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Form	990-T	E	Exempt Organization	on Bus	sine	ss Inco	me T	ˈax Retu̯ː	rŋ	OMB No 1545-0687
										0040
		For ca	lendar year 2018 or other tax year beginning	<u>JUL 1,</u>	20	18 , and er	_{ding} <u>JU</u>	N 30, 20	<u> 119</u>	2018
	tment of the Treasury al Revenue Service	•								Open to Public Inspection for 50 1(c)(3) Organizations Only
A [Check box if address changed	• ,	[(Em	D Employer identification number (Employees' trust, see instructions)						
B E	xempt under section	Print								27-1789847
	Cand proxy tax under section 6033(e)									
	408(e) 220(e)	Туре								, modernos y
F						n postal code				
C Bo						0928		-		
- at e	77,444,6	84.	G Check organization type ▶ X	501(c) corp	oration	50	I(c) trust	40	1(a) trust	Other trust
H En	ter the number of the o	organiza	ition's unrelated trades or businesses.	>			Describe	the only (or first)) unrelate	đ
tra	de or business here 🕨	>					f only one,	complete Parts I	-V. If mor	e than one,
de	scribe the first in the bl	ank spa	ice at the end of the previous sentence	, complete Pa	rts I an	d II, complete	Schedule	M for each addit	tional trad	e or
bu:	siness, then complete f	Parts III	-V.							
I Du	ring the tax year, was	the corp	poration a subsidiary in an affiliated gro	oup or a paren	it-subsi	diary controlle	d group?	STMT 1▶	• X v	'es No
If "	Yes," enter the name a	nd ideni	tifying number of the parent corporation	n ►TR	M	35-144	34 <u>2.5</u>			
				3			Teleph	one number 🕨	208-	-367-4504
Pa	rt I Unrelated	Trac	de or Business Income			(A) Inco	me	(B) Expen	ses	(C) Net
1 a	Gross receipts or sale	s								
b	Less returns and allow	vances	c Balance	•	1c			1 -		<u> </u>
2	Cost of goods sold (S	chedule	A, line 7)		2			12 16 Th 15	· .	
3	Gross profit Subtract	line 2 fi	rom line 1c		3			J	•	
4 a	Capital gain net incom	e (attac	h Schedule D)		4a			\$	1,1	
b	Net gain (loss) (Form	4797, P	'art II, line 17) (attach Form 4797)		4b			1	;	
С	Capital loss deduction	for trus	sts		4c			7	1.3	
5	Income (loss) from a	partners	ship or an S corporation (attach statem	ient)	5				1, 1	
6	Rent income (Schedul	e C)			6					
7	Unrelated debt-finance	ed incor	ne (Schedule E)		7			1		
8	Interest, annuities, roy	altıes, a	nd rents from a controlled organization	(Schedule F)	8			<u> </u>		
9	Investment income of	a sectio	on 501(c)(7), (9), or (17) organization ((Schedule G)	9					
10	Exploited exempt activ	ity inco	me (Schedule I)		10					
11	Advertising income (S	chedule	; J)		11					
12	Other income (See ins	truction	ıs; attach schedule)		12			· · · · · ·	<u> </u>	
Pa	rt II Deduction	ns No	ot Taken Elsewhere (See ins	structions fo	r limita	itions on ded	uctions)			
	(Except for c	ontribi	utions, deductions must be directly	y connected	l with t	he unrelated	business	income)		
14	Compensation of offi	cers, dı	rectors, and trustees (Schedule K)	RF	$C\Gamma$	ハたり			14	
15	Salaries and wages			1 / L		171			15	
16	Repairs and mainten	ance	ļ	ฒ			S		16	
			ì	照 101	- 1 4	2020	인		17	
17	Bad debts		· ·				וָנָט		18	
17 18		dule) (s	ee instructions)				∞			
	Interest (attach schee	dule) (s	ee instructions)		:DE	KI I IT		_		
18	Interest (attach schee Taxes and licenses		ee instructions)		DE	N, USEE		TEMENT 2	20	0.
18 19	Interest (attach schee Taxes and licenses Charitable contribution	ons (Se	ee instructions) e instructions for limitation rules)		DE	-	STAT	TEMENT 2	20	0.
18 19 20	Interest (attach scheen Taxes and licenses Charitable contribution Depreciation (attach	ons (Sec Form 4	ee instructions) e instructions for limitation rules) 562)		DE	-	STAT	PEMENT 2	20 22b	
18 19 20 21	Interest (attach sched Taxes and licenses Charitable contributed Depreciation (attach Less depreciation clad Depletion	ons (Sec Form 4! Imed or	ee instructions) e instructions for limitation rules) 562) n Schedule A and elsewhere on return		DE	-	STAT	TEMENT 2	20 22b	
