

Form 990-T

Exempt Organization Business Income Tax Return  
(and proxy tax under section 6033(e))

OMB No 1545-0687

2018

For calendar year 2018 or other tax year beginning 01/01, 2018, and ending 12/31, 2018.

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

Department of the Treasury  
Internal Revenue ServiceA ☐ Check box if  
address changedName of organization ( ☐ Check box if name changed and see instructions )D Employer identification number  
(Employees' trust, see instructions)

B Exempt under section

☒ 501(c)(3) ☐ 220(e)  
☐ 408(e) ☐ 530(a)  
☐ 408A ☐ 529(a)
Print  
or  
Type

SUTTER HEALTH

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

2200 RIVER PLAZA DRIVE

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

SACRAMENTO, CA 95833

94-2788907

E Unrelated business activity code  
(See instructions)

621500

C Book value of all assets  
at end of year

6154465074

F Group exemption number (See instructions) ▶

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

H Enter the number of the organization's unrelated trades or businesses ▶ 4 Describe the only (or first) unrelated trade or business here ▶ MANAGEMENT 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? . . . . . ☐ Yes ☒ No  
If "Yes," enter the name and identifying number of the parent corporation ▶

J The books are in care of ▶ CHRIS BOUDREAUX

Telephone number ▶ 916-286-6665

## Part I Unrelated Trade or Business Income

	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales 6,485,577.			
b Less returns and allowances	1c 6,485,577.		
2 Cost of goods sold (Schedule A, line 7) . . . . .	2		
3 Gross profit Subtract line 2 from line 1c . . . . .	3 6,485,577.		6,485,577.
4a Capital gain net income (attach Schedule D) . . . . .	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . . . . .	4b		
c Capital loss deduction for trusts . . . . .	4c		
5 Income (loss) from a partnership or an S corporation (attach statement) . . . . .	5		
6 Rent income (Schedule C) . . . . .	6		
7 Unrelated debt-financed income (Schedule E) . . . . .	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) . . . . .	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) . . . . .	9		
10 Exploited exempt activity income (Schedule I) . . . . .	10		
11 Advertising income (Schedule J) . . . . .	11		
12 Other income (See instructions, attach schedule) . . . . .	12		
13 Total. Combine lines 3 through 12 . . . . .	13 6,485,577.		6,485,577.

## 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)

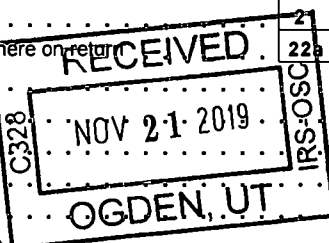
14 Compensation of officers, directors, and trustees (Schedule K) . . . . .	14	
15 Salaries and wages . . . . .	15	1,208,216.
16 Repairs and maintenance . . . . .	16	
17 Bad debts . . . . .	17	
18 Interest (attach schedule) (see instructions) . . . . .	18	
19 Taxes and licenses . . . . .	19	28,684.
20 Charitable contributions (See instructions for limitation rules) . . . . .	20	
21 Depreciation (attach Form 4562) . . . . .	21	6,155.
22 Less depreciation claimed on Schedule A and elsewhere on return . . . . .	22b	6,155.
23 Depletion . . . . .	23	
24 Contributions to deferred compensation plans . . . . .	24	
25 Employee benefit programs . . . . .	25	925,457.
26 Excess exempt expenses (Schedule I) . . . . .	26	
27 Excess readership costs (Schedule J) . . . . .	27	
28 Other deductions (attach schedule) . . . . .	28	4,477,179.
29 Total deductions. Add lines 14 through 28 . . . . .	29	6,645,691.
30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 . . . . .	30	-160,114.
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	-160,114.

For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2018)

8X2740 1.000 JSA  
58791K 4019

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**Part III Total Unrelated Business Taxable Income**

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions).	33	560,320.
34	Amounts paid for disallowed fringes	34	183,614.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions).	35	
36	Total of unrelated business taxable income before specific deduction Subtract line 35 from the sum of lines 33 and 34.	36	743,934.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36.	38	742,934.

**Part IV Tax Computation**

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21).	39	156,016.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041).	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only).	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	156,016.

