		
529(a)	RENTON, WA 98057		
ook value of all assets t end of year	F Group exemption number (See instruction	s) >	
38,757;) corporation 501(c) trust 401(a) trus	
	organization's unrelated trades or businesses	Describe the only (or first) unrelate	
ade or business here		. If only one, complete Parts I-V. If mo	•
escribe the first in the bi usiness, then complete f		ete Parts I and II, complete a Schedule M for each additional tra	ae or
	the corporation a subsidiary in an affiliated group or a	parent-subsidianAcontrolled group? STMT 2 X	Yes : A I Not I I
-	nd identifying number of the parent corporation.	TPRUV	7/1/1/14
	JO ANN ESCASA-HAIGH	Telephone number → 949	001-4000
	Trade or Business Income	(A) Income (B) Expenses	(C) Net
Gross receipts or sale	s	·	
Less returns and allow		▶ 1c	_
Cost of goods sold (S	•	2	/
Gross profit. Subtract		3	/-
Capital gain net incom		4a	
	4797, Part II, line 17) (attach Form 4797)	46	+/-
Capital loss deduction		5 RECEIVED	
	partnership or an S corporation (attach statement)		+-/
Rent income (Schedul	•	- 1 1 0 1 /1120 1031	 -/
Interest appurities rov	ed income (Schedule E) alties, and rents from a controlled organization (Schedi	1801 UEV	1/
•	a section 501(c)(7), (9), or (17) organization (Schedu	le G) 9	/
Exploited exempt activ	rity income (Schedule I)	le G) 9 OGDEN U	1
Advertising income (S		11	
	tructions; attach schedule)	12	
Total. Combine lines	3 through 12	13 0.	
art II Deduction	ns Not Taken Elsewhere (See instruction		
.	must be directly connected with the unrelated b	ousiness income)	-
•	cers, directors, and trustees (Schedule K)	14	<u> </u>
Salaries and wages		15	1
Repairs and maintena	ance	16	
Bad debts	dula) (aca mahurahama)	17	
Taxes and licenses	dule) (see instructions)	. 18	
Depreciation (attach	Form 4562)	20	-
· · · · · · · · · · · · · · · · · · ·	imed on Schedule A and elsewhere on return	21a 21l	;†
Depletion Depletion	inned on contidute 74 and clockings on rotati	22	
•	rred compensation plans	23	
Employee benefit pro	. /	24	
Excess exempt exper	•	25	
Excess readership co		26	
Other deductions (att	gon schedule)	27	
Total deductions A	dd lines 14 through 27	28	
Unrelated business ta	axable income before net operating loss deduction. Su	btract line 28 from line 13	0
	erating loss arising in tax years beginning on or after J	lanuary 1, 2018	
to a second to the second		30	0
(see instructions)	exable income. Subtract line 30 from line 29	31	0