18 19 20 21 22 23 24	Interest (attach sched Taxes and licenses Charitable contributed Depreciation (attach Less depreciation clad Depletion	ons (Sec Form 4! Imed or	ee instructions) e instructions for limitation rules) 562) n Schedule A and elsewhere on return		DE	-	STAT	PEMENT 2	20 22b 23 24	
18 19 20 21 22 23 24 25	Interest (attach scher Taxes and licenses Charitable contributed Depreciation (attach Less depreciation clar Depletion Contributions to defe Employee benefit pro	ons (Sec Form 4! Imed or Irred co Igrams	ee instructions) e instructions for limitation rules) 562) n Schedule A and elsewhere on return mpensation plans		DE	-	STAT	TEMENT 2	20 22b 23 24 25	
18 19 20 21 22 23 24 25 26	Interest (attach sched Taxes and licenses Charitable contribution Depreciation (attach Less depreciation clad Depletion Contributions to defe Employee benefit pro Excess exempt exper	ons (Ser Form 45 umed or erred co egrams uses (Sc	ee instructions) e instructions for limitation rules) 562) n Schedule A and elsewhere on return mpensation plans chedule I)		DE	-	STAT	PEMENT 2	20 22b 23 24 25 26	
18 19 20 21 22 23 24 25 26 27	Interest (attach scher Taxes and licenses Charitable contribution Depreciation (attach Less depreciation clar Depletion Contributions to defe Employee benefit pro Excess exempt exper Excess readership co	ons (Ser Form 45 Imed or Irred co Igrams Inses (So Ists (Sc	ee instructions) e instructions for limitation rules) 562) n Schedule A and elsewhere on return mpensation plans chedule I) hedule J)		DE	-	STAT	PEMENT 2	20 22b 23 24 25 26 27	
18 19 20 21 22 23 24 25 26 27 28	Interest (attach scher Taxes and licenses Charitable contribution Depreciation (attach) Less depreciation clar Depletion Contributions to defe Employee benefit pro Excess exempt exper Excess readership co Other deductions (att	ons (Ser Form 45 Imed or orred co ograms oses (So osts (Sc osts (Sc	ee instructions) e instructions for limitation rules) 562) n Schedule A and elsewhere on return mpensation plans chedule I) hedule J) nedule)		DE	-	STAT	PEMENT 2	20 22b 23 24 25 26 27 28	
18 19 20 21 22 23 24 25 26 27	Interest (attach scher Taxes and licenses Charitable contribution Depreciation (attach) Less depreciation clar Depletion Contributions to defe Employee benefit prod Excess exempt exper Excess readership contributions (attach)	ons (Sec Form 45 Imed or Frred co Egrams Inses (So Easts (So Each sch	ee instructions for limitation rules) 562) n Schedule A and elsewhere on return mpensation plans chedule I) hedule J) nedule) 14 through 28	OG			STAT	FEMENT 2	20 22b 23 24 25 26 27 28 29	0.
18 19 20 21 22 23 24 25 26 27 28 29 30	Interest (attach scher Taxes and licenses Charitable contributed Depreciation (attach i Less depreciation clar Depletion Contributions to defe Employee benefit pro Excess exempt exper Excess readership co Other deductions (att Total deductions. Act Unrelated business to	ons (Sec Form 45 Imed or orred co orgrams ases (So asts (Sc asts (Sc atach sch dd lines axable ii	ee instructions) e instructions for limitation rules) 562) n Schedule A and elsewhere on return mpensation plans chedule I) hedule J) nedule) 14 through 28 ncome before net operating loss deductions	OG	t line 29) from line 13	STAT 21 222	FEMENT 2	20 22b 23 24 25 26 27 28 29	0.
18 19 20 21 22 23 24 25 26 27 28 29	Interest (attach schee Taxes and licenses Charitable contributed Depreciation (attach i Less depreciation cla Depletion Contributions to defe Employee benefit pro Excess exempt exper Excess readership co Other deductions (att Total deductions. Ac Unrelated business to Deduction for net ope	ons (Sec Form 45 Imed or orred co ograms Isses (So Issts	ee instructions for limitation rules) 562) n Schedule A and elsewhere on return mpensation plans chedule I) hedule J) nedule) 14 through 28	OG	t line 29) from line 13	STAT 21 222	FEMENT 2	20 22b 23 24 25 26 27 28 29	0.

