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26 Excess exempt expenses (Schedule I) 27 Excess readership costs (Schedule J) 28 Other deductions (attach schedule) 29 Total deductions. Add lines 14 through 28 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 32 Unrelated business taxable income. Subtract line 31 from line 30 31 Unrelated business taxable income. Subtract line 31 from line 30 32 Deduction of the operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31 Form 990-T (2018)				pians							51.104.
27 Excess readership costs (Schedule J) 28 Other deductions (attach schedule) 29 Total deductions. Add lines 14 through 28 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 32 Unrelated business taxable income. Subtract line 31 from line 30 32 June lated business taxable income. Subtract line 31 from line 30 32 Form 990-T (2018) 35 Form 990-T (2018)											
Other deductions (attach schedule) Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income. Subtract line 31 from line 30 Unrelated business taxable income. Subtract line 31 from line 30 Eastrol 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions. See Statement 1 28											
Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income. Subtract line 31 from line 30 Unrelated business taxable income. Subtract line 31 from line 30 30 -13,465. 31 -13,465.		· ·	•				See	Stat	ement 1	28	
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 32 Unrelated business taxable income. Subtract line 31 from line 30 32 -13, 465. 823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions. 88											
Unrelated business taxable income. Subtract line 31 from line 30 32 -13,465. 823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions. 88				• •							-13,465.
823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions. 88		•	•		•	ary 1, 20	18 (see instruc	tions)			_12 //
$0 \qquad \qquad 0 \qquad $								· · · · · · · · · · · · · · · · · · ·	~1	32	
51106 146892 14591.02 2018.05000 FEATHER RIVER/HOSPITAL 4591		J END THIE	SPOINVIK REUUG		8	38			01	/	-20
	51106	146892 1	4591.02		2018	3.05	000 FEA	THER	RIVER HO	SPIT	TAL 4591

Form 990-			94-11	101228	Page 2
Parti	IIII Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses	(see instruction	ons)	33	177,124.
34	Amounts paid for disallowed fringes	•	·	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see ins	structions)		35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from this				
	lines 33 and 34			36	177,124.
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 li	no 26		-3/ 	1,000.
30	enter the smaller of zero or line 36	ilie 30,		00	176,124.
[Dart]	VI Tax Computation			38	170,124.
39				20	36,986.
	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		•	39	30,200.
40	Trusts Taxable at Trust Rates. See instructions for tax computation, Income tax on the amount	1111 011 1111 30 1	TOTA	40	
	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	36 006
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	36,986.
Parti				1	
	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	45c		_	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d			
е	Total credits. Add lines 45a through 45d			45e	
46	Subtract line 45e from line 44			46	36,986.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8	8866 🔲 0)ther (attach schodulo) 47	
48	Total tax. Add lines 46 and 47 (see instructions)			48	36,986.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49	0.
	Payments A 2017 overpayment credited to 2018	50a	1,973		
	2018 estimated tax payments	50b	57,000		
	Tax deposited with Form 8868	50c	15,000		
		50d	13,000	<u> </u>	
	Foreign organizations: Tax paid or withheld at source (see instructions)				
	Backup withholding (see instructions)	50e			
	Credit for small employer health insurance premiums (attach Form 8941)	50f		 } ■■	
g	Other credits, adjustments, and payments: Form 2439	.			
	☐ Form 4136 ☐ Other Total ▶	► 50g		_	72 072
51	Total payments Add lines 50a through 50g			51	<u>73,973.</u>
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	1	•	54	36,987.
55		,987.	Refunded	55	<u> </u>
[Partiv	[1] Statements Regarding Certain Activities and Other Informati				
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature	re or other au	thority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	ion may have t	to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	ne foreign cou	ntry		
	here >				X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or	transferor 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, I declare that I have examined this return, including accompanying schedules and s	etatements, and	to the bast of my know	ledge and belief	it is true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which propa	er has any knov	viadge F		
Here	1 08 4 Treasu	rer		May the IRS disc the preparer sho	uss this return with
	Signature of officer Date Title	· · · · · · · · · · · · · · · · · · ·		Instructions)?	1
		Date	Check [if PTIN	
	Finite Type preparer 5 name Preparer 5 Signature	Date	self- employe		
Paid	rer Tracy S. Paglia Tracy S. Paglia 1	1/07/1			366884
Prepa	N. T. J.	. + / U / / L			0189318
Use O	nly Firm's name ► Moss Adams LLP		Firm's EIN	<u> </u>	0103310
	3121 W March Ln, Ste 200		Phone se	209-95	5_6100
	Firm's address ► Stockton, CA 95219-2367		Phone no		
823711 01-	09-19			Fo	rm 990-T (2018)

