

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No 1545-0687

2018Department of the Treasury
Internal Revenue Service

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).

Open to Public Inspection for
501(c)(3) Organizations Only**A** ☐ Check box if
address changed**B** Exempt under section☒ 501(c)(3) ☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)Print
or
TypeName of organization (☐ Check box if name changed and see instructions.)
**SISTERS OF CHARITY OF LEAVENWORTH HEALTH
SYSTEM, INC.****D** Employer identification number
(Employees' trust, see
instructions)**23-7379161**

Number, street, and room or suite no. If a P.O. box, see instructions.

500 ELDORADO BLVD, SUITE 4300**E** Unrelated business activity code
(See instructions)

City or town, state or province, country, and ZIP or foreign postal code

BROOMFIELD, CO 80021**621500****C** Book value of all assets
at end of year
2,603,987,815.**F** Group exemption number (See instructions.) ▶**G** Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust**H** Enter the number of the organization's unrelated trades or businesses. ▶ **4** Describe the only (or first) unrelated
trade or business here ▶ **MEDICAL LABORATORY SERVICES**. 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.**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. ▶**J** The books are in care of ▶ **KYLE ENGMAN** Telephone number ▶ **303-813-5543****Part I Unrelated Trade or Business Income**

(A) Income

(B) Expenses

(C) Net

1a Gross receipts or sales	48,820.	c Balance ▶	1c	48,820.		
b Less returns and allowances			2			
2 Cost of goods sold (Schedule A, line 7)			3	48,820.		48,820.
3 Gross profit. Subtract line 2 from line 1c			4a			
4a Capital gain net income (attach Schedule D)			4b			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			4c			
c Capital loss deduction for trusts			5			
5 Income (loss) from a partnership or an S corporation (attach statement)			6			
6 Rent income (Schedule C)			7			
7 Unrelated debt-financed income (Schedule E)			8			
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)			9			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			10			
10 Exempt activity income (Schedule I)			11			
11 Advertising income (Schedule J)			12			
12 Other income (See instructions; attach schedule)			13	48,820.		48,820.
13 Total. Combine lines 3 through 12						

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	11,490.
16 Repairs and maintenance	16	
17 Bad debts	17	328.
18 Interest (attach schedule) (see instructions)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules)	20	0.
21 Depreciation (attach Form 4562)	21	232.
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	232.
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	4,137.
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	6,835.
29 Total deductions. Add lines 14 through 28	29	23,022.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	25,798.
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	25,798.

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

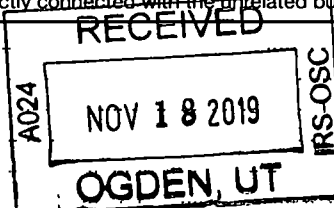
Form **990-T** (2018)

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STATEMENT 3 SEE STATEMENT 1

SEE STATEMENT 2

Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	25,798.
34	Amounts paid for disallowed fringes	34	102,742.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 5	35	128,540.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of 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 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> 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	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.

Part V Tax and Payments

45a	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	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (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.
50a	Payments: A 2017 overpayment credited to 2018	50a	
b	2018 estimated tax payments	50b	3,226.
c	Tax deposited with Form 8868	50c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	3,442.
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other	50g	
51	Total payments. Add lines 50a through 50g	51	6,668.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	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	6,668.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	55	6,668.

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

56	At any time during the 2018 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 SEE STATEMENT 4	Yes	No
57	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
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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] **11/07/19** **EVP FINANCE & CFO**
Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☒ No

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date Check ☐ if self-employed PTIN
SARAH ARNOLD *Sarah E. Arnold* 11/01/2019 P01868655
Firm's name **ERNST & YOUNG U.S. LLP** Firm's EIN **34-6565596**
Firm's address **370 17TH STREET, #4800**
Firm's address **DENVER, CO 80202** Phone no. **720-931-4000**

SISTERS OF CHARITY OF LEAVENWORTH HEALTH

Form 990-T (2018) SYSTEM, INC.

23-7379161

Page 3

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

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		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b Other costs (attach schedule)	4b				
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 0.	Total 0.	

(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)

0.

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)
(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		0.	0.
Total dividends-received deductions included in column 8			0.

Form 990-T (2018)

SISTERS OF CHARITY OF LEAVENWORTH HEALTH

Form 990-T (2018) **SYSTEM, INC.**

23-7379161

Page 4

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)				
			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).
Totals			0.	0.