EXTENDED TO MAY 15, 2020

SAINT ALPHONSUS MEDICAL CENTER -Form 990-T (2018) 27-1789847 Page 2 ONTARIO, INC. Part III Total Unrelated Business Taxable Income Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 33 0. 34 34 Amounts paid for disallowed fringes Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) 35 35 Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34 89 32 1,000. 37 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, 0. enter the smaller of zero or line 36 38 **Tax Computation** Part IV 0. Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21) 39 40 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: 40 Tax rate schedule or Schedule D (Form 1041) 41 Proxy tax. See instructions 41 42 Alternative minimum tax (trusts only) 42 43 Tax on Noncompliant Facility Income. See instructions 43 0. Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies Part V Tax and Payments 45a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a 45b b Other credits (see instructions) c General business credit, Attach Form 3800 45¢ 45d d Credit for prior year minimum tax (attach Form 8801 or 8827) 45e e Total credits. Add lines 45a through 45d 0. 46 Subtract line 45e from line 44 46 47 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) 47 48 Total tax. Add lines 46 and 47 (see instructions) 48 49 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 49 50 a Payments: A 2017 overpayment credited to 2018 50a SID 6,900 30b **b** 2018 estimated tax payments c Tax deposited with Form 8868 50c 50d d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) 50e f Credit for small employer health insurance premiums (attach Form 8941) 50f g Other credits, adjustments, and payments: Form 2439 Total 50g Form 4136 6,900. 51 51 Total payments. Add lines 50a through 50g 52 52 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ L 53 Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed ,900 54 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid Refunded 56 6,900. Enter the amount of line 54 you want: Credited to 2019 estimated tax Part VI Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority Yes No 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 X 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? If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year s of perjury, I declare that I have Sign May the IRS discuss this return with Here TREASURER the preparer shown below (see Signature of officer Date Title instructions)? ີ Yes [ıf PTIN Date Check Print/Type preparer's name Preparer's signature self- employed Paid Preparer Firm's EIN ▶ Firm's name **Use Only**

Phone no.

Form 990-T (2018)

823711 01-09-19

Firm's address

Form 990-T (2018) ONTARIO, INC.