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation 🕨 N/	Α		
1 Inventory at beginning of year	1		6 Inventory at end of	ear		6
2 Purchases	2		7 Cost of goods sold.	Subtrac	t line 6	
3 Cost of labor	3		from line 5. Enter he	re and i	n Part I,	
4a Additional section 263A costs			line 2			7
(attach schedule)	4a		8 Do the rules of sect	on 263A	(with respect to	Yes No
b Other costs (attach schedule)	4b		property produced o	r acquir	ed for resale) apply to	
5 Total. Add lines 1 through 4b	5		the organization?			
Schedule C - Rent Income	(From Real F	Property and	l Personal Property	Leas	ed With Real Propo	erty)
(see instructions)						
1. Description of property						
(1)						
(2)						
(3)						
(4)						
		d or accrued			2/a) Dadustiana disaethi	connected with the income in
(a) From personal property (if the per- rent for personal property is more 10% but not more than 50%)	centage of than	of rent for	and personal property (if the perce personal property exceeds 50% or nt is based on profit or income)	ntage if	columns 2(a) an	d 2(b) (attach schedule)
(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		er •		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	.
· ·	1 (A)	•	instructions)	0.	Enter here and on page 1.)
here and on page 1, Part I, line 6, column	1 (A)	•		0.	Enter here and on page 1.	ected with or allocable
here and on page 1, Part I, line 6, column	n (A) ot-Financed	•	2. Gross income from or allocable to debt-financed property		Ènter here and on page 1, Part I, line 6, column (B)	ected with or allocable
here and on page 1, Part I, line 6, column Schedule E - Unrelated Deb	n (A) ot-Financed	•	Gross income from or allocable to debt-		Enter here and on page 1, Part I, line 6, column (B) 3. Deductions directly conn to debt-finance 3) Straight line depreciation	ected with or allocable ad property (b) Other deductions
here and on page 1, Part I, line 6, column Schedule E - Unrelated Deb 1. Description of debt-fir	n (A) ot-Financed	•	Gross income from or allocable to debt-		Enter here and on page 1, Part I, line 6, column (B) 3. Deductions directly conn to debt-finance 3) Straight line depreciation	ected with or allocable ad property (b) Other deductions
here and on page 1, Part I, line 6, column Schedule E - Unrelated Deb 1. Description of debt-fir	n (A) ot-Financed	•	Gross income from or allocable to debt-		Enter here and on page 1, Part I, line 6, column (B) 3. Deductions directly conn to debt-finance 3) Straight line depreciation	ected with or allocable ad property (b) Other deductions
here and on page 1, Part I, line 6, column Schedule E - Unrelated Deb	n (A) ot-Financed	•	Gross income from or allocable to debt-		Enter here and on page 1, Part I, line 6, column (B) 3. Deductions directly conn to debt-finance 3) Straight line depreciation	ected with or allocable ad property (b) Other deductions
here and on page 1, Part I, line 6, column Schedule E - Unrelated Deb 1. Description of debt-fir	n (A) ot-Financed	•	Gross income from or allocable to debt-		Enter here and on page 1, Part I, line 6, column (B) 3. Deductions directly conn to debt-finance 3) Straight line depreciation	ected with or allocable ad property (b) Other deductions
here and on page 1, Part I, line 6, column Schedule E - Unrelated Deb	t (A) ht-Financed hanced property 5. Average of or all debt-financed	•	Gross income from or allocable to debt-		Enter here and on page 1, Part I, line 6, column (B) 3. Deductions directly conn to debt-finance 3) Straight line depreciation	ected with or allocable ad property (b) Other deductions
1. Description of debt-fire (1) (2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-firenced property (attach schedule)	t (A) ht-Financed hanced property 5. Average of or all debt-financed	Income (see	Gross income from or allocable to debt-financed property 6. Column 4 divided		Enter here and on page 1, Part I, line 6, column (B) 3. Deductions directly conto debt-finance (attach schedule) 7. Gross income reportable (column	ected with or allocable ad property (b) Other deductions (attach schedule) 8. Allocable deductions (column 6 x total of columns
1. Description of debt-fire (1) (2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-firenced property (attach schedule)	t (A) ht-Financed hanced property 5. Average of or all debt-financed	Income (see	Gross income from or allocable to debt-financed property Column 4 divided by column 5	(1)	Enter here and on page 1, Part I, line 6, column (B) 3. Deductions directly conto debt-finance (attach schedule) 7. Gross income reportable (column	ected with or allocable ad property (b) Other deductions (attach schedule) 8. Allocable deductions (column 6 x total of columns
(1) (2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2) (3) (4)	t (A) ht-Financed hanced property 5. Average of or all debt-financed	Income (see	Gross income from or allocable to debt-financed property Column 4 divided by column 5	(1)	Enter here and on page 1, Part I, line 6, column (B) 3. Deductions directly conto debt-finance (attach schedule) 7. Gross income reportable (column	ected with or allocable ad property (b) Other deductions (attach schedule) 8. Allocable deductions (column 6 x total of columns
1. Description of debt-fire (1) (2) (3) (4) 4. Amount of average acquisition debt on or ellocable to debt-firenced property (attach schedule) (1) (2) (3)	t (A) ht-Financed hanced property 5. Average of or all debt-financed	Income (see	2. Gross income from or allocable to debt-financed property 6. Column 4 divided by column 5		Enter here and on page 1, Part I, line 6, column (B) 3. Deductions directly conto debt-finance (attach schedule) 7. Gross income reportable (column	ected with or allocable ad property (b) Other deductions (attach schedule) 8. Allocable deductions (column 6 x total of columns
(1) (2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2) (3) (4)	t (A) ht-Financed hanced property 5. Average of or all debt-financed	Income (see	2. Gross income from or allocable to debt-financed property 6. Column 4 divided by column 5		Enter here and on page 1, Part I, line 6, column (B) 3. Deductions directly conto debt-finance (attach schedule) 7. Gross income reportable (column	ected with or allocable ad property (b) Other deductions (attach schedule) 8. Allocable deductions (column 6 x total of columns
1. Description of debt-fire 1. Description o	t (A) ht-Financed hanced property 5. Average of or all debt-financed	Income (see	2. Gross income from or allocable to debt-financed property 6. Column 4 divided by column 5		7. Gross income reportable (column 6) 7. Gross income reportable (column 6) 7. Gross income reportable (column 2 x column 6)	8, Allocable deductions (attach schedule) 8, Allocable deductions (column 6 x total of columns 3(e) and 3(b)) Enter here and on page 1, Part I, line 7, column (B)
1. Description of debt-fire (1) (2) (3) (4) 4. Amount of average acquisition debt on or ellocable to debt-firenced property (attach schedule) (1) (2) (3)	t-Financed anced property 5. Average of or all debt-finan (attach	Income (see	2. Gross income from or allocable to debt-financed property 6. Column 4 divided by column 5		7. Gross income reportable (column 6) 7. Gross income reportable (column 6) Enter here and on page 1, Part I, line 7, column (A)	8, Allocable deductions (column 6 x total of columns 3(a) and 3(b)) Enter here and on page 1,

