Form **990-T**

Department of the Treasury
Internal Revenue Service

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

For calendar year 2016 or other tax year beginning _____, 2016, and ending _____, _____

► Information about Form 990-T and its instructions is available at *www.irs.gov/form990t.*

► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No 1545 0687

2016

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

A ☐ Check box if address changed	☐ Check box if name changed and see instructions	**D** Employer identification number (Employees' trust, see instructions)
B Exempt under section ☒ 501(c)(3) ☐ 408(e) ☐ 220(e) ☐ 408A ☐ 530(a) ☐ 529(a)	**Print or Type** Feather River Hospital 5974 Pentz Rd Paradise, CA 95969	94-1101228 **E** Unrelated business activity codes (See instructions) 623990 621990
C Book value of all assets at end of year 141,340,503.	**F** Group exemption number (See instructions) ► 1071	
	G Check organization type ► ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust	

H Describe the organization's primary unrelated business activity ► Retail Pharmacy, Ptnship, Mngmt Services

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 ► See Statement 1

J The books are in care of ► Gary Kemske Telephone number ► 530-876-7200

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales 1,412,991. b Less returns and allowances c Balance ►	1c	1,412,991.		
2 Cost of goods sold (Schedule A, line 7)	2	1,220,015.		
3 Gross profit Subtract line 2 from line 1c	3	192,976.		192,976.
4 a 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 partnerships and S corporations (attach statement) St 2	5	182,135.		182,135.
6 Rent income (Schedule C)	6			
7 Unrelated debt-financed income (Schedule E)	7			
8 Interest, annuities, royalties, and rents from controlled organizations (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) See Statement 3	12	21,600.		21,600.
13 **Total.** Combine lines 3 through 12	13	396,711.		396,711.

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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	152,493.
16 Repairs and maintenance			16	
17 Bad debts			17	
18 Interest (attach schedule)			18	
19 Taxes and licenses			19	
20 Charitable contributions (See instructions for limitation rules)			20	16,839.
21 Depreciation (attach Form 4562)	21	579.		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a		22b	579.
23 Depletion			23	
24 Contributions to deferred compensation plans			24	
25 Employee benefit programs			25	54,616.
26 Excess exempt expenses (Schedule I)			26	
27 Excess readership costs (Schedule J)			27	
28 Other deductions (attach schedule) See Statement 4			28	19,631.
29 **Total deductions.** Add lines 14 through 28			29	244,158.
30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13			30	152,553.
31 Net operating loss deduction (limited to the amount on line 30)			31	
32 Unrelated business taxable income before specific deduction Subtract line 31 from line 30			32	152,553.
33 Specific deduction (Generally $1,000, but see line 33 instructions for exceptions)			33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32 If line 33 is greater than line 32, enter the smaller of zero or line 32			34	151,553.

BAA For Paperwork Reduction Act Notice, see instructions. TEEA0205L 09/19/16 Form **990-T** (2016)

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Part III Tax Computation

35	**Organizations Taxable as Corporations.** See instructions for tax computation			
	Controlled group members (sections 1561 and 1563) check here ► [X] **See instructions** and			
	a Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order)			
	(1) $ 3,689. (2) $ 1,844. (3) $ 146,020.			
	b Enter organization's share of (1) Additional 5% tax (not more than $11,750)	$ 867.		
	(2) Additional 3% tax (not more than $100,000)	$ 0.		
	c Income tax on the amount on line 34 See Statement 5	►	35c	51,528.
36	**Trusts Taxable at Trust Rates.** See instructions for tax computation Income tax on the amount on line 34 from [ ] Tax rate schedule or [ ] Schedule D (Form 1041)	►	36	
37	**Proxy tax.** See instructions	►	37	
38	Alternative minimum tax		38	
39	**Tax on Non-Compliant Facility Income.** See instructions		39	
40	**Total.** Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40	51,528.