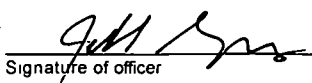
**Part V Tax and Payments**

45a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116).	45a	
b	Other credits (see instructions).	45b	
c	General business credit. Attach Form 3800 (see instructions).	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827).	45d	
e	Total credits. Add lines 45a through 45d.	45e	
46	Subtract line 45e from line 44.	46	156,016.
47	Other taxes. Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule).	47	
48	Total tax. Add lines 46 and 47 (see instructions).	48	156,016.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2.	49	
50a	Payments. A 2017 overpayment credited to 2018.	50a	901,928.
b	2018 estimated tax payments.	50b	540,000.
c	Tax deposited with Form 8868.	50c	
d	Foreign organizations. Tax paid or withheld at source (see instructions).	50d	
e	Backup withholding (see instructions).	50e	
f	Credit for small employer health insurance premiums (attach Form 8941).	50f	
g	Other credits, adjustments, and payments <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other. Total	50g	
51	Total payments. Add lines 50a through 50g.	51	1,441,928.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached.	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed.	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid.	54	1,285,912.
55	Enter the amount of line 54 you want. Credited to 2019 estimated tax <input checked="" type="checkbox"/> 1,285,912. Refunded <input type="checkbox"/>	55	

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

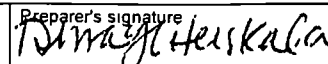
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here.	Yes	No
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year. \$54,366.		

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.

Sign Here  Date 11/13/2019 Title SVP & CFO

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
DEBRA HEISKALA		11/11/19		P00649485
Firm's name	Firm's EIN		Phone no	
ERNST & YOUNG U.S. LLP	34-6565596		858-535-7200	
Firm's address 4365 EXECUTIVE DR., STE 1600, SAN DIEGO, CA 92121				

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

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

**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)		
<b>Total</b>	<b>Total</b>	

(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)
<b>Totals</b> . . . . .				

**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)

**Totals** .....**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)

**Totals** .....**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

**Totals** .....**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)						

**Totals** (carry to Part II, line (5)) .....

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

Form **990-T** (2018)

**SCHEDULE M**  
**(Form 990-T)**

**Unrelated Business Taxable Income for**  
**Unrelated Trade or Business**

OMB No 1545-0687

**2018**

For calendar year 2018 or other tax year beginning \_\_\_\_\_, 2018, and ending \_\_\_\_\_, 20\_\_\_\_

Department of the Treasury  
Internal Revenue Service

► 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).

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

Name of organization

SUTTER HEALTH

Employer identification number

94-2788907

Unrelated business activity code (see instructions) ► 621110

Describe the unrelated trade or business ► REPAIRS & MAINTENANCE

<b>Part I Unrelated Trade or Business Income</b>				(A) Income	(B) Expenses	(C) Net
<b>1a</b>	Gross receipts or sales	2,070,512.				
<b>b</b>	Less returns and allowances		<b>c</b> Balance ►			
			<b>1c</b>	2,070,512.		
<b>2</b>	Cost of goods sold (Schedule A, line 7)		<b>2</b>			
<b>3</b>	Gross profit Subtract line 2 from line 1c	ATCH 1	<b>3</b>	2,070,512.		2,070,512.
<b>4a</b>	Capital gain net income (attach Schedule D)		<b>4a</b>			
<b>b</b>	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4b</b>			
<b>c</b>	Capital loss deduction for trusts		<b>4c</b>			
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement)		<b>5</b>			
<b>6</b>	Rent income (Schedule C)		<b>6</b>			
<b>7</b>	Unrelated debt-financed income (Schedule E)		<b>7</b>			
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		<b>8</b>			
<b>9</b>	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>9</b>			
<b>10</b>	Exploited exempt activity income (Schedule I)		<b>10</b>			
<b>11</b>	Advertising income (Schedule J)		<b>11</b>			
<b>12</b>	Other income (See instructions, attach schedule)		<b>12</b>			
<b>13</b>	<b>Total.</b> Combine lines 3 through 12		<b>13</b>	2,070,512.		2,070,512.

**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 )

<b>14</b>	Compensation of officers, directors, and trustees (Schedule K)		<b>14</b>	
<b>15</b>	Salaries and wages		<b>15</b>	622,459.
<b>16</b>	Repairs and maintenance		<b>16</b>	
<b>17</b>	Bad debts		<b>17</b>	
<b>18</b>	Interest (attach schedule) (see instructions)		<b>18</b>	
<b>19</b>	Taxes and licenses		<b>19</b>	26,089.
<b>20</b>	Charitable contributions (See instructions for limitation rules)	ATCH 6	<b>20</b>	36,323.
<b>21</b>	Depreciation (attach Form 4562)		<b>21</b>	
<b>22</b>	Less depreciation claimed on Schedule A and elsewhere on return		<b>22a</b>	
<b>23</b>	Depletion		<b>23</b>	
<b>24</b>	Contributions to deferred compensation plans		<b>24</b>	
<b>25</b>	Employee benefit programs		<b>25</b>	231,283.
<b>26</b>	Excess exempt expenses (Schedule I)		<b>26</b>	
<b>27</b>	Excess readership costs (Schedule J)		<b>27</b>	
<b>28</b>	Other deductions (attach schedule)	ATCH 3	<b>28</b>	827,452.
<b>29</b>	<b>Total deductions.</b> Add lines 14 through 28		<b>29</b>	1,743,606.
<b>30</b>	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13		<b>30</b>	326,906.
<b>31</b>	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		<b>31</b>	
<b>32</b>	<b>Unrelated business taxable income</b> Subtract line 31 from line 30		<b>32</b>	326,906.