4. Advertising gain or (loss) (col 2 minus 7. Excess readership 2. Gross costs (column 6 minus 3. Direct 5. Circulation 6. Readership 1. Name of periodical advertising col 3) If a gain, compute cols 5 through 7 advertising costs income costs column 5, but not more (1) (2) (3) (4)

Form 990-T (2018)

0.

0.

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

Form 990-T (2018) Feather River Hospital 94-11012

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 27
Totals, Part II (lines 1-5)	▶	0.	0.				0.

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 990-T		Other	Deductions		Statement 1
Description					Amount
Licenses Occupancy Office expense Purchased serv Supplies Travel					24. 185. 4,322. 6,091. 4,420. 436.
Total to Form	990-т,	Page 1, line 28			15,478.
Form 990-T	Parent	Corporation's Nam	e and Identifying	Number	Statement 2
Corporation's	Name				Identifying No
Adventist Heal	th Syst	tem/West			95-3484589

Form 990-T	Contributions Summary		Statement	3
Qualified Contributions S	Subject to 100% Limit			
Carryover of Prior Years	Unused Contributions			
For Tax Year 2013 For Tax Year 2014	600,813			
For Tax Year 2015	231,318			
For Tax Year 2016				
For Tax Year 2017				
Total Carryover		832,131		
Total Current Year 10% Co	ontributions	·		
Total Contributions Avail	able	832,131		
Taxable Income Limitation	as Adjusted	0		
Excess 10% Contributions		832,131		
Excess 100% Contributions	·	0		
Total Excess Contribution	s	832,131		
Allowable Contributions D	eduction		_	0
Total Contribution Deduct	ion			0

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

Entit	y	1
OMD No	1545-06	97

Department of the Treasury Internal Revenue Service (99)

