

EXTENDED TO MAY 15, 2019

Form 990-T

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

OMB No 1545-0687

2017

For calendar year 2017 or other tax year beginning JUL 1, 2017 and ending JUN 30, 2018

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

Department of the Treasury Internal Revenue Service

Part I: Name of organization (SAINT ALPHONSUS MEDICAL CENTER - ONTARIO, INC.), Number, street, and room or suite no. (351 S.W. 9TH STREET), City or town, state or province, country, and ZIP or foreign postal code (ONTARIO, OR 97914-2639)

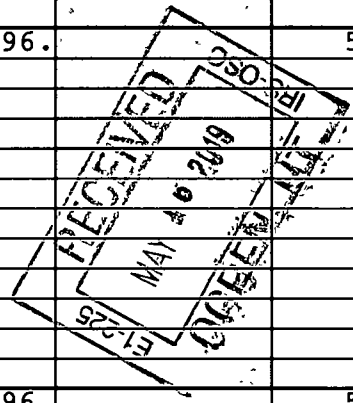
C Book value of all assets at end of year (71,400,438), F Group exemption number (0928), G Check organization type (501(c) corporation)

H Describe the organization's primary unrelated business activity (HISTOLOGY SERVICES), I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? (Yes)

J The books are in care of (STEPHANIE PLISCHKE), Telephone number (208-367-4504)

Table with 4 columns: Line number, Description, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales (55,496), Total (55,496), and various deductions.

Table with 4 columns: Line number, Description, (A) Income, (B) Expenses, (C) Net. Rows include Deductions Not Taken Elsewhere (Total 14,274), Unrelated business taxable income before net operating loss deduction (41,222), and Unrelated business taxable income (40,222).



ENVELOPE POSTMARK DATE MAY 15 2019

SCANNED JUL 02 2019

Handwritten notes: 7/13, 2/9

**Part III Tax Computation**

35 Organizations Taxable as Corporations See instructions for tax computation  
Controlled group members (sections 1561 and 1563) check here  See instructions and:  
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):  
(1) \$ \_\_\_\_\_ (2) \$ \_\_\_\_\_ (3) \$ 40,222.  
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ \_\_\_\_\_  
(2) Additional 3% tax (not more than \$100,000) \$ \_\_\_\_\_  
c Income tax on the amount on line 34 SEE STATEMENT 5 **35c 11,083.**

36 Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 34 from:  
 Tax rate schedule or  Schedule D (Form 1041) **36**

37 Proxy tax. See instructions **37**

38 Alternative minimum tax **38**

39 Tax on Non-Compliant Facility Income. See instructions **39**

40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies **44 40 11,083.**

**Part IV Tax and Payments**

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **41a**

b Other credits (see instructions) **41b**

c General business credit. Attach Form 3800 **41c**

d Credit for prior year minimum tax (attach Form 8801 or 8827) **41d**

e Total credits. Add lines 41a through 41d **41e**

42 Subtract line 41e from line 40 **42 11,083.**

43 Other taxes. Check if from:  Form 4255  Form 8611  Form 8697  Form 8866  Other (attach schedule) **43**

44 Total tax. Add lines 42 and 43 **44 11,083.**

45a Payments: A 2016 overpayment credited to 2017 **45a 3,307.**

b 2017 estimated tax payments **45b 4,000.**

c Tax deposited with Form 8868 **45c**

d Foreign organizations: Tax paid or withheld at source (see instructions) **45d**

e Backup withholding (see instructions) **45e**

f Credit for small employer health insurance premiums (Attach Form 8941) **45f**

g Other credits and payments:  Form 2439 \_\_\_\_\_  Form 4136 \_\_\_\_\_  Other \_\_\_\_\_ Total **45g**

46 Total payments. Add lines 45a through 45g **46 7,307.**

47 Estimated tax penalty (see instructions). Check if Form 2220 is attached  **47 91.**

48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed **48 3,867.**

49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid **49**

50 Enter the amount of line 49 you want: Credited to 2018 estimated tax  Refunded  **50**

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

51 At any time during the 2017 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  Yes  No

52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file  Yes  No

53 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 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.

Sign Here **B. [Signature]** | **5/14/19** | **TREASURER**

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

Firm's name | Firm's EIN

Firm's address | Phone no.

SAINT ALPHONSUS MEDICAL CENTER -

Form 990-T (2017) ONTARIO, INC.

27-1789847

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

(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)		%		
<b>Totals</b>			Enter here and on page 1, Part I, line 7, column (A) 0.	Enter here and on page 1, Part I, line 7, column (B) 0.
<b>Total dividends-received deductions included in column 8</b>			0.	0.