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

**SCHEDULE M**  
**(Form 990-T)**

**Unrelated Business Taxable Income for**  
**Unrelated Trade or Business**

OMB No 1545-0687

**2018**

For calendar year 2018 or other tax year beginning \_\_\_\_\_, 2018, and ending \_\_\_\_\_, 20\_\_\_\_.

Department of the Treasury  
Internal Revenue Service

▶ **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).**

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

Name of organization

SUTTER HEALTH

Employer identification number

94-2788907

Unrelated business activity code (see instructions) ▶ 541900

Describe the unrelated trade or business ▶ PHYSICIAN SERVICES

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales	14,423,789.			
<b>b</b> Less returns and allowances				
<b>c</b> Balance ▶		<b>1c</b> 14,423,789.		
<b>2</b> Cost of goods sold (Schedule A, line 7)		<b>2</b>		
<b>3</b> Gross profit Subtract line 2 from line 1c	ATCH 1	<b>3</b> 14,423,789.		14,423,789.
<b>4a</b> Capital gain net income (attach Schedule D)		<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)		<b>5</b>		
<b>6</b> Rent income (Schedule C)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)		<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)		<b>10</b>		
<b>11</b> Advertising income (Schedule J)		<b>11</b>		
<b>12</b> Other income (See instructions, attach schedule)		<b>12</b>		
<b>13</b> Total. Combine lines 3 through 12		<b>13</b> 14,423,789.		14,423,789.

**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 )

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)		<b>14</b>	
<b>15</b> Salaries and wages		<b>15</b>	6,574,147.
<b>16</b> Repairs and maintenance		<b>16</b>	
<b>17</b> Bad debts		<b>17</b>	
<b>18</b> Interest (attach schedule) (see instructions)		<b>18</b>	
<b>19</b> Taxes and licenses		<b>19</b>	18,628.
<b>20</b> Charitable contributions (See instructions for limitation rules)	ATCH 6	<b>20</b>	25,935.
<b>21</b> Depreciation (attach Form 4562)	2,148,595.	<b>21</b>	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return		<b>22a</b>	
<b>23</b> Depletion		<b>22b</b>	2,148,595.
<b>24</b> Contributions to deferred compensation plans		<b>23</b>	
<b>25</b> Employee benefit programs		<b>24</b>	
<b>26</b> Excess exempt expenses (Schedule I)		<b>25</b>	3,618,775.
<b>27</b> Excess readership costs (Schedule J)		<b>26</b>	
<b>28</b> Other deductions (attach schedule)	ATCH 4	<b>27</b>	
<b>29</b> Total deductions. Add lines 14 through 28		<b>28</b>	1,804,295.
<b>30</b> Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13		<b>29</b>	14,190,375.
<b>31</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		<b>30</b>	233,414.
<b>32</b> Unrelated business taxable income Subtract line 31 from line 30		<b>31</b>	
		<b>32</b>	233,414.

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

**SCHEDULE M**  
**(Form 990-T)**

**Unrelated Business Taxable Income for**  
**Unrelated Trade or Business**

OMB No 1545-0687

**2018**

For calendar year 2018 or other tax year beginning \_\_\_\_\_, 2018, and ending \_\_\_\_\_, 20\_\_\_\_.

Department of the Treasury  
Internal Revenue Service

▶ 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).

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

Name of organization

SUTTER HEALTH

Employer identification number

94-2788907

Unrelated business activity code (see instructions) ▶ 900099

Describe the unrelated trade or business ▶ INVESTMENTS

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)	2			
3	Gross profit Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D)	4a	526,392.		526,392.
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach statement) ATCH. 1	5	-4,565,840.		-4,565,840.
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12			
13	Total. Combine lines 3 through 12	13	-4,039,448.		-4,039,448.

**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	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	331,621.
19	Taxes and licenses	19	4,545.
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	
23	Depletion	23	183,921.
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) ATCH. 5	28	54,274.
29	Total deductions. Add lines 14 through 28	29	574,361.
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30	-4,613,809.
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	-4,613,809.

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018



**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

**2018**

Name <b>SUTTER HEALTH</b>	Employer identification number <b>94-2788907</b>
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**Part I Short-Term Capital Gains and Losses (See instructions)**

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 . . . . .	6,953.			6,953.
<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> ( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h . . . . .				<b>7</b> 6,953.

