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AMENDED RETURN - SECTION 512(A)(7) REPEAL  
**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

Form **990-T**

OMB No 1545-0687

**2018**

Department of the Treasury  
Internal Revenue Service

For calendar year 2018 or other tax year beginning \_\_\_\_\_, 2018, and ending 12/20, 20

▶ Go to [www.irs.gov/Form990T](http://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

<b>A</b> <input type="checkbox"/> Check box if address changed		Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions ) <b>HOLY NAME MEDICAL CENTER</b>		<b>D</b> Employer identification number (Employees' trust, see instructions) 22-1487322	
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		Print or Type Number, street, and room or suite no. If a P.O. box, see instructions <b>718 TEANECK ROAD</b>		<b>E</b> Unrelated business activity code (See instructions) 621399	
<b>C</b> Book value of all assets at end of year 367,667,454.		<b>F</b> Group exemption number (See instructions) ▶		<b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	
<b>H</b> Enter the number of the organization's unrelated trades or businesses ▶ <u>1</u> Describe the only (or first) unrelated trade or business here ▶ <u>ATCH 1</u> If only one, complete Parts I-V. If more than one, 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, then complete Parts III-V.		<b>I</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . . . ▶ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation ▶ <u>ATCH 2</u>			
<b>J</b> The books are in care of ▶ <u>RYAN KENNEDY, CPA</u> Telephone number ▶ <u>(201) 833-7016</u>					

**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		
2 Cost of goods sold (Schedule A, line 7)	2		
3 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		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5	500,842.	500,842.
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	500,842.	500,842.

**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	
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)	21	
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	
30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30	500,842.
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	
32 Unrelated business taxable income Subtract line 31 from line 30	32	500,842.

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Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Rows include Total of unrelated business taxable income (500,842), Amounts paid for disallowed fringes, Deduction for net operating loss (11,917), Total before specific deduction (488,925), Specific deduction (1,000), and Unrelated business taxable income (487,925).

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Rows include Organizations Taxable as Corporations (102,464), Trusts Taxable at Trust Rates, Proxy tax, Alternative minimum tax, Tax on Noncompliant Facility Income, and Total (102,464).

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Rows include Foreign tax credit (45a-45d), Total credits (45e), Other taxes (47), Total tax (48), Payments (50a-50g), Total payments (51), Estimated tax penalty (52), Tax due (53), Overpayment (54), and Refunded (55).

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

Table with 3 columns: Line number, Description, and Yes/No columns. Rows include statements about foreign accounts (56), foreign trusts (57), and tax-exempt interest (58).

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 and Preparer information section. Includes fields for Sign Here (Signature of officer, Date, Title), Paid Preparer Use Only (Print/Type preparer's name, Preparer's signature, Date, Firm's name, Firm's address, Firm's EIN, Phone no), and a box for May the IRS discuss this return with the preparer shown below.

**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		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a	Additional section 263A costs (attach schedule)	4a					
4b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5					X

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1 Description of property		
(1)		
(2)		
(3)		
(4)		
<b>2. Rent received or accrued</b>		
(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 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)	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)
<b>Totals</b> . . . . . ▶				
<b>Total dividends-received deductions included in column 8</b> . . . . . ▶				

Schedule F- Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 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.

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable income, 8. Net unrelated income (loss), 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. Includes a Totals row with instructions for calculation.

Schedule G- Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

Table with 5 columns: 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 (col 3 plus col 4). Includes a Totals row with instructions.

Schedule I- Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

Table with 7 columns: 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, 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). Includes a Totals row with instructions.

Schedule J- Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss) (col 2 minus col 3), 5. Circulation income, 6. Readership costs, 7. Excess readership costs (column 6 minus column 5, but not more than column 4). Includes a Totals row with instructions.

**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)						
<b>Totals from Part I</b> . . . . . ▶						
	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
<b>Totals, Part II (lines 1-5)</b> . . . . . ▶						

**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
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 . . . . . ▶			

ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

SUBSTANTIALLY RELATED ENTITY PROVIDING HEALTHCARE SERVICES IN THE HOSPITAL FACILITY THAT DOES NOT FOLLOW THE HOLY NAME MEDICAL CENTER FINANCIAL ASSISTANCE POLICY.

HOLY NAME MEDICAL CENTER

22-1487322

ATTACHMENT 2

NAME AND FEIN OF PARENT CORPORATION

PEACE MINISTRIES, INC.  
46-5202238

HOLY NAME MEDICAL CENTER

22-1487322

ATTACHMENT 3

FORM 990T - LINE 5 - INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

HOLY NAME RENAL CARE CENTER, LLC	500,842.
INCOME (LOSS) FROM PARTNERSHIPS	<u>500,842.</u>



HOLY NAME MEDICAL CENTER  
EIN: 22-1487322  
FEDERAL FORM 990-T  
FOR THE YEAR ENDED DECEMBER 31, 2018

FEDERAL FORM 990-T, LINE 31; NET OPERATING LOSS DEDUCTION	
DESCRIPTION	AMOUNT
NET OPERATING LOSS GENERATED 12/31/2016	153,797
NET OPERATING LOSS UTILIZED 12/31/2017	(141,880)
NET OPERATING LOSS UTILIZED 12/31/2018	(11,917)
NET OPERATING LOSS CARRY-FORWARD TO DECEMBER 31, 2019	\$ -

**HOLY NAME MEDICAL CENTER  
EIN: 22-1487322  
AMENDED FORM 990-T  
FOR THE YEAR ENDED DECEMBER 31, 2018**

THE TAXPAYER'S FEDERAL FORM 990-T, EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN, HAS BEEN AMENDED TO REFLECT THE RETROACTIVE REPEAL OF INTERNAL REVENUE CODE §512(A)(7). THE FOLLOWING WITHIN THIS FORM 990-T HAVE BEEN AMENDED TO REFLECT THIS CHANGE:

- FORM 990-T, PART III, LINE 34 – AMOUNTS PAID FOR DISALLOWED FRINGES
- FORM 990-T, PART III, LINE 38 – UNRELATED BUSINESS TAXABLE INCOME
- FORM 990-T, PART IV, LINE 39 – ORGANIZATIONS TAXABLE AS CORPORATIONS
- FORM 990-T, PART V, LINE 48 – TOTAL TAX
- FORM 990-T, PART V, LINE 54 – OVERPAYMENT
- FORM 990-T, PART V, LINE 55 – ENTER THE AMOUNT OF LINE 54 YOU WANT REFUNDED