Form 990-T (2017)

**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)				

<b>Totals</b>			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)
			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)				

<b>Totals</b>		Enter here and on page 1, Part I, line 9, column (A)	0.	Enter here and on page 1, Part I line 9, column (B)	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)						

<b>Totals</b>		Enter here and on page 1, Part I, line 10, col (A)	0.	Enter here and on page 1, Part I, line 10, col (B)	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)						

<b>Totals (carry to Part II, line (5))</b>		0.	0.			0.
--	--	----	----	--	--	----

SAINT ALPHONSUS MEDICAL CENTER -

Form 990-T (2017) ONTARIO, INC.

27-1789847

Page 5

**Part II** Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>	0.	0.				0.
<b>Totals, Part II (lines 1-5)</b>	0.	0.				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)		%	
<b>Total. Enter here and on page 1, Part II, line 14</b>			0.

Form 990-T (2017)

**Alternative Minimum Tax - Corporations**

▶ Attach to the corporation's tax return.

▶ Go to [www.irs.gov/Form4626](http://www.irs.gov/Form4626) for instructions and the latest information.

**2017**

<b>Name</b> SAINT ALPHONSUS MEDICAL CENTER - ONTARIO, INC.	<b>Employer identification number</b> 27-1789847
---	---

**Note:** See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).

<b>1</b> Taxable income or (loss) before net operating loss deduction		<b>1</b>	40,222.
<b>2 Adjustments and preferences:</b>			
<b>a</b> Depreciation of post-1986 property		<b>2a</b>	
<b>b</b> Amortization of certified pollution control facilities		<b>2b</b>	
<b>c</b> Amortization of mining exploration and development costs		<b>2c</b>	
<b>d</b> Amortization of circulation expenditures (personal holding companies only)		<b>2d</b>	
<b>e</b> Adjusted gain or loss		<b>2e</b>	
<b>f</b> Long-term contracts		<b>2f</b>	
<b>g</b> Merchant marine capital construction funds		<b>2g</b>	
<b>h</b> Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)		<b>2h</b>	
<b>i</b> Tax shelter farm activities (personal service corporations only)		<b>2i</b>	
<b>j</b> Passive activities (closely held corporations and personal service corporations only)		<b>2j</b>	
<b>k</b> Loss limitations		<b>2k</b>	
<b>l</b> Depletion		<b>2l</b>	
<b>m</b> Tax-exempt interest income from specified private activity bonds		<b>2m</b>	
<b>n</b> Intangible drilling costs		<b>2n</b>	
<b>o</b> Other adjustments and preferences	*	<b>2o</b>	
<b>3</b> Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o		<b>3</b>	40,222.
<b>4 Adjusted current earnings (ACE) adjustment:</b>			
<b>a</b> ACE from line 10 of the ACE worksheet in the instructions	<b>4a</b>	40,222.	
<b>b</b> Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions	<b>4b</b>	0.	
<b>c</b> Multiply line 4b by 75% (0.75). Enter the result as a positive amount	<b>4c</b>		
<b>d</b> Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. <b>Note:</b> You must enter an amount on line 4d (even if line 4b is positive)	<b>4d</b>		
<b>e</b> ACE adjustment.			
• If line 4b is zero or more, enter the amount from line 4c			
• If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount	}		
<b>5</b> Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT		<b>4e</b>	0.
<b>6</b> Alternative tax net operating loss deduction. See instructions		<b>5</b>	40,222.
<b>7</b> Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions		<b>6</b>	
<b>8</b> Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):		<b>7</b>	40,222.
<b>a</b> Subtract \$150,000 from line 7. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-	<b>8a</b>	0.	
<b>b</b> Multiply line 8a by 25% (0.25)	<b>8b</b>	0.	
<b>c</b> Exemption Subtract line 8b from \$40,000. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-		<b>8c</b>	0.
<b>9</b> Subtract line 8c from line 7. If zero or less, enter -0-		<b>9</b>	40,222.
<b>10</b> Multiply line 9 by 20% (0.20)		<b>10</b>	8,044.
<b>11</b> Alternative minimum tax foreign tax credit (AMTFTC). See instructions		<b>11</b>	
<b>12</b> Tentative minimum tax. Subtract line 11 from line 10	STMT 7	BLENDED RATE	4,055.
<b>13</b> Regular tax liability before applying all credits except the foreign tax credit		<b>12</b>	11,083.
<b>14</b> Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return		<b>13</b>	
		<b>14</b>	0.

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2017)

\* SEE ALSO

STATEMENT 6

**Adjusted Current Earnings (ACE) Worksheet**

▶ See ACE Worksheet Instructions.