**Part II Long-Term Capital Gains and Losses (See instructions)**

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 . . . . .	41,420.			41,420.
<b>11</b> Enter gain from Form 4797, line 7 or 9 . . . . .				<b>11</b> 478,019.
<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> 519,439.

**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> 6,953.
<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> 519,439.
<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 . . . . .	<b>18</b>

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

526,392.

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

**Schedule D (Form 1120) 2018**

Department of the Treasury  
Internal Revenue Service▶ Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.**2018**Attachment  
Sequence No **12A**

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

Name(s) shown on return

SUTTER HEALTH

Social security number or taxpayer identification number

94-2788907

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 generally short-term (see instructions). 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	
	PARTNERSHIP ST CAPITAL GAIN			6,953				6,953
<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) ▶				6,953				6,953

**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** (2018)

JSA

8X2615 1 000

58791K 4019

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

Social security number or taxpayer identification number

SUTTER HEALTH

94-2788907

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 generally long-term (see instructions). 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 of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the <b>Note</b> below and see <i>Column (e)</i> 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	
	PARTNERSHIP LT CAPITAL GAIN			41,420				41,420
<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 8b (if <b>Box D</b> above is checked), line 9 (if <b>Box E</b> above is checked), or line 10 (if <b>Box F</b> above is checked) ▶				41,420				41,420

**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)

OMB No 1545-0172

**2018**

Attachment  
Sequence No **179**

▶ Attach to your tax return.

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

Name(s) shown on return

SUTTER HEALTH

Business or activity to which this form relates

FORM 990- T MANAGEMENT

Identifying number

94-2788907

## 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	500,000.00
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	2,000,000.00
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	500,000.00
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 2017 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 2019 Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V

## 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	6,155.00

## 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 2018	17	
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

(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 2018 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 30-year			30 yrs	MM	S/L	
d 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	6,155.00
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	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2018)

**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? **Yes** ☐ **No** ☐ **24b** If "Yes," is the evidence written? **Yes** ☐ **No** ☐

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) 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 . . . . .	0	0	0	0	0	0
<b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>36</b> Is another vehicle available for personal use? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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

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

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

**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.**2018**Attachment  
Sequence No **179**

Name(s) shown on return

SUTTER HEALTH

Business or activity to which this form relates

FORM 990- T PHYSICIAN SERVICES

Identifying number

94-2788907

**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	500,000.00
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	2,000,000.00
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	500,000.00
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 2017 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 2019 Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.**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	2,148,595.00

**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 2018	17	
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 <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2018 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 2018 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 30-year			30 yrs	MM	S/L	
d 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	2,148,595.00
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, 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? **Yes** ☐ **No** ☐ **24b** If "Yes," is the evidence written? **Yes** ☐ **No** ☐

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) 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 ( <b>don't</b> 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 . . . . .	0	0	0	0	0	0
<b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .	Yes No	Yes No	Yes No	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 2018 tax year (see instructions)					
<b>43</b> Amortization of costs that began before your 2018 tax year . . . . . <b>43</b>					
<b>44</b> Total. Add amounts in column (f) See the instructions for where to report . . . . . <b>44</b>					

Department of the Treasury  
Internal Revenue Service

▶ Attach to the corporation's tax return.

▶ Go to [www.irs.gov/Form8827](http://www.irs.gov/Form8827) for the latest information.**2018**

Name <b>SUTTER HEALTH</b>		Employer identification number <b>94-2788907</b>	
<b>1</b>	Alternative minimum tax (AMT) for 2017 Enter the amount from line 14 of the 2017 Form 4626	<b>1</b>	0.00
<b>2</b>	Minimum tax credit carryforward from 2017 Enter the amount from line 9 of the 2017 Form 8827	<b>2</b>	280,113.00
<b>3</b>	Enter any 2017 unallowed qualified electric vehicle credit (see instructions) . . . . .	<b>3</b>	
<b>4</b>	Add lines 1, 2, and 3 . . . . .	<b>4</b>	280,113.00
<b>5</b>	Enter the corporation's 2018 regular income tax liability minus allowable tax credits (see instructions) . . . . .	<b>5</b>	
<b>6</b>	Enter the refundable minimum tax credit (see instructions) . . . . .	<b>6</b>	
<b>7</b>	Add lines 5 and 6 . . . . .	<b>7</b>	
<b>8a</b>	Enter the <b>smaller</b> of line 4 or line 7 If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions . . . . .	<b>8a</b>	
<b>b</b>	<b>Current year minimum tax credit.</b> Enter the smaller of line 4 or line 5 here and on Form 1120, Schedule J, Part I, line 5d (or the applicable line of your return) If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions If you made an entry on line 6, go to line 8c Otherwise, skip line 8c . . . . .	<b>8b</b>	
<b>c</b>	Subtract line 8b from line 8a This is the current year refundable minimum tax credit Include this amount on Form 1120, Schedule J, Part III, line 20c (or the applicable line of your return) . . . .	<b>8c</b>	
<b>9</b>	<b>Minimum tax credit carryforward to 2019.</b> Subtract line 8a from line 4 Keep a record of this amount to carry forward and use in future years . . . . .	<b>9</b>	280,113.00