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 (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)	Enter here and on page 1, Part I, line 9, column (B)	
Totals		0.	0.	

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 cols 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)						
		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)	Enter here and on page 1, Part II, line 26		
Totals		0.	0.	0.		

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 (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Form 990-T (2018)

SISTERS OF CHARITY OF LEAVENWORTH HEALTH

Form 990-T (2018) SYSTEM, INC.

23-7379161

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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.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col (A) 0.	Enter here and on page 1, Part I, line 11, col (B) 0.				Enter here and on page 1, Part II, line 27 0.

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)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2018)

FORM 990-T	CONTRIBUTIONS	STATEMENT	1
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DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CASH CONTRIBUTIONS	N/A	94,122.
TOTAL TO FORM 990-T, PAGE 1, LINE 20		94,122.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	2
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DESCRIPTION	AMOUNT
MEALS AND ENTERTAINMENT (LIMITED TO 50%)	1.
MISC	46.
PURCHASED SERVICES	2,600.
SUPPLIES - LAB	2,004.
SUPPLIES - OTHER	304.
SYSTEM OFFICE ALLOCATION	1,616.
TAX PREPARATION FEES	261.
TRAVEL	3.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	6,835.

FORM 990-T	CONTRIBUTIONS SUMMARY	STATEMENT	3
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QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2013	513,018
FOR TAX YEAR 2014	121,332
FOR TAX YEAR 2015	3,300
FOR TAX YEAR 2016	5,981
FOR TAX YEAR 2017	8,650

TOTAL CARRYOVER 652,281

TOTAL CURRENT YEAR 10% CONTRIBUTIONS 94,122

TOTAL CONTRIBUTIONS AVAILABLE 746,403

TAXABLE INCOME LIMITATION AS ADJUSTED 0

EXCESS 10% CONTRIBUTIONS 746,403

EXCESS 100% CONTRIBUTIONS 0

TOTAL EXCESS CONTRIBUTIONS 746,403

ALLOWABLE CONTRIBUTIONS DEDUCTION 0

TOTAL CONTRIBUTION DEDUCTION 0

SCHEDULE M
(Form 990-T)

Unrelated Business Taxable Income for
Unrelated Trade or Business

ENTITY 1

OMB No 1545-0687

2018

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).

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

Name of the organization

**SISTERS OF CHARITY OF LEAVENWORTH HEALTH
SYSTEM, INC.**

Employer identification number

23-7379161

Unrelated business activity code (see instructions) ▶ **561000**

Describe the unrelated trade or business ▶ **MGT FEES FROM NON-EXEMPT AFFILIATE ENTITIES**

Part I Unrelated Trade or Business Income				(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales	90,000.				
b	Less returns and allowances		c Balance ▶	1c	90,000.	
2	Cost of goods sold (Schedule A, line 7)			2		
3	Gross profit. Subtract line 2 from line 1c			3	90,000.	90,000.
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		
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	90,000.	90,000.

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	
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)	SEE STATEMENT 6	28	91,031.
29	Total deductions. Add lines 14 through 28		29	91,031.
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13		30	-1,031.
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	-1,031.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

Form 990-T (2018) SISTERS OF CHARITY OF LEAVENWORTH HEALTH
SYSTEM, INC.

23-7379161

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

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		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b Other costs (attach schedule)	4b				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 0.	Total 0.	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)	0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0.
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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)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
			0.	0.
Total dividends-received deductions included in column 8				0.

Form 990-T (2018)

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT	6
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DESCRIPTION	AMOUNT
MANAGEMENT EXPENSES	90,000.
TAX PREPARATION FEES	1,031.
TOTAL TO SCHEDULE M, PART II, LINE 28	91,031.

SCHEDULE M
(Form 990-T)

Unrelated Business Taxable Income for
Unrelated Trade or Business

ENTITY 2

OMB No 1545-0687

2018

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).

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

Name of the organization

**SISTERS OF CHARITY OF LEAVENWORTH HEALTH
SYSTEM, INC.**

Employer identification number

23-7379161

Unrelated business activity code (see instructions) ▶ **446110**

Describe the unrelated trade or business ▶ **PHARMACY SERVICES**

Part I Unrelated Trade or Business Income				(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales	941,866.				
b	Less returns and allowances		c Balance ▶	1c	941,866.	
2	Cost of goods sold (Schedule A, line 7)			2		
3	Gross profit Subtract line 2 from line 1c			3	941,866.	941,866.
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		
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	941,866.	941,866.

