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For	<b>≝ 990-</b> ⊤	E		EXTENDED TO MAJORITHAL PROPERTY IN MAJORITHAL	sine	ss In	come T			ı. İ	OMB No 1545-0	•
		<b> </b>		(and proxy tax und				NT 20			201	n
	-	For ca	-	× year beginning 001 1, /ww.irs.gov/Form990T for ir					202	<u>~</u>	<b>Z</b> U I	J
	artment of the Treasury nal Revenue Service			mbers on this form as it may					01(c)(3).	ľ	Open to Public Insp	ection for
A [	Check box if address changed		Name of organization	( Check box if name of	hange	d and see in	nstructions.)	<u></u>	( <u>- /(</u> - /	D Empl	oyer identification no doyees' trust, see uctions)	
В	Exempt under section	Print	ONTARIO,							2	7-17898	47
	501(c)(3 03	_ or	Number, street, and r	oom or suite no. If a P.O. bo	x, see I	nstructions	S.				lated business activi	ty code
	408(e) 220(e)	Туре	351 S.W. 9	TH STREET						] (000)	,	
	408A 530(a) 529(a)			province, country, and ZIP of DR 97914-263		n postal co	ode -					
C B	ook value of all assets t end of year		F Group exemption n	umber (See instructions.)	<u> </u>	0928						
_	96,742,6	<u>03.</u>	G Check organization	type X 501(c) cor	poratio	n	501(c) trust		401(a)	trust	Othe	rtrust
пс	inter the number of the t	Ji yanıza	tion's unrelated trades	or businesses.		<u> </u>		the only (or	•			
	ade or business here			·			If only one,					
		•	•	evious sentence, complete Pa	arts I ar	id II, comp	lete a Schedule	M for each	addition	al trade	or or	
	usiness, then complete			an affiliated group or a parei	nt oubo	idioni cont	rolled group?	СФМФ	1 .	<b>v</b>	ns No	
	f "Yes," enter the name a			_	nt-SubS	idiary cont	rollea group?	PIMI	<b>→</b> [	<u> </u>	es No	
	he books are in care of						Telenh	one number	2	08-	367-4504	1
	artil Unrelated					(A)	Income		xpenses		(C) Net	
1a	Gross receipts or sale							1.3		<b>1</b> (1)		N
b				c Balance	1c	]				Version		
2	Cost of goods sold (S	chedule	A, line 7)	<u> </u>	2				Bar.	ξ <u>ι</u> ς, .	<b>激</b> "养"、发	
3	Gross profit. Subtract	line 2 fr	om line 1c		3					No of the		
_ 4a	Capital gain net incom	ne (attac	h Schedule D)		4a		/_			<b>源。</b>		
ζ δ	Net gain (loss) (Form	4797, P	art II, line 17) (attach F	orm 4797)	4b	<u> </u>			Gille Sie			
<b>&gt;</b> c	•				4c_							
5			ship or an S corporation	n (attach statement)	5_			1 · · · · · · · · · · · · · · · · · · ·	v i Wasi	No 18	ļ	
7 6	Rent income (Schedul	•			6	<u> </u>						
7	Unrelated debt-finance				1	<del>                                     </del>						
8				ed organization (Schedule F)	8	<u> </u>	<del></del>			_	<del></del>	
9				7) organization (Schedule G)	9							
10	Exploited exempt activ	-			10				<del>_</del> _		<u> </u>	
11	Advertising income (S		•		11	<del> </del>				M. /	<del>-</del>	
12	Other income (See ins Total, Combine lines				13	<del></del>	0.		2386.5	84,	<del></del>	
P	art II Deduction	ns No	t Taken Elsewh	ere (See instructions fo		ations on			•		L	
	(Deductions	must b	e directly connected	with the unrelated busin	ess in	come)	,					
14	Compensation of offi	cers, du	rectors, and trustees (S	chedule K)	anni anti anti	Total and a best a local and a				14		
15	Salaries and wages			RECEIVE	ΞD					15		
16	Repairs and mainten	ance		1		اير				16		
17	Bad debts			JUN 01 20	ጉጋተ	RS-OSC				17		
18	Interest (attach sche	dule) (se	ee instructions)	B JUN 01 20	JZI	\vi				18		
19	Taxes and licenses					ገፎ∤				19		
20	Depreciation (attach		, ,	OGDEN,	UT	!	20					
21		imed of	Schedule A and elsew	here-on-return	`		21a_			21b		
22	Depletion									22	L	
23	Contributions to defe	,	mpensation plans							23	<u> </u>	
24	Employee benefit pro		bodula IX							24		
25	Excess exempt exper									25		
26 27	Excess readership co Other deductions (att									26 27	<del>_</del>	
27 28	Total deductions (att									28		0.
20 29	,			ting loss deduction. Subtract	t line 29	3 from line	13			29		0.
30	/			beginning on or after Janua								<del></del>
50	(see instructions)	- aung I	223 allowing in man yours	ag on or and builde	., ., 20					30		0.
31	<i>'</i>	axable in	ncome. Subtract line 30	from line 29						31		0.
	,			tice, see instructions.							Form <b>990-1</b>	

