₅ ҈ 990-T	E	xempt Organization					ax Retur	n	OMB No 15	i 45-0047	
<i>n</i> .	For cal	(and prox) endar year 2019 or other tax year beginning	/ tax uno	er se		33(e)) Lending	19112		20	19	
Department of the Treasury Internal Revenue Service	▶	► Go to www.irs.gov/For Do not enter SSN numbers on this fo).	Open to Public 501(c)(3) Organi		
A X Check box if address changed			box if name c			·		D Emp (Emp	loyer identification oloyees' trust, se uctions)	on numb	
B Exempt upder section	Print									84	
X 501(6)(3-)	10	Number, street, and room or suite no. If a P.O. box, see instructions.							95-4322584 E Unrelated business-activities (See nestructions) Selfythismal House Bank - US		
408(e)220(e)	Туре	1801 LIND AVE SW, ATTN:	TAX DEPT.				Inte	arhài r	US Bank	(- US	
408A 530(a) 529(a)		1801 LIND AVE SW, ATTN: TAX DEPT. City or town, state or province, country, and ZIP or foreign postal code RENTON, WA 98057								 •	
C Book value of all assets at end of year		F Group exemption number (See inst		<u> </u>						<u>070</u>	
213,234,		G Check organization type	- ', '	poratio	n 🗀 :	501(c) trust	401	a) trůšt	0	Other tr	
	•	tion's unrelated trades or businesses.				_	the only (or first)				
trade or business here						. If only one,	, complete Parts I-1	V. If more	than one.	JT	
		ce at the end of the previous sentence,	, complete Pa	ırts I ar	id II, comple	te a Schedule	M for each addition	onal tradi	OF		
business, then complete							0	[
		oration a subsidiary in an affiliated gro	. 1 2	nt-subs	idiary contro	olled group?	Stmt 2) V	es L N	No	
		ifying number of the parent corporatio	n	-0(<u> </u>	- 02	$-(\psi \supset I)$	/ (() () () () () () () () () 	381-4000		
		o ann escasa-haigh le or Business Income			1 (A) II	reiepn ncome	one number (B) Expens		·	Net	
		e or Business income		Г	(A) II	licome	(B) Expens		(6)	Mer	
1a Gross receipts or sale		- Polones]						
b Less returns and allow		c Balance		10			 		$\overline{}$		
2 Cost of goods sold (S		•		2	-	-	1	_/	1		
3 Gross profit. Subtract		•		3					 		
4a Capital gain net incom	•	•		4a					┼		
		art II, line 17) (attach Form 4797)		4b			- /		├──		
c Capital loss deduction				4c					<u> </u>		
		hip or an S corporation (attach statem	ent)	5					 		
6 Rent income (Schedu	•	(0-14-1-5)		6					 		
7 Unrelated debt-financ		•		7	 	/			<u> </u>		
•		nd rents from a controlled organization		8					<u> </u>		
		n 501(c)(7), (9), or (17) organization ((Scheante 6)		/				 		
10 Exploited exempt activ	-	· ·		10					 		
11 Advertising income (S		,	_	11					<u> </u>		
12 Other income (See ins		•		12	<u> </u>				<u> </u>		
13 Total. Combine lines			/	13	<u> </u>	0.					
Part M Deduction	ns No	t Taken Elsewhere (See insee directly connected with the unre	structions fo	or limit	ations on d	eductions.)					
			nated busin	E35 III	come)				т .		
•	icers, dir	ectors, and trustees (Schedule K)						14	 		
15 Salaries and wages				-	•	•	•	15	<u> </u>		
16 Repairs and mainten	ance							16_	 		
17 Bad debts		•			•			17	<u> </u>		
Interest (attach sche Taxes and licenses Depreciation (attach Less depreciation cla Depletion	dule) (se	e instructions)			•	•		18	<u> </u>		
19 Taxes and licenses						Las I		19	 		
20 Depreciation (attach		•	٠	•		20		 	-		
21 Less depreciation cla	aimed on	Schedule A and elsewhere on return				21a		21b	<u> </u>		
	/							22	 		
23 Contributions to defe		npensation plans						23	├ ──		
Employee benefit pro								24	 		
Excess exempt expe								25	 		
Excess réadership co		-						26	 		
🗗 Other deductions (at			•	-				27	├ ──		
<u>m. </u>	dd lines	14 through 27		•		_		28	 		
Total deductions. A								1 20	1		
Total deductions. A Unrelated business t		icome before net operating loss deduc				3		29			
Total deductions. A Unrelated business t Deduction for net op		icome before net operating loss deduc oss arising in tax years beginning on o				3		29			
Total deductions. A Unrelated business t Deduction for net op (see instructions)	erating l	· · ·				3		30			