**Instructions**

Section references are to the Internal Revenue Code unless otherwise noted

**What's New****Refundable minimum tax credit.** For tax years beginning in 2018, the minimum tax credit limitation is increased by the AMT refundable credit amount See the instructions for line 6**Purpose of Form**

Corporations use Form 8827 to figure the minimum tax credit, if any, for AMT incurred in prior tax years, the refundable AMT credit amount, and to figure any minimum tax credit carryforward

**Who Should File**

Form 8827 should be filed by corporations that had

- An AMT liability in 2017,
- A minimum tax credit carryforward from 2017 to 2018, or
- A qualified electric vehicle credit not allowed for 2017 (see the instructions for line 3)

**Line 3**

Enter any qualified electric vehicle credit not allowed for 2017 solely because of tentative minimum tax limitations

**Line 5**

Enter the corporation's 2018 regular income tax liability, as defined in section 26(b) (S corporations also see section 1374(b)(3)(B), minus any credits allowed under Chapter 1, Subchapter A, Part IV, subparts B, D, E, and F of the Internal Revenue Code (for example, if filing Form 1120, subtract any credits on Schedule J, Part I, lines 5a through 5c, from the amount on Schedule J, Part I, line 2)

**Line 6**Beginning in 2018, the minimum tax credit limitation is increased by the AMT refundable credit amount The portion of the credit treated as refundable is 50% of the excess of minimum tax credits available over the 2018 regular tax liability Complete the *Worksheet for Calculating the Refundable Minimum Tax Credit Amount*, later in the instructions Enter the amount from line 6 of the worksheet on Form 8827, line 6**Note:** A corporation with a short tax year (less than 12 months) must prorate the refundable credit based on the number of days in their tax year



**SUTTER HEALTH**  
**FEIN: 94-2788907**  
**FOR YEAR ENDED: DECEMBER 31, 2018**  
**FORM 990-T**

**UNRELATED BUSINESS REVENUE AND EXPENSES**

	UBI CODE	621500	621110	541900	900099	
		<u>Management</u>	<u>Repairs &amp; Maintenance</u>	<u>Physician Services</u>	<u>Investments</u>	<u>TOTAL UBI</u>
Revenue		6,485,577	2,070,512	14,423,789	(4,039,448)	18,940,430
Section 751 Gains		-	-	-	-	-
<b>Total Revenue</b>		<b>6,485,577</b>	<b>2,070,512</b>	<b>14,423,789</b>	<b>(4,039,448)</b>	<b>18,940,430</b>
Expenses / Deductions						
Salaries and Wages		1,208,216	622,459	6,574,147	-	8,404,822
Repairs & Maintenance		-	-	-	-	-
Investment Interest		-	-	-	331,621	331,621
Taxes & Licenses		28,684	26,089	18,628	4,545	77,946
Charitable Contributions		-	36,323	25,935	-	62,258
Depreciation		6,155	-	2,148,595	-	2,154,750
Depletion		-	-	-	183,921	183,921
Employee Benefit Programs		925,457	231,283	3,618,775	-	4,775,515
<b>Sub-total</b>		<b>2,168,512</b>	<b>916,154</b>	<b>12,386,080</b>	<b>520,087</b>	<b>15,990,833</b>
Other Deductions						
Professional Fees		92,437	6,901	-	-	99,338
Purch Services		372,522	334,351	861,944	-	1,568,817
Supplies		12,401	53,454	101,190	-	167,045
Internal Chargebacks & Fees		2,311,914	-	-	-	2,311,914
Rental & Leases		105,897	3,683	405,491	-	515,071
Insurance		1,552	-	27,684	-	29,236
Utilities & Telephone		11,008	-	258,951	-	269,959
Settlement		835,166	-	-	-	835,166
Investment Management Fees		-	-	-	54,274	54,274
Other Expenses		734,282	429,063	149,035	-	1,312,380
<b>Sub-total</b>		<b>4,477,179</b>	<b>827,452</b>	<b>1,804,295</b>	<b>54,274</b>	<b>7,163,200</b>
<b>Total Expenses</b>		<b>6,645,691</b>	<b>1,743,606</b>	<b>14,190,375</b>	<b>574,361</b>	<b>23,154,033</b>
<b>Net Surplus/(Deficit)</b>		<b>(160,114)</b>	<b>326,906</b>	<b>233,414</b>	<b>(4,613,809)</b>	<b>(4,213,603)</b>