	1	,				
		SAINT ALPHONSUS MEDICAL CENTER - ONTARIO, INC.  Total Unrelated Business Taxable Income	2	<u>7-17</u>	<u>8984</u>	7 Page 2
	irt:JHZ		32	<del></del>		0.
32		I of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33			• •
33		unts paid for disallowed fringes  utable contributions (see instructions for limitation rules)  STMT 2	34			0.
34		Rable Contributions (356 man actions for minication rates)	35	1		
35		I unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	36			
36		uction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	37			
37		I of unrelated business taxable income before specific deduction. Subtract line 36 from line 35 cific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38,	_		000.
38	-	, , , , , , , , , , , , , , , , , , , ,	36,	<del>\                                    </del>	<del></del>	000.
		elated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, rithe smaller of zero or line 37	39			0.
Pá	irt IV	Tax Computation				
40	Orga	anizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40			0.
41		ts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:		產		
		Tax rate schedule or Schedule D (Form 1041)	41		_	
42	Prox	ry tax. See instructions	42			
43	Alte	rnative minimum tax (trusts only)	43	<u> </u>		
. 44	Tax	on Noncompliant Facility Income. See Instructions	44			
1 45	Tota	I. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	<u> </u>		0.
Pa	int.K.	Tax and Payments				
46	a Fore	ign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a		直		
	<b>b</b> Othe	er credits (see instructions) 46b	_			
	c Gen	eral business credit. Attach Form 3800				
	d Cred	lit for prior year minimum tax (attach Form 8801 or 8827)	- 3	2		
		I credits. Add lines 46a through 46d	466	3		
47	. Subi	tract line 46e from line 45	47			0.
48	Othe	er taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48			
49	Tota	I tax. Add lines 47 and 48 (see instructions) '	49	$\bot$	,	0.
50	2019	9 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	,		0.
51	a Payr	ments: A 2018 overpayment credited to 2019		<u>@</u>		
	<b>b</b> 2019	e estimated tax payments 6,500	<u>.</u>			
	c Tax	deposited with Form 8868		4		
	<b>d</b> Fore	ign organizations: Tax paid or withheld at source (see instructions)  51d		藍		
	e Back	cup withholding (see instructions) 51e		£		
	f Cred	lit for small employer health insurance premiums (attach Form 8941)  51f				
	g Othe	er credits, adjustments, and payments: Form 2439				•
		Form 4136 Other Total ▶ <b>51g</b>		髭	_	
52	? Tota	I payments. Add lines 51a through 51g	52		6,	<u>500.</u>
53	Estir	nated tax penalty (see instructions). Check if Form 2220 is attached 🕨 📖	58			
54		due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54			
55	Ove	rpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55			500.
56	_	r the amount of line 55 you want: Credited to 2020 estimated tax	56		<u>6,</u>	500.
ŧРа	irtiVI)					<del></del>
57		ny time during the 2019 calendar year, did the organization have an interest in or a signature or other authority			Ye	s No
		a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file				
	FinC	EN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			1.5	
	here				– ⊢	<u> X</u>
58	Duri	ng the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			State 24	X
		es," see instructions for other forms the organization may have to file.				
59	Ente	r the amount of tax-exempt interest received or accrued during the tax year		al ballada		*
Sig		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	eage an	O Dellet, It	is true,	
He			May the	IRS discus	s this retui	n with
110				arer shown	¬	
		Signature Solution	instruction	-	Yes	No
		Print/Type preparer's name Preparer's signature Date Check		PTIN		
Pa	id	self- employer	,			
Pr	epare					
Us	se On	ly Firm's name ► Firm's EIN ■				
		Firm's address Phone no.				
0007	11 01-27			For	<sub>n</sub> 990-	<b>T</b> (2019)
843/	01-21	AU .				(,