Schedule A - Cost of Goods Sold. Enter	method of invent	ory valuation N/A		
1 Inventory at beginning of year 1		6 Inventory at end of yea	r	6
2 Purchases 2		7 Cost of goods sold. Su	ıbtract line 6	
3 Cost of labor 3		from line 5. Enter here	and in Part I,	
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) 4b		property produced or a	equired for resale) apply to	
5 Total. Add lines 1 through 4b 5		the organization?		X
Schedule C - Rent Income (From Real I (see instructions)	Property and	Personal Property L	eased With Real Prop	erty)
1. Description of property				
(1)				
(2)				
(3)				
(4)	· · · · · ·			
	ed or accrued			
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	of rent for pe	d personal property (if the percentag rsonal property exceeds 50% or if is based on profit or income)	ge 3(a) Deductions directly columns 2(a) an	connected with the income in id 2(b) (attach schedule)
(1)				
(2)				
(3)				
(4)				
Total 0.	Total		0.	
(c) Total income. Add totals of columns 2(a) and 2(b) Enthere and on page 1, Part 1, line 6, column (A)	<u> </u>		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	D.
Schedule E - Unrelated Debt-Financed	income (see ii	nstructions)	0 B.d.d	
		2. Gross income from	 Deductions directly control to debt-finance 	
Description of debt-financed property		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 of or a property (attach schedule) 5. Average of or a debt-financed debt-financed	adjusted basis illocable to nced property ischedule)	6. Column 4 divided by column 5	7. Gross income reportable (calumn 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%	-	
(2)		%		
(3)		%		
(4)		%	·i··	
	***************************************		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) ONTAR I	O, IN	c.							27-17	8984	7 Page
Schedule F - Interest,	Annuitie	s, Royal	tĭes, an					tion	s (see ins	struction	ns)
Name of controlled organization	tion	2. Em rdentifi num	cation	3. Net uni	celated income a instructions)	4 Tot	ONS at of specified ments made	5. Part of column 4 th included in the contro organization's gross in		olling	6. Deductions directly connected with income in column 5
(1)					-		_			$\overline{}$	
(2)				_							
(3)					-				-		<u> </u>
(4)					-						-
Nonexempt Controlled Organ	ızatıons										
7. Taxable Income		nrelated incom ee instruction:		9. Total	of specified payr made	nents	10. Part of column the controllingross	mn 9 tha ng orga s income	nization's		eductions directly connected h income in column 10
(1)											
(2)				Ì .							
(3)	1			1							
(4)			•	Ī							
							Add colun Enter here and line 8, d		9 1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals						>			0.		0
Schedule G - Investme		ne of a S	Section	501(c)(7	'), (9), or ([·]	17) Org	anization				·
·	ructions)	me			2. Amount of	ıncome	3. Deduction	cted	4. Set-	asides	5. Total deductions and set-asides
/4\						-	(attach sched	lule)	(011001110		(col 3 plus col 4)
(1)											
(2)	······································										
		····							<u> </u>		
(4)					Enter here and o Part I, line 9, co						Enter here and on page Part I, line 9, column (B)
Totals				_		0.					0
Schedule I - Exploited (see instri	•	Activity	Income	e, Other	Than Adv		g Income				<u> </u>
· · · · · · · · · · · · · · · · · · ·			2 -		4. Net incom	e (loss)			T		7.5
Description of exploited activity	2. G unrelated income trade or b	business s from	directly c with pro	elated	from unrelated business (co minus columi gain, compute through	trade or lumn 2 n 3) If a cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attribut colui	able to	7, Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)	ļ				ļ						1
(3)	<u> </u>										
(4)									<u> </u>		
	Enter here page 1, line 10,	Part I,	Enter her page 1 line 10,								Enter here and on page 1, Part II, line 26
Totals •		0.		0.							0
Schedule J - Advertisi					- 1: 1 · 4 · 4 · 4	D				_	
Part I Income From	Periodic	als Rep	orted or	n a Con	solidated	Basis					
1. Name of periodical		2. Gross advertising income		3. Direct artising costs			5. Circulate income		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						,					
(2)] ,
(3)						•]
(4)					<u></u>						
											1
Totals (carry to Part II, line (5))	>		0.	0	<u>. </u>		<u> </u>	,	l		0
											E . 000-T /001

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)							
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

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

1. Name	2. Title	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	PARENT	CORPORATION'S	NAME	AND	IDENTIFYING	NUMBER	STATEMENT 1
CORPORATION'	S NAME						IDENTIFYING N
TRINITY HEAL	TH CORPOR	RATION					35-1443425

FORM 990-T CC	ONTRIBUTIONS SUMMARY		STATEMENT	2
QUALIFIED CONTRIBUTIONS SUBJ	ECT TO 100% LIMIT			
CARRYOVER OF PRIOR YEARS UNU	SED CONTRIBUTIONS			
FOR TAX YEAR 2013	45,136			
FOR TAX YEAR 2014	28,977			
FOR TAX YEAR 2015	6,268			
FOR TAX YEAR 2016	222			
FOR TAX YEAR 2017	3,031			
TOTAL CARRYOVER		83,634		
TOTAL CURRENT YEAR 10% CONTR	IBUTIONS	•		
TOTAL CONTRIBUTIONS AVAILABL	.E	83,634	_	
TAXABLE INCOME LIMITATION AS	ADJUSTED	0		
EXCESS 10% CONTRIBUTIONS		83,634	_	
EXCESS 100% CONTRIBUTIONS		0		
TOTAL EXCESS CONTRIBUTIONS		83,634	_	
ALLOWABLE CONTRIBUTIONS DEDU	CTION			(
TOTAL CONTRIBUTION DEDUCTION	,			(