(E)	149		·	J
Form 99	90-T (20 <i>s</i> fr	PACEY MEDICAL FOUNDATION	95-4322584	D 0
	-	Total Unrelated Business Taxable Income	73-4322304	Page 2
32		f unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	0.
33	Amour	ts paid for disallowed fringes	ab	
34	Charita	ble contributions (see instructions for limitation rules)	34	0.
35	Total u	nrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	85	
36		ion for net operātīnā loss arising in tax years heginning before January 1, 2018 (see Instrucțions)	30	
37		f unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38		c deduction (Generally \$1,000, but see line 38 instructions for exceptions)	/ 26 / 1	,000.
39		ted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	111	•
\ 		ne smaller ôt zêrô ôr line 37 Tax Computation	39	0.
\ <u> </u>		actions Touchtons Communities - Multiply the CO to COMMUNICATION		0.
40 41		zations Taxable as Corporations. Multiply line 39 by 21% (0.21) Taxable at Trust Rates. See instructions for tax computation, thourne tax on the amount on line 39 from:	140	
••	_	ax rate schedule or Schedule D (Form 1041)	41	
42		ax. See instructions	42	
43	Alterna	this minimum for /fruith anti-	43	
44	Taxon	Noncompliant Facility Income. See instructions	4	
45	Total.	Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.
Par		Tax and Payments	,	
48.	Foreign	tax credit (corporations attach Form 1118; trusts attach Form 1116)	17.0	
		redits (see instructions)		
c	Genera	business credit. Attach Form 3800		
đ	Credit	for prior year minimum tax (attach Form 6801 or 6027)		
•	Total	redits. Add linos 46a through 46d	480	
47		ct line 46e from line 45	47	0.
48	Other t	axes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	
49		ax. Add lines 47 and 48 (soo instructions)	49	<u> </u>
50		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
	-	nts: A 2018 overpayment credited to 2019		
		stimated tax payments		
•	_	,		
		o withholding (see instructions)		
,		redits, adjustments, and payments; Form 2439		
•		orm 4136 Other Total 51g		
52		and Add lines 51s through 51s	5? 19	363.
53		ted tax penalty (see instructions). Check if Form 2220 is attached	53	
54		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55		lyment, If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		,363.
56	Enter t	he amount of line 55 you want; Credited to 2020 estimated tax	50 19	,363.
Par		Statements Regarding Certain Activities and Other Information (see instructions)		
57		time during the 2019 calendar year, did the organization have an interest in or a signature or other authority	Yes	No
		financial account (bank, securities, or other) in a foreign country? If Yes, the organization may have to file		
•	FinCE	Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here	>		X
58		the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		
		see instructions for other forms the organization may have to file.		17
59		he amount of tax-exempt interest received or accrued during the tax year \$ Index penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my known	edge and belief, it is true.	-
Sigr		orrect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
Here			Vary the IRS discuse this return the preparer shown below (see	with
	1		nstructions)? X Yes	No
		Print/Type preparer's name Proparor's Agnature Date Check	if PTIN	
D-'	i ad	self- employed	ı	
Pai		ANDY JAMESON 10/22/2020	P01894820	
	parer	Firm's FIM	34-6565596	
US	e Only	4365 EXECUTIVE DRIVE, SUITE 1600		
		Firm's address SAN DIEGO, CA 92121 Phone no.	858-535-7200	
923711	1 01-27-20		Form 990-1	(2019)