► 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

Name of the organization Feather River Hospita		Employer identification number 94-1101228			
	000		1 31 11011		
Describe the unrelated trade or business Managem		ees			
Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net	
1a Gross receipts or sales 18,000.					
b Less returns and allowances c Balance	e ▶ 1c	18,000.			
2 Cost of goods sold (Schedule A, line 7)	2				
3 Gross profit Subtract line 2 from line 1c	3	18,000.		18,000.	
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 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	18,000.		18,000.	
Part II Deductions Not Taken Elsewhere (See instructions must be directly connected with the	ructions for the unrelated	or limitations on ded ted business income	9.)	for contributions,	
14 Compensation of officers, directors, and trustees (Schedule K)			14	12 146	
15 Salaries and wages			<u>15</u>	13,146.	
16 Repairs and maintenance			<u>16</u>		
17 Bad debts			17		
18 Interest (attach schedule) (see instructions)			18		
19 Taxes and licenses			19		
20 Charitable contributions (See instructions for limitation rules)		1 (_20		
21 Depreciation (attach Form 4562)		21		-	
22 Less depreciation claimed on Schedule A and elsewhere on re	turn	22a	22b		
23 Depletion			23		
24 Contributions to deferred compensation plans			24	12 007	
25 Employee benefit programs			25	13,827.	
26 Excess exempt expenses (Schedule I)			26		
27 Excess readership costs (Schedule J)			27		

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

Other deductions (attach schedule)

Total deductions. Add lines 14 through 28

Schedule M (Form 990-T) 2018

26,973.

-8,973.

28

29

30

31

instructions)

28

29

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

Entit	y 3	3
OMB No	1545-068	7

OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service (99)

Name of the organization For calendar year 2018 or other tax year beginning ______, an

Feather River Hospital

► 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

Employer identification number

94-1101228

ι		<u> 52300</u>							
	Describe the unrelated trade or business Page Page Page Page Page Page Page Page	artnersh	nip	Passth	roug	jh I:	ncome	T	
Pa	t I Unrelated Trade or Business Incom	(A) In	come		(B) Expen	ses	(C) Net		
1 a	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						
4 a	Capital gain net income (attach Schedule D)		4a						
b	Net gain (loss) (Form 4797, Part II, line 17) (attach F	orm 4797)	4b						
С	Capital loss deduction for trusts	•	4c						
5	Income (loss) from a partnership or an S corporation	n (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 contro	olled							
	organization (Schedule F)		8						
9	Investment income of a section 501(c)(7), (9), or (17))							
	organization (Schedule G)		9						
0	Exploited exempt activity income (Schedule I)		10						
1	Advertising income (Schedule J)		11_						
2	Other income (See instructions, attach schedule)	Stmt 4	12		6,8				196,805
3	Total. Combine lines 3 through 12		13	19	6,8	05.			196,805
14	deductions must be directly connected deductions deductions must be directly connected deductions deductio		unrela	ated busir	ness ir	ncome		14	
5	Salaries and wages	•						15	
6	Repairs and maintenance							16	
7	Bad debts							17	
8	Interest (attach schedule) (see instructions)			•				18	
9	Taxes and licenses							19	
20	Charitable contributions (See instructions for limitat	ion rules)	Stat	ement	5	St	cmt 6	20	19,681
1	Depreciation (attach Form 4562)				21				
2	Less depreciation claimed on Schedule A and elsev	vhere on return	1		22a			22b	
3	Depletion							23	
4	Contributions to deferred compensation plans							24	
5	Employee benefit programs							25	
6	Excess exempt expenses (Schedule I)							26	
7	Excess readership costs (Schedule J)							27	
28	Other deductions (attach schedule)							28	
9	Total deductions. Add lines 14 through 28							29	19,681
0	Unrelated business taxable income before net opera	atıng loss dedu	iction.	Subtract line	e 29 fro	m line 1	3	30	177,124
1	Deduction for net operating loss arising in tax years	-							
	instructions)				·			31	

LHA For Paperwork Reduction Act Notice, see instructions.

32 Unrelated business taxable income Subtract line 31 from line 30

Schedule M (Form 990-T) 2018

177,124.

Form 990-T (M)	Other I	ncome	Statement 4
Description			Amount
Passthrough Income			196,805.
Total to Schedule M	, Part I, line 12		196,805.
Form 990-T (M)	Contrib	utions	Statement 5
Description/Kind of	Property Method	Used to Determine FMV	Amount
California Health F	und & Trust N/A		711,687.
Total to Schedule M	, Part II, line 20		711,687.
Form 990-T (M)	Contribution	Limitations	Statement 6
C	ontributions Subject to the 10% limit	Qualified Disaster Relief Contributions	Total Contributions
Total Contributions	711,687.	0.	711,687.
10% Taxable Income Current Year Amount	19,681. 19,681.		19,681.