**SUTTER HEALTH**

FEIN: 94-2788907

FOR YEAR ENDED: DECEMBER 31, 2018  
FORM 990-T

ATTACHMENT 1

**UNRELATED BUSINESS REVENUE AND  
EXPENSES SCHEDULE M, INVESTMENTS**

	900099	900099	900099	900099	900099	900099	900099	900099
UBI CODE								
	K-1	K-1	K-1	K-1	K-1	K-1	K-1	K-1
Abbott Capital								
Private Equity								
Fund VI LP		AG Asia Realty	BCP Fund	Blue Vista Real	Capman Nordic	Carlyle Partners	Carlyle Partners	Carlyle Partners
		Fund IV LP	IL-A LP	Estate Partners	Real Estate	VII Cayman LP	VII LP	VII LP
				V LP	FCP-SIF			
Revenue	6,579	(36,776)	101,459	(51,783)	(10,015)	(10,396)	(2,120)	
Section 751 Gains	-	-	-	-	-	-	-	-
Total Revenue	6,579	(36,776)	101,459	(51,783)	(10,015)	(10,396)	(2,120)	
Expenses / Deductions								
Salaries and Wages	-	-	-	-	-	-	-	-
Repairs & Maintenance	-	-	-	-	-	-	-	-
Investment Interest	79	-	-	-	-	-	-	-
Taxes & Licenses	-	-	-	-	-	-	-	-
Charitable Contributions	-	-	-	-	-	-	-	-
Depreciation	-	-	-	-	-	-	-	-
Depletion	-	-	-	-	-	-	-	-
Employee Benefit Programs	-	-	-	-	-	-	-	-
Sub-total	79	-	-	-	-	-	-	-
Other Deductions								
Professional Fees	-	-	-	-	-	-	-	-
Purch Services	-	-	-	-	-	-	-	-
Supplies	-	-	-	-	-	-	-	-
Internal Chargebacks & Fees	-	-	-	-	-	-	-	-
Rental & Leases	-	-	-	-	-	-	-	-
Insurance	-	-	-	-	-	-	-	-
Utilities & Telephone	-	-	-	-	-	-	-	-
Settlement	-	-	-	-	-	-	-	-
Investment Management Fees	-	-	-	-	-	-	-	-
Other Expenses	-	-	-	-	-	-	-	-
Sub-total	-	-	-	-	-	-	-	-
Total Expenses	79	-	-	-	-	-	-	-
Net Surplus/(Deficit)	6,500	(36,776)	101,459	(51,783)	(10,015)	(10,396)	(2,120)	

**SUTTER HEALTH**

FEIN: 94-2788907

FOR YEAR ENDED: DECEMBER 31, 2018  
FORM 990-T

ATTACHMENT 1

**UNRELATED BUSINESS REVENUE AND  
EXPENSES SCHEDULE M, INVESTMENTS**

	900099	900099	900099	900099	900099	900099	900099	900099	900099
UBI CODE	K-1	K-1	K-1	K-1	K-1	K-1	K-1	K-1	K-1
	Carmel Partners	CSI	Divcowest	Dune Real	FJM Private	Great Hill	Great Hill	Great Hill	Great Hill
	Investment	Compressco LP	Fund IV LP	Estate Fund	Mortgage	Equity Partners	Equity Partners	Equity Partners	Equity Partners
	Fund V LP			III LP	Fund LLC	VI LP	VI LP	VI LP	VI-A LP
Revenue	(36,811)	(83,766)	179,064	(152,163)	8,447	(354,294)	(354,294)	(359)	(359)
Section 751 Gains	-	-	-	-	-	-	-	-	-
<b>Total Revenue</b>	<b>(36,811)</b>	<b>(83,766)</b>	<b>179,064</b>	<b>(152,163)</b>	<b>8,447</b>	<b>(354,294)</b>	<b>(354,294)</b>	<b>(359)</b>	<b>(359)</b>
Expenses / Deductions									
Salaries and Wages	-	-	-	-	-	-	-	-	-
Repairs & Maintenance	-	-	-	-	-	-	-	-	-
Investment Interest	-	-	-	-	-	313,727	313,727	12,765	12,765
Taxes & Licenses	-	-	-	-	-	-	-	-	-
Charitable Contributions	-	-	-	-	-	-	-	-	-
Depreciation	-	-	-	-	-	-	-	-	-
Depletion	-	-	-	-	-	-	-	-	-
Employee Benefit Programs	-	-	-	-	-	-	-	-	-
Sub-total	-	-	-	-	-	313,727	313,727	12,765	12,765
Other Deductions									
Professional Fees	-	-	-	-	-	-	-	-	-
Purch Services	-	-	-	-	-	-	-	-	-
Supplies	-	-	-	-	-	-	-	-	-
Internal Chargebacks & Fees	-	-	-	-	-	-	-	-	-
Rental & Leases	-	-	-	-	-	-	-	-	-
Insurance	-	-	-	-	-	-	-	-	-
Utilities & Telephone	-	-	-	-	-	-	-	-	-
Settlement	-	-	-	-	-	-	-	-	-
Investment Management Fees	-	-	-	-	-	-	-	-	-
Other Expenses	-	-	-	-	-	-	-	-	-
Sub-total	-	-	-	-	-	-	-	-	-
<b>Total Expenses</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>313,727</b>	<b>313,727</b>	<b>12,765</b>	<b>12,765</b>
<b>Net Surplus/(Deficit)</b>	<b>(36,811)</b>	<b>(83,766)</b>	<b>179,064</b>	<b>(152,163)</b>	<b>8,447</b>	<b>(668,021)</b>	<b>(668,021)</b>	<b>(13,124)</b>	<b>(13,124)</b>

