Content Cont	Form 990-T	E	Exempt Orga	nization Bu	sine	ss Income T	ax Re	eturn	ı	OMB N	0 1545-0687
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T. 1.7.3	529(a)					on postal code			531	120	
T. 1.7.3	C Book value of all assets at end of year										
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If Yes, enter the name and identifying number of the parent corporation. ▶ The books are in care of ▶ JENNIFER YOUNGERG Tolephone number ▶ 907-260-7300				offiliated group or a pare	nt-subs	sidiary controlled group?			Ty	x es	No
Part Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net					0400	name, semi-sinea group		_			
1a Gross recepts or sales b Less returns and allowances C Cost of goods sold (Schedule A, line 7) C Gross profit. Subtract line 2 from line 1c C apptal gain net income (attach Schedule D) Net gain (loss) from 4797, Part II, line 17) (attach Form 4797) C apptal loss deduction for trusts Income (loss) from a partnership or an S corporation (attach statement) Rent income (Schedule C) Rent income (Schedule C) Invested debt-financed income (Schedule C) Investment income of a section 501(c)(7), 6), or (17) organization (Schedule C) Investment income of a section 501(c)(7), 6), or (17) organization (Schedule C) Interest, annuties, royaties, and rents from a controlled organization (Schedule C) Interest, annuties, royaties, and rents from a controlled organization (Schedule C) Interest, annuties, royaties, and rents from a controlled organization (Schedule C) Interest, annuties, royaties, and rents from a controlled organization (Schedule C) Interest, annuties, royaties, and rents from a controlled organization (Schedule C) Interest, annuties, royaties, and rents from a controlled organization (Schedule C) Interest, annuties, royaties, and rents from a controlled organization (Schedule C) Interest, annuties, royaties, and rents from a controlled organization (Schedule C) Interest, annuties, royaties, and rents from a controlled organization (Schedule C) Interest, annuties, royaties, and rents from a controlled organization (Schedule C) Interest, annuties, royaties, and rents from a controlled organization (Schedule C) Interest, annuties, royaties, and rents from a controlled organization (Schedule C) Interest, annuties, royaties, and rents from a controlled organization (Schedule C) Interest, annuties, royaties, and rents from a controlled organization (Schedule C) Interest, annuties, royaties, and rents from a controlled organization (Schedule C) Interest, annuties, royaties, and rents from a controlled organization (Schedule C) Interest, annuties, royaties, and rents from a controlled organization (Schedule C) Intere	J The books are in care of	▶ :	JENNIFER YOU	NGBERG		Teleph	one numbei	r ▶ 9	07-	260-	7300
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30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 0.	•		•								0.
			-	loss deduction. Subtrac	ct line 2	9 from line 13					
									31	,	
32 Unrelated business taxable income. Subtract line 31 from line 30 32 0.									32		

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orm **990- i** (2018)

PENINSULA COMMUNITY HEALTH SERVICES OF

Form 990-	T (2018) ALASKA		92-01	77803	Page
Part	III Total Unrelated Business Taxable Income		_		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	ee instructio	ins)	33	0.
34	Amounts paid for disallowed fringes		·	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	uctions)	STMT 1	35	0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the s				
	lines 33 and 34			36	
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	0.
Part	IV Tax Computation				
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		•	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	on line 38 fi	_		
	Tax rate schedule or 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	Tota!. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	0.
	V Tax and Payments				
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a			
	Other credits (see instructions)	45b		7 /	
	General business credit. Attach Form 3800	45c	•	1	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	,	7.1	
	Total credits. Add lines 45a through 45d			45e	
46	Subtract line 45e from line 44			46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88	66 🔲 O	ther (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)			48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49	0.
50 a	Payments: A 2017 overpayment credited to 2018	50a			
	2018 estimated tax payments	50b		7	
c	Tax deposited with Form 8868	50c		7	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d		7.1	
	Backup withholding (see instructions)	50e		7 ' L	
	Credit for small employer health insurance premiums (attach Form 8941)	50f	-	7 '1	
	Other credits, adjustments, and payments: Form 2439		•	٦٠	
_	Form 4136 Other Total	50g			
51	Total payments. Add lines 50a through 50g			51	
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	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax		Refunded >	55	
Part \	I Statements Regarding Certain Activities and Other Information	on (see in	structions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature	or other au	thority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	may have	to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign cou	ntry		<u> </u>
	here				X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor to,	a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.				
58	Enter the amount of tax-exempt interest received or accrued during the tax year 🕨 \$				
	Under penalties of perjury, declare that I have examined this return, including accompanying schedules and s correct, and complete Declaration of preparer (other than tax payer) is based on all information of which preparer	tatements, ar	nd to the best of my kn	owledge and	d belief, it is true,
Sign	correct, and complete because for a prepare (of a final final analyse) is based on all information of which prepare	or mas any kin	_		discuss this return with
Here	XIIII INTERIM	CEO		-	shown below (see
	Signature of officer Title			nstructions)?	X Yes No
	Print/Type preparer's name Preparer's signature Dat	e	Check	ıf PTIN	
Paid			self- employed	j	
Prepa	rer KURT BENNION, ĆPA KURT BENNION, CPA 05	/09/1	9	P0	1469618
Use (CITETONIA DECNALIEN LLD		Firm's EIN	4 1	-0746749
036 (10700 NORTHUP WAY, SUITE 200				
	Firm's address ► BELLEVUE, WA 98004		Phone no.	(425)	250-6100
823711 01	-09-19				Form 990-T (2018)