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	151,510.
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	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	30,234.
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	778,179.
29	Total deductions. Add lines 14 through 28	29	959,923.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-18,057.
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	-18,057.

SEE STATEMENT 7

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

Form 990-T (2018) SISTERS OF CHARITY OF LEAVENWORTH HEALTH
SYSTEM, INC.

23-7379161

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

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		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b Other costs (attach schedule)	4b				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		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(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)	
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0.		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

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)		%		
Totals			0.	0.
Total dividends-received deductions included in column 8			0.	0.

Form 990-T (2018)

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT	7
DESCRIPTION		AMOUNT	
ADVERTISING		363.	
DUES AND MEMBERSHIPS		193.	
MEALS & ENTERTAINMENT (LIMITED TO 50%)		39.	
MISCELLANEOUS		16,009.	
PERMITS AND LICENSES		367.	
PURCHASED SERVICES		6,198.	
SUPPLIES - OTHER		3,234.	
SUPPLIES - PHARMACY		717,774.	
SYSTEM OFFICE ALLOCATION		22,985.	
TAX PREPARATION FEES		10,870.	
TRAVEL		147.	
TOTAL TO SCHEDULE M, PART II, LINE 28		778,179.	

SCHEDULE M
(Form 990-T)

Unrelated Business Taxable Income for
Unrelated Trade or Business

ENTITY 3

OMB No 1545-0687

2018

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).

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

Name of the organization

**SISTERS OF CHARITY OF LEAVENWORTH HEALTH
SYSTEM, INC.**

Employer identification number

23-7379161

Unrelated business activity code (see instructions) ▶ **523000**

Describe the unrelated trade or business ▶ **INV INCOME FROM LIMITED PARTNERSHIP INVSTMNTS**

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) STATEMENT 8	5	-558,464.		-558,464.
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	-558,464.		-558,464.

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	88,759.
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule) (see instructions)	18	
19 Taxes and licenses	19	171.
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	
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	17,595.
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	67,003.
29 Total deductions. Add lines 14 through 28	29	173,528.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-731,992.
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	-731,992.

SEE STATEMENT 9

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

FORM 990-T (M)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT	8
DESCRIPTION		NET INCOME OR (LOSS)	
AIF VIII (AIV), LP - ORDINARY BUSINESS INCOME (LOSS)		-20,959.	
AIF VIII (AIV), LP - INTEREST INCOME		464.	
AIF VIII (AIV), LP - OTHER INCOME (LOSS)		-167,638.	
AIF VIII (EURO AIV), LP - INTEREST INCOME		1,452.	
AIF VIII (EURO AIV), LP - OTHER INCOME (LOSS)		-664.	
KAYNE ANDERSON MIDSTREAM INSTITUTIONAL FUND, LP - ORDINARY BUSINESS INCOME (-402,859.	
KAYNE ANDERSON MIDSTREAM INSTITUTIONAL FUND, LP - NET RENTAL REAL ESTATE INC		424.	
KAYNE ANDERSON MIDSTREAM INSTITUTIONAL FUND, LP - OTHER NET RENTAL INCOME (L		-191.	
KAYNE ANDERSON MIDSTREAM INSTITUTIONAL FUND, LP - INTEREST INCOME		2,222.	
KAYNE ANDERSON MIDSTREAM INSTITUTIONAL FUND, LP - DIVIDEND INCOME		3,124.	
KAYNE ANDERSON MIDSTREAM INSTITUTIONAL FUND, LP - OTHER INCOME (LOSS)		-19,797.	
MORGAN CREEK PARTNERS I, LP - ORDINARY BUSINESS INCOME (LOSS)		-10,333.	
MORGAN CREEK PARTNERS I, LP - NET RENTAL REAL ESTATE INCOME		234.	
MORGAN CREEK PARTNERS I, LP - INTEREST INCOME		10.	
MORGAN CREEK PARTNERS I, LP - OTHER INCOME (LOSS)		-6,253.	
OAKTREE OPPORTUNITIES FUND X AIF (CAYMAN), L.P. - INTEREST INCOME		209.	
OAKTREE OPPORTUNITIES FUND X AIF (CAYMAN), L.P. - DIVIDEND INCOME		2,584.	
OAKTREE OPPORTUNITIES FUND X AIF (CAYMAN), L.P. - OTHER INCOME (LOSS)		-502.	
OAKTREE OPPORTUNITIES FUND X AIF (DELAWARE), L.P - INTEREST INCOME		2.	
OAKTREE OPPORTUNITIES FUND X AIF (DELAWARE), L.P - OTHER PORTFOLIO INCOME (L		57.	
OAKTREE OPPORTUNITIES FUND X AIF (DELAWARE), L.P - OTHER INCOME (LOSS)		360.	
OAKTREE OPPORTUNITIES FUND X, L.P. - INTEREST INCOME		3,211.	
OAKTREE OPPORTUNITIES FUND X, L.P. - DIVIDEND INCOME		7,203.	
OAKTREE OPPORTUNITIES FUND X, L.P. - OTHER PORTFOLIO INCOME (LOSS)		269.	
OAKTREE OPPORTUNITIES FUND X, L.P. - OTHER INCOME (LOSS)		17,306.	
PANTHEON USA FUND VII, LP - ORDINARY BUSINESS INCOME (LOSS)		24,813.	
PANTHEON USA FUND VII, LP - NET RENTAL REAL ESTATE INCOME		29.	
PANTHEON USA FUND VII, LP - OTHER NET RENTAL INCOME (LOSS)		-19.	
PANTHEON USA FUND VII, LP - INTEREST INCOME		338.	
PANTHEON USA FUND VII, LP - DIVIDEND INCOME		314.	
PANTHEON USA FUND VII, LP - ROYALTIES		441.	

