

AMENDED RETURN - SECTION 512(a)(7) REPEAL

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 and ending

802

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 Service

A Check box if address changed
B Exempt under section 501(c)(3)
408(e) 220(e)
408A 530(a)
529(a)

Name of organization ( Check box if name changed and see instructions.)
FACEY MEDICAL FOUNDATION
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

D Employer identification number (Employees' trust, see instructions)
95-4322584
E Unrelated business activity code (See instructions)
812900

C Book value of all assets at end of year
F Group exemption number (See instructions.)
G Check organization type: 501(c) corporation, 501(c) trust, 401(a) trust, Other trust

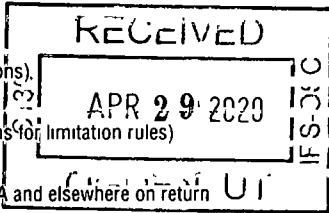
H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here. See Statement 1. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, 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? Yes No

J The books are in care of JO ANN ESCASA-HAIGH Telephone number (949) 381-4000

Part I Unrelated Trade or Business Income table with columns (A) Income, (B) Expenses, (C) Net and rows 1a-13.

Part II Deductions Not Taken Elsewhere table with rows 14-32.



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610

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Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 33-38. Line 37 has handwritten '38' and '1,000'.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 39-44.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 45a-55. Line 50c has handwritten 'Slc' and '32,500'. Line 50g has handwritten 'Slg' and '496'. Line 55 has handwritten 'Refunded' and '210'.

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

Table with 3 columns: Question number, Question text, and Yes/No columns. Includes questions 56 and 57.

Sign Here section with signature, date, title, and Preparer information including name, signature, date, firm name, address, and EIN.

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

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	-	
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a					
b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5					
					8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes No - - 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		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(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)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.**

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) **0.**

**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)		%		
<b>Totals</b>			Enter here and on page 1, Part I, line 7, column (A) <b>0.</b>	Enter here and on page 1, Part I, line 7, column (B) <b>0.</b>
<b>Total dividends-received deductions</b> included in column 8			<b>0.</b>	<b>0.</b>

**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)				
<b>Totals</b>			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 0. 0.

**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)				
<b>Totals</b>		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 0. 0.

**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)						
<b>Totals</b>		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 0. 0. 0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5 but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>		0.	0.			0.

**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>	0.	0.				0.
<b>Totals, Part II (lines 1-5)</b>	Enter here and on page 1, Part I, line 11, col (A) 0.	Enter here and on page 1, Part I, line 11 col (B) 0.				Enter here and on page 1 Part II, line 27 0.

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

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

**FACEY MEDICAL FOUNDATION ("Taxpayer")**  
**1801 LIND AVE SW,**  
**ATTN: TAX DEPT.**  
**RENTON, WA 98057-9016**  
**95-4322584**

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

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

<b>Line Number</b>	<b>Reason for Change</b>
- Form 990-T, Part III, Lines 34, 36, 38	- Section 512(a)(7) Repeal
- Form 990-T, Part IV, Lines 39, 44	- Section 512(a)(7) Repeal
- Form 990-T, Part V, Lines 46, 48, 50G, 51, 53, 54, 55	- Section 512(a)(7) Repeal

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

FACEY MEDICAL FOUNDATION IS FILING FORM 990-T TO REPORT FOREIGN ACTIVITY.  
SEE ATTACHED FORMS 926.

To Form 990-T, Page 1

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Form 990-T      Parent Corporation's Name and Identifying Number      Statement 2

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Corporation's Name

Identifying No

Providence Health System - So. California

51-0216589



Form 990-T	Other Credits and Payments	Statement 3
Description	Amount	
TAX PAID WITH ORIGINAL RETURN	496.	
Total included on Form 990-T, Page 2, Part V, line 50g	496.	