Form 990-T (2018) ALASKA

Sahadula A. Coot of Cood	la Calal a i			1 > 37/3				
Schedule A - Cost of Good	IS Sold. Enter	method of inver	ntory v			***		-
1 Inventory at beginning of year	1		⊣ ნ	Inventory at end of yea			6	
2 Purchases	2		⊣ ′	Cost of goods sold. Su			j	
3 Cost of labor	3		4	from line 5. Enter here	and in i	Part I,	<u> </u>	
4a Additional section 263A costs				line 2			7	T Van I Na
(attach schedule)	4a		⊣ 8	Do the rules of section	-	· ·		Yes No
b Other costs (attach schedule)	4b		4	property produced or a	cquired	d for resale) apply to		
5 Total. Add lines 1 through 4b	5		<u> </u>	the organization?				
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	perl	(y)
Description of property								_
(1)								
(2)								
(3)								
(4)								
(4)	2. Rent receiv	red or accrued				1		
(a) From personal property (if the personal property is more 10% but not more than 50%	e than	of rent for	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)		3(a) Deductions directl columns 2(a) a		cted with the income in (attach schedule)
(1)	<u> </u>	ino re	711 13 Das	od on prom or moomey				
(2)								
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		iter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)		0.
Schedule E - Unrelated De		I Income (see	ınstru	ctions)		1, 4, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		
			2	- Gross income from		3. Deductions directly conto debt-finan		
1. Description of debt-fi	inanced property			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)	of or a	e adjusted basis allocable to inced property h 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)				%				
						inter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)
Totals				▶		0		0.
Total dividends-received deductions in	ncluded in columi	n 8		- 1		•	-	0.

Form 990-T (2018)

92-0177803 Form 990-T (2018) ALASKA Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) **Exempt Controlled Organizations** 5. Part of column 4 that is included in the controlling Net unrelated income Total of specified 6. Deductions directly 1. Name of controlled organization Employer identification (loss) (see instructions) payments made connected with income in column 5 number organization's gròss income (1) (2) (3) (4)Nonexempt Controlled Organizations 7. Taxable Income 8. Net unrelated income (loss) 9. Total of specified payments 10. Part of column 9 that is included 11 Deductions directly connected in the controlling organization's gross income made with income in column 10 _(1) (2)(3) (4) Add columns 5 and 10 Add columns 6 and 11 Enter here and on page 1, Part I, Enter here and on page 1, Part I, line 8, column (A) line 8, column (B) 0 0. Totals Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 3. Deductions 5. Total deductions 4. Set-asides 1. Description of income 2. Amount of income directly connected and set-asides (attach schedule) (attach schedule) (col 3 plus col 4) (1) (2)(3) (4)Fuler here and on page Enter here and on page 1 art I, line 9, column (A) 0. Totals Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4. Net income (loss) 3. Expenses 7. Excess exempt 2 Gross m unrelated trade or 5. Gross income 6. Expenses directly connected expenses (column unrelated business business (column 2 from activity that 1. Description of with production attributable to 6 minus column 5. exploited activity income from minus column 3) If a is not unrelated column 5 but not more than gain, compute cols 5 trade or business business income column 4) business income through 7 (1) (2) (3)(4)a Enter here and Enter here and on Enter here and on 4 ٠.. was a fina fa page 1, Part I, line 10, col (A) page 1, Part I, line 10, col (B) 4 10 -0. Totals 0 0 Schedule J - Advertising Income (see instructions) **Income From Periodicals Reported on a Consolidated Basis** 7. Excess readership 4. Advertising gain or (loss) (col 2 minus 2. Gross 5. Circulation 3. Direct 6. Readership costs (column 6 minus advertising col 3) If a gain, compute cols 5 through 7 1. Name of periodical costs column 5, but not more advertising costs income than column 4) (1)(2)(3) (4)

Form **990-T** (2018)

0.

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

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)							
Totals from Part I	▼	0.	0.	1947. 连型4000		224 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	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)		amen a sistema de grassi Signatura	اع ۱۳۰۰ کی در دو در دو در دو	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	•	0.	0.	1. 1. 1 Mars 1		1-34, F. g.	0.

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

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 (2018)

FORM 9,90-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/12	19,059.	<u> </u>	19,059.	19,059.
12/31/13	24,023.	0.	24,023.	24,023.
12/31/14	47,512.	0.	47,512.	47,512.
12/31/15	81,199.	0.	81,199.	81,199.
12/31/16	74,795.	0.	74,795.	74,795.
12/31/17	15,465.	0.	15,465.	15,465.
NOL CARRYO	VER AVAILABLE THIS	YEAR	262,053.	262,053.