UNRELATED BUSINESS REVENUE AND  
EXPENSES SCHEDULE M, INVESTMENTS

	UBI CODE	900099	900099	900099	900099	900099	900099	900099	900099	900099
		K-1	K-1	K-1	K-1	K-1	K-1	K-1	K-1	K-1
		ICG Credit	KSL Credit	Park Street	PCCP Equity	Primex Energy	SCREP	Square Mile		
		Opportunities	Opportunities II	Capital Natural	VII LP	Opportunity	VI LP	Partners V LP		
		Fund LP	Alternative LP	Resource IV LP		Fund II LP				
Revenue		136,250	19,383	1,613	86,160	(2,885,038)	33,117	(66,174)		
Section 751 Gains		-	-	-	-	-	-	-		
Total Revenue		136,250	19,383	1,613	86,160	(2,885,038)	33,117	(66,174)		
Expenses / Deductions										
Salaries and Wages		-	-	-	-	-	-	-		
Repairs & Maintenance		-	-	-	-	-	-	-		
Investment Interest		-	5,002	48	-	-	-	-		
Taxes & Licenses		-	-	-	-	-	-	-		
Charitable Contributions		-	-	-	-	-	-	-		
Depreciation		-	-	-	-	-	-	-		
Depletion		-	-	1,110	-	125,938	-	-		
Employee Benefit Programs		-	-	-	-	-	-	-		
Sub-total		-	5,002	1,158	-	125,938	-	-		
Other Deductions										
Professional Fees		-	-	-	-	-	-	-		
Purch Services		-	-	-	-	-	-	-		
Supplies		-	-	-	-	-	-	-		
Internal Chargebacks & Fees		-	-	-	-	-	-	-		
Rental & Leases		-	-	-	-	-	-	-		
Insurance		-	-	-	-	-	-	-		
Utilities & Telephone		-	-	-	-	-	-	-		
Settlement		-	-	-	-	-	-	-		
Investment Management Fees		-	-	-	-	-	-	-		
Other Expenses		-	-	-	-	-	-	-		
Sub-total		-	-	-	-	-	-	-		
Total Expenses		-	5,002	1,158	-	125,938	-	-		
Net Surplus/(Deficit)		136,250	14,381	455	86,160	(3,010,976)	33,117	(66,174)		

SUTTER HEALTH  
FEIN 94-2788907  
FOR YEAR ENDED: DECEMBER 31, 2018  
FORM 990-T

UNRELATED BUSINESS REVENUE AND  
EXPENSES SCHEDULE M, INVESTMENTS

	900099	900099	900099	900099	900099	900099	900099
UBI CODE	K-1	K-1	K-1	K-1	K-1	K-1	TOTAL
	Taconic CRE	TTCP	Western Asset	Westgate	K-1 Investment	INVESTMENT	
	Dislocation	Fund I LP	Structured	Deleware Basin	Fees	UBI	
	Onshore II LP		Product Opp	Partners LP			
Revenue	3,121	(88,821)	15,166	(851,291)	-	(4,039,448)	
Section 751 Gains	-	-	-	-	-	-	
<b>Total Revenue</b>	<b>3,121</b>	<b>(88,821)</b>	<b>15,166</b>	<b>(851,291)</b>	<b>-</b>	<b>(4,039,448)</b>	
Expenses / Deductions							
Salaries and Wages	-	-	-	-	-	-	-
Repairs & Maintenance	-	-	-	-	-	-	-
Investment Interest	-	-	-	-	-	331,621	-
Taxes & Licenses	-	-	-	-	4,545	4,545	-
Charitable Contributions	-	-	-	-	-	-	-
Depreciation	-	-	-	-	-	-	-
Depletion	-	-	-	56,873	-	183,921	-
Employee Benefit Programs	-	-	-	-	-	-	-
Sub-total	-	-	-	56,873	4,545	520,087	-
Other Deductions							
Professional Fees	-	-	-	-	-	-	-
Purch Services	-	-	-	-	-	-	-
Supplies	-	-	-	-	-	-	-
Internal Chargebacks & Fees	-	-	-	-	-	-	-
Rental & Leases	-	-	-	-	-	-	-
Insurance	-	-	-	-	-	-	-
Utilities & Telephone	-	-	-	-	-	-	-
Settlement	-	-	-	-	-	-	-
Investment Management Fees	-	-	-	-	54,274	54,274	-
Other Expenses	-	-	-	-	-	-	-
Sub-total	-	-	-	-	54,274	54,274	-
<b>Total Expenses</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>56,873</b>	<b>58,819</b>	<b>574,361</b>	
<b>Net Surplus/(Deficit)</b>	<b>3,121</b>	<b>(88,821)</b>	<b>15,166</b>	<b>(908,164)</b>	<b>(58,819)</b>	<b>(4,613,809)</b>	