P

orm 990-T (2019) FACEY MEDICAL	FOUNDATION					95-432258	34	F	Page :
Schedule A - Cost of Goods	Sold. Enter	method of inven	torv v	aluation N/A					
1 Inventory at beginning of year	11		1	Inventory at end of yea	ır		6		
2 Purchases	2	_		Cost of goods sold. S		ine 6			
3 Cost of labor	3	-	1	from line 5. Enter here					
4a Additional section 263A costs			1	line 2			7		
(attach schedule)	48		8	Do the rules of section	263A (\	with respect to	<u> </u>	Yes	No
b Other costs (attach schedule)	4b	·	1	property produced or a	•	•			
5 Total. Add lines 1 through 4b	5		1	the organization?	•	,			х
Schedule C - Rent Income (From Real	Property and	Per	sonal Property L	.ease	d With Real Prope	erty)		
(see instructions)						-			
. Description of property									
(1)									
(2)									
(3)									
(4)									
	2 Rent receiv	ed or accrued				·			
(a) From personal property (if the perconal property is more 10% but not more than 50%)	ersonal	onal property (if the percental property exceeds 50% or if ed on profit or income)	operty exceeds 50% or if						
(1)									
(2)									
(3)						· · · · ·	-		
(4)							- "		
Total	0.	Total			0.				
c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ictions)					
			Τ,	2. Gross income from		3. Deductions directly conne	ected with or alloc	able	
1. Description of debt-fir	nanced property		•	or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		deduction: schedule)	9
(1)						···			
(2)						_	1		
(3)							ĺ		
(4)					<u> </u>	-			
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	•	Column 4 divided by column 5		7. Gross Income reportable (column 2 x column 6)	(column 6 x	ble deduction total of column and 3(b))	
(1)				%					
(2)				%				-	
(3)				%					
(4)				%		-			
							1		

Form 990-T (2019)

0.

٥.

Totals

Total dividends-received deductions included in column 8

			Exempt (Controlled O	rganizatı	ons					
1. Name of controlled organiza	Identif	nployer fication nber	3. Net unr (loss) (see	elated income Instructions)	4. Tot payr	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)			<u> </u>								
									_		
(4) Nonexempt Controlled Organ							L				
			T			40					
7. Taxable Income	8. Net unrelated incor (see instruction		9 , 10tal	of specified payr made	nents	10 Part of colur in the controlli gross	nn 9 tna ng organ i income	ization's		ductions directly connected income in column 10	
(1)											
(2)											
(3)		<u></u>									
(4)	<u> </u>										
	•					Add colum Enter here and line 8, c		1, Part I, 4)	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)	
Totals					▶			0.		0	
Schedule G - Investme (see ins	ent Income of a structions)	Section	501(c)(7	'), (9), or ([·]	17) Org	janization					
1. Des	scription of income			2. Amount of	ıncome	3. Deduction directly connected (attach schedu	cted	4. Set- (attach s	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)	
(1)											
(2)											
(3)				1						i	
(4)											
(4				Enter here and o Part I, line 9, co						Enter here and on page Part I, line 9, column (B)	
Totals				1	0.					0	
Schedule I - Exploited		Income	e, Other	Than Adv		g Income					
Description of exploited activity	2. Gross unrelated business income from trade or business	directly of with pro of unr	penses connected oduction related s income	4. Net incomfrom unrelated business (cominus columingain, compute through	I trade or lumn 2 n 3) If a e cols 5	5. Gross inco from activity t is not urrelat business inco	hat ed	6 . Exp attribut colui	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)											
(2)		1		1							
(3)	<u> </u>	1 -		 						1	
(4)										1	
_(4)	Enter here and on page 1, Part I, line 10, col (A)	page 1	re and on I, Part I, , col (B)					<u> </u>	-	Enter here and on page 1, Part II, line 25	
Totals	0.	1	0.	<u></u>						0	
Schedule J - Advertis	ing Income (see	instruction	ns)								
Part I Income From	Periodicals Rep	orted o	n a Cons	solidated	Basis						
1. Name of periodical	2. Gross advertising income		3. Direct ertising costs	4. Advert or (loss) (c col 3) If a ga cols 5 th	an, comput	5. Circulat		6. Read cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)											
(2)				7							
(3)		\rightarrow		\dashv							
		-		\dashv			_				
(4)			_			+					
Totals (carry to Part II, line (5))	•	0.).						C	
	•	•		-						Form 990-T (201	

Form 990-T (2019) FACEY MEDICAL FOUNDATION 95-4322584 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)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	▶ 0.	0.				0.
Schedule K - Compensati	on of Officers, I	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

FACEY MEDICAL FOUNDATION IS FILING FORM 990-T TO REQUEST A REFUND OF ESTIMATED TAXES PAID RELATED TO UBI FROM REPEALED SECTION 512(A)(7) PARKING FRINGE BENEFITS.

To Form 990-T, Page 1