27-1789847

Schedule A - Cost of Goods	s Sold. Enter	method of inven	tory valuation N/A			<del></del> -				
Inventory at beginning of year	1		6 Inventory at end of year		6					
2 Purchases	2		7 Cost of goods sold. Si			<u> </u>				
3 Cost of labor	3		from line 5. Enter here							
4a Additional section 263A costs			line 2	•	7					
(attach schedule)	4a		8 Do the rules of section 263A (with respect to Yes							
b Other costs (attach schedule)	4b		1	acquired for resale) apply to						
5 Total. Add lines 1 through 4b	5		the organization?	, , , , ,		X				
Schedule C - Rent Income ( (see instructions)	(From Real	Property and	Personal Property L	eased With Real Pro	perty)					
. Description of property				<del></del>	·					
(1)		<u>-</u>								
(2)			<u> </u>							
(3)						•				
(4)	2. Rent receiv	ed or accrued								
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of	(b) From real a of rent for p	and personal property (if the percenta personal property exceeds 50% or if at is based on profit or income)	ge 3(a) Deductions dire columns 2(a	ctly connected a) and 2(b) (att	d with the income in ach schedule)				
(1)			· · · · · · · · · · · · · · · · · · ·							
(2)										
(3)										
(4)										
Total	0.	Total		0.						
c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter		(b) Total deductions Enter here and on page Part I, line 6, column (B)		0.				
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)							
			2. Gross income from	3. Deductions directly to debt-fir	connected wit nanced proper					
1. Description of debt-fit	nanced property		or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)	'	(attach schedule)				
(1)		<del></del> -								
(2)										
(3)										
(4)										
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to nced property h schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)		B. Allocable deductions olumn 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)		ter here and on page 1, art I, line 7, column (B)				
Totals			•		0.	0				
Total dividends-received deductions	ncluded in colum	n 8	•		ightharpoonup	0				

Form 990-T (2019)