Part IV Tax and Payments

41a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	41a			
	b Other credits (see instructions)	41b			
	c General business credit. Attach Form 3800 (see instructions)	41c			
	d Credit for prior year minimum tax (attach Form 8801 or 8827)	41d			
	e **Total credits.** Add lines 41a through 41d			41e	0.
42	Subtract line 41e from line 40			42	51,528.
43	Other taxes Check if from [ ] Form 4255 [ ] Form 8611 [ ] Form 8697 [ ] Form 8866 [ ] Other (attach schedule)			43	
44	**Total tax.** Add lines 42 and 43			44	51,528.
45a	Payments: A 2015 overpayment credited to 2016	45a	11,040.		
	b 2016 estimated tax payments	45b	25,600.		
	c Tax deposited with Form 8868	45c	16,000.		
	d Foreign organizations Tax paid or withheld at source (see instructions)	45d			
	e Backup withholding (see instructions)	45e			
	f Credit for small employer health insurance premiums (Attach Form 8941)	45f			
	g Other credits and payments [ ] Form 2439 [ ] Form 4136 [ ] Other Total ►	45g			
46	**Total payments.** Add lines 45a through 45g			46	52,640.
47	Estimated tax penalty (see instructions) Check if Form 2220 is attached	► [X]		47	1.
48	**Tax due.** If line 46 is less than the total of lines 44 and 47, enter amount owed	►		48	
49	**Overpayment.** If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	►		49	1,111.
50	Enter the amount of line 49 you want **Credited to 2017 estimated tax** ► 1,111. **Refunded** ►			50	0.

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

		Yes	No
51	At any time during the 2016 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 ►		X
52	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
53	Enter the amount of tax-exempt interest received or accrued during the tax year ► $ 0.		

Sign Here

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

► [signature] Signature of officer | 11/16/17 Date | ► VP Fin/Treas/CFO Title

May the IRS discuss this return with the preparer shown below (see instructions)? [ ] Yes [X] No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self employed	PTIN
[redacted]	Self-Prepared			[redacted]

Firm's name ► [redacted] Firm's EIN ► [redacted]

Firm's address ► [redacted] Phone no [redacted]

Schedule A – Cost of Goods Sold. Enter method 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 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a					
b	Other costs (attach sch)	4b		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes:	No: X
5	**Total.** Add lines 1 through 4b	5					

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)			
Total		Total	

(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 sch)	**(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)
Totals			►		
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)				
Totals			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)

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 (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
Totals ►	Enter here and on page 1, Part I, line 9, column (A)			Enter here and on page 1, Part I, line 9, column (B)

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 columns 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)						
Totals ►	Enter here and on page 1, Part I, line 10, column (A)	Enter here and on page 1, Part I, line 10, column (B)				Enter here and on page 1, Part II, line 26

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 (col 6 minus col 5, but not more than col 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 (col 6 minus col 5, but not more than col 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ►						
Totals, Part II (lines 1-5) ►	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)				Enter here and on page 1, Part II, line 27

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
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14		►	

Statement 1
Form 990-T, Line I
Name & I.D. Number of Parent Corporation

ADVENTIST HEALTH SYSTEM/WEST 95-3484589

Statement 2
Form 990-T, Part I, Line 5
Income (Loss) from Partnerships and S Corporations

Name	Gross Income	Deductions	Income (Loss)
Paradise Retirement Residence	$ 182,135.	$ 0.	$ 182,135.
		Total	$ 182,135.

Statement 3
Form 990-T, Part I, Line 12
Other Income

Management services-POA	$ 21,600.
Total	$ 21,600.

Statement 4
Form 990-T, Part II, Line 28
Other Deductions

Office expenses	$ 10,532.
Other direct expenses	1,405.
Purchased services	7,694.
Total	$ 19,631.

Statement 5
Form 990-T, Part III, Line 35c
Computation of Controlled Group Tax

1. Taxable income (line 34, page 1, Form 990-T)	$ 151,553.
2. Share of $50,000 tax bracket	3,689.
3. Subtract line 2 from line 1	147,864.
4. Lesser of line 3 or share of $25,000 tax bracket	1,844.
5. Subtract line 4 from line 3	146,020.
6. Lesser of line 5 or share of $9,925,000 tax bracket	146,020.
7. Subtract line 6 from line 5	0.
8. Multiply line 2 by 15%	553.
9. Multiply line 4 by 25%	461.
10. Multiply line 6 by 34%	49,647.
11. Multiply line 7 by 35%	0.
12. Additional 5% tax not to exceed $11,750	867.
13. Additional 3% tax not to exceed $100,000	0.
14. Tax (add lines 8 through 13)	$ 51,528.