SCHEDULE M (Form 990-1)

Unrelated Business Taxable Income for Unrelated Trade or Business

58,088.

-31,162.

OMB No 1545-0687

1

ENTITY

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning , and ending

► 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).

501(c)(3) Organizations Only

Name of the organization

PENINSULA COMMUNITY HEALTH SERVICES OF ALASKA

Employer identification number 92-0177803

89,250.

531120 Unrelated business activity code (see instructions) ▶ DEBT-FINANCED RENTAL INCOME Describe the unrelated trade or business 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 Cost of goods sold (Schedule A, line 7) 2 2 Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b Capital loss deduction for trusts 4c 5 Income (loss) from a partnership or an S corporation (attach 5 statement) 6 Rent income (Schedule C) 6 58,088. 89,250. -31,162. 7 7 Unrelated debt-financed income (Schedule E) 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 11 12 Other income (See instructions, attach schedule) 12

Part | Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

13

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	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	
23	Depletion	23	
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)	28	
29	Total deductions. Add lines 14 through 28	29	0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-31,162.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		_
	instructions)	31	8
32	Unrelated business taxable income. Subtract line 31 from line 30	32	-31,162.

LHA For Paperwork Reduction Act Notice, see instructions.

Total. Combine lines 3 through 12

Schedule M (Form 990-T) 2018

Page :	3
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· ALASKA		92-	92-0177803				
Schedule A - Cost of Good	s Sold. Enter metho	d of inventory valuation					
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		-			
3 Cost of labor	3	from line 5. Enter here and in Part I,					
4a Additional section 263A costs		line 2	7				
(attach schedule)	4a	8 Do the rules of section 263A (with respect to		Yes No			
b Other costs (attach schedule)	4b	property produced or acquired for resale) apply	to				
5 Total. Add lines 1 through 4b	5	the organization?					
Schedule C - Rent Income (see instructions)	(From Real Prop	erty and Personal Property Leased With Rea	l Property)				

3 Cost of labor	3		from line 5. Enter here a	and in Part I,	
4a Additional section 263A costs			line 2		7
(attach schedule)	4a		8 Do the rules of section 2	•	Yes No
b Other costs (attach schedule)	4b			cquired for resale) apply to	
5 Total. Add lines 1 through 4b	5		the organization?		
Schedule C - Rent Incor (see instructions)	me (From Real	Property and	Personal Property I	Leased With Real Pro	operty)
Description of property					
(1)					
(2)					
(3)					
(4)					
	2. Rent receive	ed or accrued		0/->0	
(a) From personal property (if t rent for personal property (s 10% but not more that	s more than	of rent for per	d personal property (if the percenta; sonal property exceeds 50% or if is based on profit or income)	ge 3(a) Deductions directions columns 2(a) a	ly connected with the income in and 2(b) (attach schedule)
(1)					
(2)					
(3)					
(4)					
Total		Total			
(c) Total income. Add totals of coluhere and on page 1, Part I, line 6, co		ter •		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•
Schedule E - Unrelated	Debt-Financed	Income (see in	structions)	•	
			2. Gross income from	 Deductions directly co to debt-finar 	nnected with or allocable nced property
1. Description of d	lebt-financed property		or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
				STATEMENT 2	STATEMENT 3
(1) BENCO (KENAI)	BUILDING		61,120.	21,634	72,274.
(2)				···	
(3)				 .	
(4)					
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) STATEMENT 4	of or a	adjusted basis llocable to nced property VENTES	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) 1,350,31	2. 1,	420,803.	95.04%	58,088	89,250.
(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)
Totals			•	58,088	89,250.
Total dividends-received deduction					0.

Form 990-T (2018)

FORM 9,90-T (M) SCHEDULE E - DEPRECIAT	ION DEDUCTION	·	STATEMENT	2
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
DEPRECIATION - SUBTOTAL -	- 1	21,634.	21,6	34.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	3(A)	ı	21,6	34.
FORM 990-T (M) SCHEDULE E - OTHER	R DEDUCTIONS		STATEMENT	3
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
ARCHITECTURAL FEES INTEREST EXPENSE LINEN SERVICE INSURANCE UTILITIES EQUIPMENT LEASES JANITORIAL SERVICES GARBAGE FEES SECURITY MAINTENANCE PROPERTY TAXES - SUBTOTAL	- 1	750. 28,480. 1,167. 2,772. 20,221. 599. 606. 744. 1,416. 10,295. 5,224.	72,2	74.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN			72,2	
FORM 990-T (M) AVERAGE ACQUISITION ALLOCABLE TO DEBT-FIN		RTY	STATEMENT	4
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
AVERAGE ACQUISITION INDEBTEDNESS - SUBTOTAL		1,350,312.	1,350,3	12.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	4		1,350,3	12.

FORM 990-T (M) AVERAGE ALLOCABLE TO	STATEMENT 5		
DESCRIPTION	ACTIV NUME		TOTAL
AVERAGE ADJUSTED BOOK VALUE - SI	BTOTAL -	1,420,80	1,420,803.
TOTAL OF FORM 990-T, SCHEDULE E	COLUMN 5		1,420,803.