1	Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626		1	40,222.
2	ACE depreciation adjustment:			
	a AMT depreciation	2a		988.
	b ACE depreciation:			
	(1) Post-1993 property	2b(1)		988.
	(2) Post-1989, pre-1994 property	2b(2)		
	(3) Pre-1990 MACRS property	2b(3)		
	(4) Pre-1990 original ACRS property	2b(4)		
	(5) Property described in sections 168(f)(1) through (4)	2b(5)		
	(6) Other property	2b(6)		
	(7) Total ACE depreciation. Add lines 2b(1) through 2b(6)	2b(7)		988.
	c ACE depreciation adjustment. Subtract line 2b(7) from line 2a		2c	
3	Inclusion in ACE of items included in earnings and profits (E&P):			
	a Tax-exempt interest income	3a		
	b Death benefits from life insurance contracts	3b		
	c All other distributions from life insurance contracts (including surrenders)	3c		
	d Inside buildup of undistributed income in life insurance contracts	3d		
	e Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)	3e		
	f Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e		3f	
4	Disallowance of items not deductible from E&P:			
	a Certain dividends received	4a		
	b Dividends paid on certain preferred stock of public utilities that are deductible under section 247 (as affected by P.L. 113-295, Div. A, section 221(a)(4)(A), Dec. 19, 2014, 128 Stat. 4043)	4b		
	c Dividends paid to an ESOP that are deductible under section 404(k)	4c		
	d Nonpatronage dividends that are paid and deductible under section 1382(c)	4d		
	e Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)	4e		
	f Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e		4f	
5	Other adjustments based on rules for figuring E&P:			
	a Intangible drilling costs	5a		
	b Circulation expenditures	5b		
	c Organizational expenditures	5c		
	d LIFO inventory adjustments	5d		
	e Installment sales	5e		
	f Total other E&P adjustments. Combine lines 5a through 5e		5f	
6	Disallowance of loss on exchange of debt pools		6	
7	Acquisition expenses of life insurance companies for qualified foreign contracts		7	
8	Depletion		8	
9	Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property		9	
10	Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626		10	40,222.

FORM 990-T	CONTRIBUTIONS	STATEMENT	1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT	
CHARITABLE CONTRIBUTIONS	N/A	7,500.	
TOTAL TO FORM 990-T, PAGE 1, LINE 20		7,500.	

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	2
DESCRIPTION		AMOUNT	
SUPPLIES		534.	
PURCHASED SERVICES		1,245.	
UTILITIES AND TELEPHONE		302.	
MISCELLANEOUS		76.	
TOTAL TO FORM 990-T, PAGE 1, LINE 28		2,157.	

FORM 990-T	PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER	STATEMENT	3
CORPORATION'S NAME		IDENTIFYING NO	
TRINITY HEALTH CORPORATION		35-1443425	





FORM 990-T	LINE 35C TAX COMPUTATION	STATEMENT	5
1.	TAXABLE INCOME . . . . .	40,222	
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT . .	0	
3.	LINE 1 LESS LINE 2 . . . . .	40,222	
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT . .	0	
5.	LINE 3 LESS LINE 4 . . . . .	40,222	
6.	INCOME SUBJECT TO 34% TAX RATE . . . . .	40,222	
7.	INCOME SUBJECT TO 35% TAX RATE . . . . .	0	
8.	15 PERCENT OF LINE 2 . . . . .	0	
9.	25 PERCENT OF LINE 4 . . . . .	0	
10.	34 PERCENT OF LINE 6 . . . . .	13,675	
11.	35 PERCENT OF LINE 7 . . . . .	0	
12.	ADDITIONAL 5% SURTAX . . . . .	0	
13.	ADDITIONAL 3% SURTAX . . . . .	0	
14.	TOTAL INCOME TAX		<u>13,675</u>
15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/2017	<u>8,447</u>	
			DAYS
16.	TAX PRORATED FOR NUMBER OF DAYS IN 2017	184	6,894
17.	TAX PRORATED FOR NUMBER OF DAYS IN 2018	181	4,189
18.	TOTAL TAX PRORATED	<u>365</u>	<u>11,083</u>

FORM 4626

AMT CONTRIBUTIONS

STATEMENT 6

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS		
FOR TAX YEAR 2012	38,940	
FOR TAX YEAR 2013	45,136	
FOR TAX YEAR 2014	28,977	
FOR TAX YEAR 2015	6,268	
FOR TAX YEAR 2016	222	
TOTAL CARRYOVER		119,543
CURRENT YEAR CONTRIBUTIONS		7,500
TOTAL CONTRIBUTIONS		127,043
10% OF TAXABLE INCOME AS ADJUSTED		4,469
EXCESS CONTRIBUTIONS		122,574
ALLOWABLE CONTRIBUTIONS		4,469
AMT CHARITABLE DEDUCTION		0
REGULAR CONTRIBUTION DEDUCTION		4,469
AMT CONTRIBUTION ADJUSTMENT		4,469

TENTATIVE MINIMUM TAX (TMT) PRORATION		STATEMENT	7
TENTATIVE MINIMUM TAX FOR THE ENTIRE YEAR . . .	8,044.		
TMT IN EFFECT BEFORE 01/01/2018 . . . . .	8,044.		
TMT IN EFFECT AFTER 12/31/2017 . . . . .	0.		
	DAYS		
TMT PRORATED FOR NUMBER OF DAYS IN 2017 . . 184	4,055.		
TMT PRORATED FOR NUMBER OF DAYS IN 2018 . . 181	0.		
TMT PRORATED . . . . . 365			4,055.