EXPENDED TO MAY 1.5, 20.20 Exempt Organization Business Income Tax Return (and proxy tax under section 6036(s)) For exhibitor year 2018 or other to you be provided year 2018 or other 2018 or other year 2018 or	w ~ ~ ~							_		
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Secretary Secr			Name of organization (Check box if name c	hanged	and see instructions.)		(Emp	oloyees' trust, see	
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## 156 , 5.2. , 4.70 . a Check corporation type M 501(c) corporation 501(c) Irust Other Irust ## Enter the number of the organization's unclaided trades or businesses. 1	529(a)			· . • · .				621	.500	
## A 5 6 , 5 22 , 4 7 0 . a Check organization type					<u> </u>					
trade or business here ▶ LABORATORY describs the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M or each additional trade or business, then complete Parts I and III, complete a Schedule M or each additional trade or business, then complete Parts I and III, complete a Schedule M or each additional trade or business than the comporation a subclidary in an affiliated group or a parent-published part of the parent corporation. ▶ TR IN 3 5 - TUIL 18 X Yes	456,522,4							<u> </u>		<u>' -</u>
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, than complete Parts III-V. I During the tax year, was the coreporation a subcidiary in an affiliated group or a parent-subcidiary controlled group? STMT 3 ▶ X Yes No III Yes, enter the name and identifying number of the parent coreporation. ▶ Tell Y 35-IUX 4L2s The blocks are in cars of ▶ JUILIE BONUNDS SMITH Telephone number ▶ 315-703-210 6 Part I Unrelated Trade or Business Income		-		ousinesses. 🕨	1	 				
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During the tax year, was the corporation a subdridiny in an affiliated group or a present-subsidiary controlled group? STMT 3 ▼ vs			•	us sentence, complete Pa	rtsıan	o II, complete a Scriedule	M for each additio	nai waoe	1 01	
If Yes, enter the name and identifying number of the parent corporation. ► TRIN 31-1443, 125 Telephone number 315-703-2106				affiliated group or a parer	nt-subsi	diary controlled group?	STMT 3▶	XY	es No	_
The books are in care of JULIE EDMUNDS SMTTH Telephone number 315-703-2106	If "Yes," enter the name	and Iden	tifying number of the parer	nt corporation.	N	35-1443425				
1a Gross receipts or sales b Less returns and allowances c Balance b Less returns and allowances c Cost of goods sold (Schedule A, line 7) 3 Gross profit. Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D) Net gain (loss) (Form 4797, Part II, line 177) (attach form 4797) c Capital loss deduction for trusts t Income (local) from a partnership or an S corporation (attach datament) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 8 Interest, ennuties, reyetiles, end rents from a controlled organization (schedule G) 9 Investment income of a section 501(c)/7), (9), or (17) organization (Schedule G) 11 Advertising income (Schedule J) 12 Other income (Schedule J) 13 Total, Combine lines 3 through 12 14 Compensation of officers, directors, and trustess (Schedule K) 15 Salaries and wages 16 Repairs and maintenance 17 Bad debts 18 Interest, (attach schedule) (see instructions) 19 Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) 10 Compensation of officers, directors, and trustess (Schedule K) 11 Interest (attach schedule) (see instructions) 19 Taxes and maintenance 10 Bad debts 11 Interest (attach schedule) (see instructions) 19 Department of the programs 10 Department of the programs 10 Department of the programs 10 Department of the programs 11 Except for contributions (See instructions for limitation tries) 19 Department of the programs 10 Department of the programs 10 Department of the programs 10 Department of the programs (Schedule J) 20 Department of the programs (Schedule J) 21 Department of the programs (Schedule J) 22 Department of the programs (Schedule J) 23 Department of the programs (Schedule J) 24 Department of the programs (Schedule J) 25 Excess readership costs (Schedule J) 26 Other deductions (Attach Schedule J) 27 Debution for net operating loss arbity in this xy warve boginning on or after January 1, 2018 (see instructions) 3 1 127, 633. 3 Unrelated business taxable income before net operating loss adductions. Subtract l	J The books are in care of	i ▶ i	JULIE EDMUND	S SMITH	,		one number 🕨	315-	703-2106	_
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Form 890-T		2254	Page 2
Part I	Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	<u> 127,633.</u>
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
30	Days 00 and 04	36	127,633.
	lines 33 and 34	37	1,000.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) Specific deduction (Generally \$1,000, but see line 37 from line 36 If line 37 for exceptions)	" -	270001
38	Unfelated business taxagle income. Subtract line 37 from tine 30, it line 37 is greater train line 30,		126,633.
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Part I		1 4- 1	26 502
39	ordenterana raymana an aniharamana manaba manana aniharama (39	26,593.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:		
	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 Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	26,593.
Part \			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		
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C .		17	
	order to produce your manner and control of the produce of the pro	45.	
	Total credits. Add lines 45a through 45d	45e	26,593.
46	Subtract line 45e from line 44	46	20,393.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47	26 502
48	Total tax. Add lines 46 and 47 (see instructions)	48	26,593.
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 Sig 50a 16,311.	3 (2)	
b	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2         Payments: A 2017 overpayment credited to 2018         2018 estimated tax payments             50a       16,311.         50b       125,000.		
c	Tax deposited with Form 8868	J. 5 - 4	
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d	] ; .	
	Backup withholding (see instructions) 50e		
	Credit for small employer health insurance premiums (attach Form 8941) 501		
	Other credits, adjustments, and payments: Form 2439	1.70	
y	Form 4136 Other Total 50g		
		51	141,311.
51	Total payments. Add lines 50a through 50g	52	141/011
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	<del>- 1</del>	<del></del>
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	114,718.
<b>ζ</b> Ιλ _{δι}	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed  Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid  Enter the amount of line 51 you want: Crodited to 2010 estimated tax  114.718. Refunded	54	
		<b>5</b> 5	<u> </u>
Part'\			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yas No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		1". 1
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	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
٠.	If "Yes," see instructions for other forms the organization may have to file.		1 m 2 0 0
58	Enter the amount of tax-exempt interest received or accrued during the tax year		
		ige and bellel	, It is true,
Sign	Under penalties of perjury, Lectare that I have exemined this return, including accompanying schedules and statements, and to the best of my knowled correct, and confiders pectaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
Here	5/120 SVP & CFO		cuas this return with
		e preparer shi structions)? [	own below (see
		<del></del>	Yes No_
	Print/Type preparer's name   Preparer's signature   Date   Check   i	f PTIN	
Paid	self- employed		
Prepa	irer		
Use C	I Floredo FIAI 🏊		
	Firm's address Phone no.		
823711 01			orm 990-T (2018)