ATTACHMENT 2FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

PROFESSIONAL FEES	92,437.
PURCHASED SERVICES	372,522.
SUPPLIES	12,401.
INTERNAL CHARGEBACKS & FEES	2,311,914.
RENTAL & LEASES	105,897.
INSURANCE	1,552.
UTILITIES & TELEPHONE	11,008.
SETTLEMENT	835,166.
OTHER EXPENSES	734,282.

PART II - LINE 28 - OTHER DEDUCTIONS	<u>4,477,179.</u>
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SCHEDULE M - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

PROFESSIONAL FEES	6,901.
PURCHASE SERVICES	334,351.
SUPPLIES	53,454.
RENTAL & LEASES	3,683.
OTHER EXPENSES	429,063.

PART II - LINE 28 - OTHER DEDUCTIONS	<u>827,452.</u>
--------------------------------------	-----------------

SCHEDULE M - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

PURCHASED SERVICES	861,944.
SUPPLIES	101,190.
RENTAL & LEASES	405,491.
INSURANCE	27,684.
UTILITIES & TELEPHONE	258,951.
OTHER EXPENSES	149,035.

PART II - LINE 28 - OTHER DEDUCTIONS

1,804,295.



SCHEDULE M - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

INVESTMENT MANAGEMENT FEE

54,274.

PART II - LINE 28 - OTHER DEDUCTIONS

54,274.

**SUTTER HEALTH**

EIN: 94-2788907

FOR THE TAX YEAR ENDED: DECEMBER 31, 2018

990-T

ATTACHMENT 6

**CHARITABLE CONTRIBUTIONS COMPUTATION**

**UBI**

<b>Part II, Line 32</b>	MANAGEMENT	-
<b>Schedule M, Line 32</b>	REPAIRS & MAINTENANCE	363,229
<b>Schedule M, Line 32</b>	PHYSICIAN SERVICES	259,349
<b>Schedule M, Line 32</b>	INVESTMENTS	-
	<b>UBI (excluding fringe benefits)</b>	622,578
<b>Part III, Line 34</b>	<b>Add: Total fringe benefits UBI</b>	204,015
	<b>Subtotal:</b>	826,593
	Less: NOL prior to 2018	-
	<b>Subtotal - Income for CC limitation</b>	826,593
	* 10% limitation	0
	<b>Total</b>	82,659

**2018 Charitable Contributions**

2,241,118

**Charitable Contribution Deduction (lesser of the two)**

82,659

Apportionment	Charitable Contribution Deduction	990 - T Reference
MANAGEMENT %:	0%	Part II, Line 20
REPAIRS & MAINTENANCE %:	44%	Sch. M, Line 20
PHYSICIAN SERVICES %:	31%	Sch. M, Line 20
INVESTMENTS %:	0%	Sch. M, Line 20
QTF %:	25%	Part III, Line 34

**SUTTER HEALTH**

FEIN: 94-2788907

FORM: 990-T

FOR YEAR ENDED: DECEMBER 31, 2018

ATTACHMENT 6

**CHARITABLE CONTRIBUTION CARRYFORWARD**

Tax Year	Charitable Contributions	Charitable Deduction Used in Prior Years	Charitable Deduction Used in 2018	Carryforward to 2019
12/31/2014	1,235,471	218,166	-	1,017,305
12/31/2015	1,103,011	-	-	1,103,011
12/31/2016	1,101,479	596,388	-	505,091
12/31/2017	1,380,803	99,882	-	1,280,921
12/31/2018	2241118	-	82,659	2,158,459

Total Charitable  
Contributions

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7061882

Charitable Contribution Deduction Used  
in Prior Years

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914,436

Charitable Contribution Deduction Used in 2018

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---

82,659

Total Carryforward to 2019

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6,064,787