Form 49	O TIPDIO PROVIDENCE ST. PETER FOUNDATION	91 1097056	Page 2
Par	HT Total Unrelated Business Taxable Income		
32	Total of Inrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	0.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	0.
_ 35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1 000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,		
	enter the smaller of zero or line 37	39	0.
Part	IV Tax Computation		
40	Organizations Taxable as Corporations Multiply line 39 by 21% (0.21)	40	0.
41	Trusts Taxable at Trust Rates See instructions for tax computation, Income tax on the amount on line 39 from	, <u>, , , , , , , , , , , , , , , , , , </u>	
71	Tax rate schedule or Schedule D (Form 1041)	41	
42	Proxy tax See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income See instructions	44	
45	Total Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.
Part			
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a		
	Other credits (see instructions) 46b	ı İ	
	General business credit Atlach Form 3800 46c	ı İ	
_	Credit for prior year minimum tax (attach Form 8801 or 8827) 46d		
	Total credits Add lines 46a through 46d	46e	
e 47	Subtract line 46e from line 45	47	0.
48	Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other tattach schedule)	48	
49	Total tax Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax hability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
	Payments. A 2018 overpayment credited to 2019	30	
	2019 estimated tax payments 51b		
	Tax deposited with Form 8868		
	Foreign organizations, Tax paid or withheld at source (see instructions) 516	1	
	Backup withholding (see instructions) 51e	}	
	Credit for small employer health insurance premiums (attach Form 8941)		
	Other credits, adjustments, and payments Form 2439	}	
y	Form 4136 Other Total > 51g		
52	Total payments. Add lines 51a through 51g	52	
	Estimated tax penalty (see instructions) Check if Form 2220 is attached	53	
	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
	Overpayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
	Enter the amount of line 55 you want. Credited to 2020 estimated tax	56	
Part			
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority	Yes	s No
	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	f	
	hare >		х
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		х
	If "Yes," see instructions for other forms the organization may have to file.	<u></u>	
	Enter the amount of tax-exampt interest received or accrued during the tax year > \$		
	Under penalties of pertury 4 declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge	o and belief it is true	
Sign	correct and complete. Declaration of preparer (other than taxpaver) is based on all information of schich preparer has any knowledge.		
Here	1 11 1 2 / h nungumaun papaggon	r the IRS discuss this return preparer shown below (see	
	Signature of officer Date Title unsb	uctions)? X Yes	No
	Print/Type preparer's name Preparer's signature Date Check it	PTIN	
Paid	1 A DOD Self- employed		
Prep	ARRELA ORB MAGALAN III (700 11/10/2020	P01598400	
Use	le company de la la la la la la la la la la la la la	34 6565596	
USE (SS IVAN ALLEN JR BLVD, SUITE 1000		
	Firm's address ATLANTA, GA 30308 Phone no 415	5-894-8000	
923711 0	1-27-20	Form 990-1	(2019)

Schedule A - Cost of Goods Sold. E	nter method of inven	itory valuation N/A				
1 Inventory at beginning of year 1		6 Inventory at end of year	ır	6		
2 Purchases 2		7 Cost of goods sold. S	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		
(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 Re (see instructions)	eal Property and	l Personal Property L	eased With Real P	roperty	y)	
(See Instructions)				-		
1. Description of property			_			
(1)						
(2)		·				
(3)						
(4)			 	-		
	eceived or accrued		3(a) Deductions of	directly conn	ected with the income i	ın
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	i of rent for p	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	ge columns	2(a) and 2(b) (attach schedule)	
(1)						
(2)						
(3)						
(4)						
Total	0. Total		0.			
(c) Total income. Add totals of columns 2(a) and 2(b here and on page 1, Part I, line 6, column (A)). Enter		(b) Total deduction Enter here and on page 12 Part I, line 6, column	ge 1,		0.
Schedule E - Unrelated Debt-Finance	ed Income (see	instructions)				
		2. Gross income from	 Deductions direction to debt 	tly connecte -financed pr		
Description of debt-financed property	,	or allocable to debt- financed property	(a) Straight line depreciati (attach schedule)	on	(b) Other deduction (attach schedule)	
(1)						
(2)						
(3)						
(4)						
debt on or allocable to debt-financed property (attach schedule) deb	erage adjusted basis of or allocable to t-financed property attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)		8. Allocable deduc (column 6 x total of c 3(a) and 3(b))	olumns
(1)		%				
(2)		%				
(3)		%				
(4)	· · ·	%				
			Enter here and on page Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column	
Totals		•		0.		0.
Total dividends-received deductions included in co	lumn 8			▶		0.

Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organiza	of column 9 that is included controlling organization's gross income Id columns 5 and 10 Id columns 5 and 10 Id columns 6 and 11 Inne 8, column (A) Inne 8, column (B) Add columns 6 and 11 Inne 8, column (B) Ition Add columns 6 and 11 Inne 8, column (B) Add columns 6 and 11 Inne 8, column (B) Inne 8, column (Column 6 and 11 Inne 8, column (Column 6 and 11 Inne 8, column (Column 6 and 11 Inne 8, column (Column 6 and 11 Inne 8, column (Column 6 and 11 Inne 8, column (Column 6 and 11 Inne 8, column (Column 6 and 11 Inne 8, column (Column 6 and 11 Inne 8, column (Column 6 and 11 Inne 8, column (Column 6 and 11 Inne 8, column (Column 6 and 11 Inne 8, column (Column 6 and 11 Inne 8, column (Column 6 and 11 Inne 8, column (Column 6 and 11 Inne 8, column (Column 6 and 11 Inne 8, column (Column 6 and 11 Inne 8, column (Column 6 and 11 Inne 8, column (Column 6 and 11 Inne 8, column (Column 6 and 11 Inne 8, column (Column 6 and 11 Inne 8, column (Column 6 and 11 Inne 8, column (Column 6 and 11 Inne 8, column (Column 6 and 11 Inne 8, column (Column 6 and 11 Inne 8, column (Column 6 and 11 Inne 8, column (Column 6 and 11 Inne 8, column (Column 6 and 11 Inne 8, column (Column 6 and 11 Inne 8, column (Column 6 and 11 Inne 8, column (Column 6 and 11 Inne 8, column (Column 6 and 11 Inne 8, column (Column 6 and 11 Inne 8, column (Column 6 and 11 Inne 8, column (Column 6 and 11 Inne 8, column (Column 6 and 11 Inne 8, column (Column 6 and 11 Inne 8, column (Column 6 and 11 Inne 8, column (Column 6 and 11 Inne 8, column (Column 6 and 11 Inne 8, column (Column 6 and 11 Inne 8, column (Column 6 and 11 Inne 8, column (Column 6 and 11 Inne 8, column (Column 6 and 11 Inne 8, column (Column 6 and 11 Inne 8, column (Column 6 and 11 Inne 8, column (Column 6 and 11 Inne 8, column (Column 6 and 11 Inne 8, column (Column 6 and 11 Inne 8, column (Column 6 and 11 Inne 8, column (Column 6 and 11 Inne 8, column (Column 6 and 11 Inne 8, column (Column 6 and 11 Inne 8, column (Column 6 and 11 Inne 8, column (Column 6 and 11 Inne 8, column (Co		elated income instructions)	ation (loss) (see	identific	dorganization	1. Name of controlled org
23 34 49 49 50 50 50 50 50 50 50 5	eductions deductions deductions described in schedule) ### Set-asides (attach schedule) ### Enter here and on page 1, Part 1, line 8, column (B) ### Set-asides (col 3 plus col 4) ### Enter here and on page 1, Part 1, line 8, column (B) ### Enter here and on page 1, Part 1, line 8, column (B) ### Enter here and on page 1, Part 1, line 9, column (B) ### Enter here and on page 1, Part 1, line 9, column (B) ### Enter here and on page 1, Part 1, line 9, column (B) #### Enter here and on page 1, Part 1, line 9, column (B) #### Enter here and on page 1, Part 1, line 9, column (B) ##### Enter here and on page 1, Part 1, line 9, column (B) ###################################			identification (loss) (see		1. Name of controlled organization	
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2 Gross 3. Direct or (loss) (col 2 minus 5. Circulation 6 Readership costs (c		ol 2 minus	or (loss) (c			indical	1 Name of periodic
cols 5 through 7 than	than column 4)	rough 7	cols 5 th	2040 Halling Costs	income		
1)			_				
2)		1					
3)							
			7				
							_,**
4)		-					.,

923731 01-27-20

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)						
Totals from Part I	0.	0.		•	•	0.
	Enter here and on page 1, Part I line 11 col (A)	Enter here and on page 1, Part I, line 11 col (B)		<i>.</i> .		Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	0.	0.	-		•	0.
Schedule K - Compensat	on of Officers, L	Directors, and	Trustees (see in	structions)		

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

Form 990-T (2019)

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 FILES FORM 990-T TO REPORT FOREIGN ACTIVITY. THERE WAS NO ACTIVITY FOR 2019.

TO FORM 990-T, PAGE 1

FORM 990-T	PARENT	CORPORATION'S	NAME	AND	IDENTIFYING	NUMBER	STATEMENT 2
CORPORATION'S	NAME						IDENTIFYING NO
PROVIDENCE ST	. JOSEPI	H HEALTH					81-1244422