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory va	luation > N/A					
1 Inventory at beginning of year	1		6	Inventory at end of yea	ır		6		
2 Purchases	2		_] 7	Cost of goods sold. St	ubtract l	line 6	11	Ī	
3 Cost of labor	. 3			from line 5. Enter here	and in I	Part I,		Ì	
4 a 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)	1 1			property produced or a	acquired	l for resale) apply to			, ;
5 Total, Add lines 1 through 4b	5		7	the organization?					
Schedule C - Rent Income	(From Real	Property and	Pers	onal Property L	.ease	d With Real Prop	erty	")	
(see instructions)									
1. Description of property									
(1)						<del></del>			
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued				] ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		A 1	ı_
(a) From personal property (if the per rant for personal property is more 10% but not more than 50%)	e than	(b) From real of rent for the re	and perso personal p nt is base	nal property (if the percenta property exceeds 50% or if d on profit or income)	ga	3(g) Deductions directly columns 2(a) a	y conne ind 2(b)	cted with the income (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		ter 🕨			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	. ▶		0.
Schedule E - Unrelated Deb		Income (see	instruc	ctions)					
		<u>.</u>	2.	Gross Income from		3. Deductions directly cor to debt-finen			
1. Description of debt-fla	nanced property			or allocable to debt- financed property	(8)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	ns )
(1)		· · · · · · · · · · · · · · · · · · ·	·-				_		
(2)			<del></del>				$\top$		
(3)	** ****		1						
(4)									
Amount of average acquisition debt on or ellocable to debt-financed property (attach schedule)	of or a	adjusted besis illocable to nced property n schedulo)	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8, Allocable deduc (column 6 x total of c 3(a) and 3(b))	ermulo
(1)				%					
(2)			T	%					
(3)				%					
(4)				%					
	·					nter here and on page 1, Part I, line 7, column (A).		Enter here and on pa Part I, line 7, column	
Totals					l	0			0.
Total dividends-received deductions in	ncluded in column	18				<u></u>	<b>&gt;</b>		0.
	***************************************							Form 990-1	(2018)

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(3) (4)

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0.

0.

Form 990-T (2018)

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

Form 990-T (2018) ST. JOSEPH'S HOSPITAL HEALTH CENTER 15-05322

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	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)						
otals from Part I	0.	0.			i	0
	Enter here and on page 1, Part I, Ilne 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.
otals, Part II (lines 1-5)	0.	0.	, , ,	,	, , ,	0

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

1. Name	2. Tille	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		<b>&gt;</b>	0.

Form 990-T (2018)

FORM 990-T	INCOME (LOSS	S) FROM	PARTNERSHIPS		STATEMENT	1
DESCRIPTION					NET INCOM	
LABORATORY ALLIANCE (LOSS)	OF CNY, LLC - OF	RDINARY	BUSINESS INCO	ME	130,6	608
TOTAL INCLUDED ON FO	RM 990-T, PAGE 1	, LINE	5		130,6	608
FORM 990-T	ימו	EREST I	PAID		STATEMENT	2
DESCRIPTION					AMOUNT	
INTEREST EXPENSE						274
TOTAL TO FORM 990-T,	PAGE 1, LINE 18	3			-	274
FORM 990-T PARENT	CORPORATION'S N	IAME ANI	) IDENTIFYING	NUMBER	STATEMENT	3
CORPORATION'S NAME					IDENTIFYING	NO
TRINITY HEALTH CORPO	RATION				35-1443425	