SISTERS OF CHARITY OF LEAVENWORTH HEALTH

23-7379161

PANTHEON USA FUND VII, LP - OTHER PORTFOLIO INCOME (LOSS)	65.
PANTHEON USA FUND VII, LP - OTHER INCOME (LOSS)	5,833.
BLACKSTONE TACTICAL OPPORTUNITIES FUND II - Q L.P. - OTHER INCOME (LOSS)	-2.
BLACKSTONE TACTICAL OPPORTUNITIES FUND II L.P. - OTHER INCOME (LOSS)	-2.
BLACKSTONE TACTICAL OPPORTUNITIES FUND II (CAYMAN) L.P. - INTEREST INCOME	4.
BLACKSTONE TACTICAL OPPORTUNITIES FUND II (CAYMAN) L.P. - OTHER INCOME (LOSS)	-21.
OAKTREE OPPORTUNITIES FUND XB, L.P. - INTEREST INCOME	365.
OAKTREE OPPORTUNITIES FUND XB, L.P. - DIVIDEND INCOME	971.
OAKTREE OPPORTUNITIES FUND XB, L.P. - OTHER PORTFOLIO INCOME (LOSS)	-382.
OAKTREE OPPORTUNITIES FUND XB, L.P. - OTHER INCOME (LOSS)	-1,248.
OAKTREE OPPORTUNITIES FUND XB AIF (CAYMAN), L.P. - OTHER INCOME (LOSS)	-61.
PANTHEON EUROPE FUND V A, LP - INTEREST INCOME	237.
PANTHEON EUROPE FUND V A, LP - OTHER INCOME (LOSS)	-74.
TOTAL INCLUDED ON SCHEDULE M, PART I, LINE 5	-558,464.

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT	9
DESCRIPTION		AMOUNT	
MONEY MANAGEMENT FEES		65,040.	
TAX PREPARATION FEES		1,963.	
TOTAL TO SCHEDULE M, PART II, LINE 28		67,003.	

Depreciation and Amortization
(Including Information on Listed Property) 990-T

OMB No 1545-0172

2018

Attachment
Sequence No **179**

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

**SISTERS OF CHARITY OF LEAVENWORTH HEALTH
SYSTEM, INC.**

Business or activity to which this form relates

FORM 990-T PAGE 1

Identifying number

23-7379161

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,000,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,500,000.
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019 Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	232.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs	MM	S/L	
	/		27.5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 30-year	/		30 yrs	MM	S/L	
d 40-year	/		40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	232.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**SISTERS OF CHARITY OF LEAVENWORTH HEALTH
SYSTEM, INC.**

Form 4562 (2018)

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Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use **25**

26 Property used more than 50% in a qualified business use

		%						
		%						
		%						

27 Property used 50% or less in a qualified business use

		%			S/L -		
		%			S/L -		
		%			S/L -		

28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 **29**

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (don't include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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42 Amortization of costs that begins during your 2018 tax year

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43 Amortization of costs that began before your 2018 tax year **43**

44 Total. Add amounts in column (f). See the instructions for where to report **44**