Schedule F - Interest,	Annuities, Roya	<del></del>				LIONS	(see ins	tructions	)
		Exem	pt Controlled C	Τ		<del></del>			-
Name of controlled organizat	ıden		tunrelated income (see instructions)		tal of specified ments made	includ	t of column 4 t ed in the contr ation's gross i	olling	6. Deductions directly connected with income in column 5
(1)		_		1		<del> </del>			
(2)				<u> </u>					
		_		<u> </u>		<u> </u>		<del>-   -</del>	
(3)				<u> </u>		<del>                                     </del>			
(4) Nonexempt Controlled Organi	zations	l		<u>.                                    </u>		<u> </u>		I	
7 Taxable Income	T	ema (lean) O T	otal of specified pay	manta	10. Part of colu	ma O that	t is included	44 Dod	vetices directly connected
7. Taxable income	8. Net unrelated inc (see instruction		made	ments	in the controll	ing organ s income	iization's	with i	uctions directly connected ncome in column 10
(1)		,							
(2)				•					
(3)									
(4)			-						
-					Add colun Enter here and line 8, c		1, Part I, \)	Enter he	columns 6 and 11 re and on page 1, Part I, ne 8, column (B)
Totals				<u> </u>			0.		0.
Schedule G - Investme	nt Income of a	Section 501(c	)(7), (9), or (	17) Org	ganization				
(see insti	ructions)								•
1. Desc	ription of income		2. Amount of	income	<ol> <li>Deduction</li> <li>directly connected</li> <li>(attach sched)</li> </ol>	ected	4. Set-i (attach s	asıdes chedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)	-								
(2)									
(3)									
(4)									
	,		Enter here and Part I, line 9, co	olumn (A)		Tall.	· 基 · 通		Enter here and on page 1 Part I, line 9, column (B)
Totals	F	- I Oth	<b>▶</b>	0.					0.
Schedule I - Exploited (see instru	· · · · · · · · · · · · · · · · · · ·	y income, Oth	1		ig income				1
Description of exploited activity	2. Gross . unrelated business income from trade or business	3. Expenses directly connected with production of urrelated business income	4. Net incor from unrelated business (co minus colum gain, comput through	trade or olumn 2 n 3) If a e cols 5	5. Gross inco from activity to is not unrelate business inco	that led	<b>6.</b> Exp attributi colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	,								
(2)		1		-					
(3)			1			_			
(4)		1						•	
	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)		2			-	- 14 H	Enter here and on page 1, Part II, line 25
Totals >	0.		) . Militar i	, t		MARK TO	- 46		0.
Schedule J - Advertisir			- maalidata-l	Dee!-					
Partils Income From I	Periodicals Ke	ported on a Co	nsolidated	Basis	•				
1. Name of periodical	2. Gross advertising income		or (loss) (o sts col 3) If a g	tising gain of 2 minus ain, comput arough 7	5. Circulat income		<b>6.</b> Reade cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			\$ 78	10 100					
(2)	<u> </u>				â				
(3)				2.6					100
(4)	<del></del>	1	874		3				
.,				ar>a arazegkm					
Totals (carry to Part II, line (5))	<b>.</b>	0.	0.					1	0.
iviais (carry to rait if, line (5))		<u>v•</u> 1	<u> </u>		1			!	Form <b>990-T</b> (2019

0.

Form 990-T (2019) ONTARIO, INC.

Prantile 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 ) 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7 7. Excess readership costs (column 6 minus column 5, but not more than column 4) 2. Gross advertising income 3. Direct 5. Circulation 6. Readership costs 1. Name of periodical advertising costs (1) (2) (3) (4) 0. 0. 0. Totals from Part I Enter here and on page 1, Part I, line 11, col (B) Enter here and on page 1, Part I, line 11, col (A) Enter here and on page 1, Part II, line 26

Totals, Part II (lines 1-5) Schedule K - Compo	<u>▶ </u>	U.		

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		' %	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		<b>&gt;</b>	0.

· Form 990-T (2019)

FORM 99	0-T	PARENT	CORPORATION'S	NAME	AND	IDENTIFYING	NUMBER	STATEMENT
CORPORA	TION'S	S NAME						IDENTIFYING N
TRINITY	HEALT	TH CORPO	RATION					35-1443425

FORM 990-T	CONTRIBUTIONS + SUMMARY		STATEMENT	2
	ONTRIBUTIONS SUBJECT TO 100% LIMIT CONTRIBUTIONS SUBJECT TO 25% LIMIT			
CARRYOVER CONTROL FOR TAX YOU	EAR 2015 6,268 EAR 2016 222 EAR 2017 3,031			
TOTAL CARRY	OVER NT YEAR 10% CONTRIBUTIONS	38,498		
	IBUTIONS AVAILABLE OME LIMITATION AS ADJUSTED	38,498	_	
	RIBUTIONS CONTRIBUTIONS S CONTRIBUTIONS	38,498 0 38,498	_	
ALLOWABLE C	CONTRIBUTIONS DEDUCTION		<del>-</del>	0
тотац сомтв	IBUTION DEDUCTION			0